AGENCY USE ONLY
Worker: _____
Area: _____
Cross Streets: _____
Case#: _____
License#: _____

CHILD CARE CENTER APPLICATION

WASHOE COUNTY HUMAN SERVICES AGENCY
P.O. Box 11130
Reno, Nevada 89520-0027
Telephone: (775) 337-4470 Fax: (775) 337-4495

Check: ☐ new applicant
☐ renewal
☐ change in license

Complete all sections. Write "none" if not applicable

****

1. FACILITY IDENTIFICATION

Name of Facility: _____

Facility Address: _____

Telephone: _____ Fax No.: _____ E-mail Address: _____

Name of Child Care Center Director: _____

Name of Infant Toddler Nursery Director: _____

Name of Program Director: _____

Name of Co-Director: _____

Person in charge of Accommodation Facility: _____

****

2. TYPE OF FACILITY. Check the type of care you are requesting a license to provide.

A. ☐ Child Care Center for _____ children ages _____ to _____.

B. ☐ Preschool for _____# of children. Hours of operation _____ to _____ ; _____ to _____

C. ☐ Infant Toddler Nursery for _____ children ages _____to _____

D. ☐ Special Needs Child Care Center for _____children ages _____to _____

E. ☐ Accommodation Facility for _____ # of children. Hours of operation _____to _____

F. ☐ Before and After School Care? ☐ yes ☐ no

****

3. HOURS OF OPERATION:

Facility will operate: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Facility will operate from _____ to _____; **OR** operate 24 hours per day.

****

4. OPTIONAL SERVICES:

Will you provide transportation to children? ☐ yes ☐ no

What food do you intend to prepare for children? ☐ breakfast ☐ lunch ☐ snack ☐ dinner ☐ none

(Commercial kitchen equipment may be required by Washoe County District Health Department for preparation of meals and some snacks.)

****

5. REFERENCES: Give four references for person completing application. Please use complete addresses. Do not list relatives or business firms.

Last name, first name, M.I.	Street Address	City/State	Zip Code	Telephone

****

6. INSURANCE: Name of Insurance Company and Agent (for Center): _____

Name of Agent: _____ Telephone No. _____

Name of Insurance Company (for Vehicle): _____

Name of Agent: _____ Telephone No. _____

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7. OWNERSHIP: Do you own facility premises? ☐ yes ☑ no

If "no", give name and address of owner _____

_____

(In rented or leased facilities, written permission of landlord is required for licensure.)

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8. CONSTRUCTION/REMODELING:

Has there been construction or remodeling of facility in the last year? ☐ yes ☑ no

If yes, please explain: _____

****

9. CORPORATION, BUSINESS, OR CHURCH-OPERATED FACILITIES:

Name of corporation, business, or church which operates facility _____

_____

Mailing address _____ Telephone _____ If incorporated, date of incorporation _____ in the State of _____ and operated for ☑ profit ☐ nonprofit.

Facility business license # _____; City or County of issuance _____ expiration date _____

If applicable, write "none" or "pending"

Governing Board and/or Corporate Officers:

Last name, first name, M.I.	Date of Birth	Social Security No.	Address	Telephone No.

****

10. PREVIOUSLY LICENSED: ☐ yes ☑ no WHERE: _____

Name of licensing agency: _____ Phone #: _____

11. I certify that my foregoing responses are true and correct. I understand that if I provide false information, my application can be denied or my license could be subject to revocation or denial.

12. AUTHORIZATION TO INVESTIGATE: I authorize Washoe County Human Services Agency to conduct any investigation necessary to process this application for child care license.

_____ _____

Date Signature of person completing application

Persons with disabilities who require special accommodations or assistance completing this application should notify the Child Care Licensing Unit, Washoe County Human Services Agency, P.O. Box 11130, Reno, Nevada 89520-0027 in writing or by calling (775) 337-4470.