

**Application for a NEW Center, Out of School Time Program,  
or Hourly Center Child Care License**

**Note:** It may take up to 60 days to process your **completed** application, or 120 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items listed below in C. have been received by the Department.

**A. IDENTIFYING INFORMATION:**

Facility Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Director: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Primary Language, if other than English: \_\_\_\_\_ Interpreter's Name & Phone #: \_\_\_\_\_

**B. TYPE OF FACILITY AND CAPACITY:**

| <input type="checkbox"/> Center                    | <input type="checkbox"/> Hourly Center             | <input type="checkbox"/> Out of School Time Program |
|--|--|---|
| Requested Capacity: _____                          | Requested Capacity: _____                          | Requested Capacity: _____                           |
| Requested # of children under 2 years: _____       | <b><u>Below for Licensing office use only:</u></b> | <b><u>Below for Licensing office use only:</u></b>  |
| <b><u>Below for Licensing office use only:</u></b> | Approved Capacity: _____                           | Approved Capacity: _____                            |
| Approved Capacity: _____                           |  |   |
| Approved Under 2 Capacity: _____                   |  |   |

**C. DOCUMENTS REQUIRED:**

**You must include all of the following documents when you submit your application:**

- \_\_\_\_\_ This application form, completely filled out, signed, and dated.
- \_\_\_\_\_ \$200.00 application fee made payable to: Utah Department of Health.
- \_\_\_\_\_ \$25.00 license fee plus \$1.50 per child, based on requested capacity.
- \_\_\_\_\_ Completed CBS/LIS Consent & Release of Liability forms. Please see the enclosed information sheet for background screening and fingerprint requirements.
- \_\_\_\_\_ Fingerprint card(s) and \$30.25 per person fee for each person who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.
- \_\_\_\_\_ Copy of the facility's floor plans, Written Policies, and Emergency & Disaster Plan.
- \_\_\_\_\_ Copy of current fire clearance. (Contact your local fire authority to obtain this clearance.)
- \_\_\_\_\_ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)
- \_\_\_\_\_ Copy of local health department kitchen inspection. (Contact your local health department to obtain this inspection.)
- \_\_\_\_\_ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined

\_\_\_\_\_ in the child care rules given to you by the Department.  
\_\_\_\_\_ Certificate of New Provider Orientation attendance. (Not required for Hourly Center applicants.)

#### **D. CRIMINAL IDENTIFICATION SCREENING (CBS/LIS)**

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license submit to the Department the name and other identifying information, which may include fingerprints, for all of the individuals listed below. This information will be used to screen the individuals for criminal convictions and child abuse/neglect.

Mark below if you have included completed CBS/LIS Consent & Release of Liability form(s) with this application for all existing, new, and proposed:

- \_\_\_\_\_ **Owners**
- \_\_\_\_\_ **Director(s)**
- \_\_\_\_\_ **Members of the Governing Body**
- \_\_\_\_\_ **Employees**
- \_\_\_\_\_ **Caregivers**
- \_\_\_\_\_ **Volunteers** (except parents of children enrolled in the program who do not have unsupervised access to any child in care except their own child)

#### **E. OWNERSHIP**

Complete ownership information is required on all applications. Do not write "On File."

Owner's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Officer's Name (if the owner is a business/corporation): \_\_\_\_\_

Full Address: \_\_\_\_\_

Type of organization (check one box only):

1.  **Individual Owner or Sole Proprietorship** (Legal Status Documentation is Required)
2.  **Corporation:**  
On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
3.  **Partnership:**  
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
4.  **Limited Liability Company:**  
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
5.  **Other:**

\_\_\_\_\_ Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each addition owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Check one:**  Owner/Officer  Board Member

Address including Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

**Copy and use additional pages if necessary.**

**F. CERTIFICATION OF UNDERSTANDING:**

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the facility is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

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**Mail completed application, fees, and all required application documents to:**

Child Care Licensing, South Region  
150 East Center Street, Suite 3200  
Provo, Utah 84606

Phone: (801) 374-7688  
Toll Free: 1-800-894-2588  
Fax: (801) 371-1186