



DIVISION OF EARLY LEARNING

Licensing and Compliance Unit

PHONE: (202) 727-1839 • FAX: (202) 741-5304

MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

CHILD DEVELOPMENT FACILITY CENTER LICENSE APPLICATION

FOR AGENCY USE ONLY	
Date Received	
Check/Money Order #	
Amount Received	
Received By	
Licensing Specialist	

SECTION I TYPE OF APPLICATION

<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> CHANGE IN OPERATION(with CCLU approval)
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> Program Space <input type="checkbox"/> Program <input type="checkbox"/> Ownership <input type="checkbox"/> Effective ((mm/dd/yyyy) _____)
<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> NOTIFICATION OF CLOSURE	<input type="checkbox"/> Effective ((mm/dd/yyyy) _____)

SECTION II FACILITY INFORMATION

Official Name of Facility/Legal Name of Applicant		
Physical Address of Facility to be stated on the License		
Phone Number	Fax Number	Email Address
If mailing address is different please complete this section		
Physical Street Address of the Owner	City & State	Zip

SECTION III FACILITY OPERATION INFORMATION

Maximum Number of Children to be cared for _____	Ages of Children to be served _____
Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule). Put the hours in the box(es) below the days box(if the hours are not the same every day)	
<input type="checkbox"/> All Year (Jan – Dec)	<input type="checkbox"/> School Year only
<input type="checkbox"/> Summer only June - Aug	Hours of Operation: _____
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday	

SECTION IV LEGAL OWNERSHIP/OPERATOR INFORMATION

Name of Legal Owner/Entity		
<input type="checkbox"/> Individual, Partnership or Association(not incorporated)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government agency <input type="checkbox"/> Other
FEIN Number or Social Security Number	Date of Birth	
Physical Street Address of the Owner/Operator	City & State	Zip Code +4
Phone Number	Fax Number	Email Address
***	COMPLETE ALL INFORMATION REQUESTED IF OWNER IS A PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY OR OTHER.	
Name of Applicant/Agent/Contact Person	Bus. License #	
Physical Address		
Phone Number	Fax Number	Email Address

SECTION V PROPERTY OWNERSHIP

Name of Legal Owner		
Physical Street Address of the Owner	City & State	Zip Code 4

SECTION VI ADDITIONAL INFORMATION

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions 1 through 5 below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

1. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the CCLU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the section below.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
(a) Name on the previous license or certificate	License/Certificate Number & State
(b) Address on the previous license or certificate:	Year(s) of operation:
4. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this CRCFD?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION VII AGREEMENTS AND AUTHORIZED SIGNATURE (Read each statement and sign at the bottom.)

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions 1 through 7 below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

1. I/We understand the requirements to report known or suspected child abuse.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. I/We shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I/We have a valid lease and permission from the owner/landlord to operate a Child Development Facility on the premises.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I/We shall notify the licensing agency when we want to discontinue our license.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. I/We understand that a new application may take up to 90 days for processing by Office of the State Superintendent of Education, Division of Early Childhood Education, Compliance and Integrity Division, Child Care Licensing Unit (CCLU), once CCLU receives a complete application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I/We attest, under penalty of perjury, that to the best of my (our) knowledge, that the information provided in this application is true and correct.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Owner/Agent

Date

MAIL TO:

DIVISION OF EARLY CHILDHOOD EDUCATION
810 FIRST STREET NE FOURTH FLOOR WASHINGTON, DC 20002
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