Arizona Department of Health Services
Bureau of Child Care Licensing
INITIAL LICENSE APPLICATION FOR A CHILD CARE FACILITY

A.R.S. Title 36-Chapter 7.1
PUBLIC RIGHT TO KNOW: The case records regarding this Child Care Facility are available for inspection at the Bureau of Child Care Licensing, 150 North 18th Avenue, Suite 400, Phoenix, 85007.

Instructions: This application must be completed in its entirety, as appropriate. Not all sections apply; review carefully. Please contact the appropriate office if there are any questions relating to the completion of this application.

The license application is valid for 120 days from the date of receipt at the Bureau of Child Care Licensing. If licensing is not complete during this time a new license application and fee will be required.

- The application fee is NON-REFUNDABLE -

SEND the required items to THE BUREAU OF CHILD CARE LICENSING at:

☐ 150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007

AMERICANS WITH DISABILITIES ACT
This publication can be made available in alternative format. Please contact the Bureau of Child Care Licensing at 602-364-2539 or 1-800-615-8555, or log on to http://www.azdhs.gov /als/childcare/index.htm

OFFICIAL USE ONLY	CDC #:	EP reg:	Date Fee Rec'd:	Amount:	Check Number:	Received by Initials:	LS:

Complete the following information:

Name of facility		Facility telephone number
Street Address of facility		Facility fax number
City	County	Zip Code
Complete Mailing address (if different from above)	E-mail address	

I project the facility will be ready for an inspection by: (mm/dd/yy)	

Select the service classifications requested for this facility:

☐ **Full Day Care** ☐ **Part Day Care**	☐ **Infant Care** ☐ **One-year old Care**	☐ **Two-Year-old care** ☐ **3/4/5-year-old care**	☐ **School Age Child Care** ☐ **Weekend care**	☐ **Evening/Nighttime Care**

Applicant's Type of Business Organization

CHECK ONE of the options below and complete the required information.

☐ INDIVIDUAL OWNERSHIP –

Must be **21** years of age, a U.S. citizen or legal resident alien and a resident of Arizona

Name of INDIVIDUAL (applicant):	**Date of Birth:**
Telephone number:	

☐ BUSINESS ORGANIZATION –

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Association/Cooperative ☐ Joint Venture ☐ Other

Name of CORPORATION (applicant):	
Address:	**Telephone number:**
NAME of primary CONTACT PERSON:	**Telephone number:**
Required documents: A copy of documents pertaining to the business organization (i.e., Articles of Incorporation, partnership documents, etc.) NOTE: Must be qualified to do business in Arizona. Arizona Corporation Commission Certificate of Good Standing dated within **3** months before the date of application.	

☐ PUBLIC SCHOOL

Name of SCHOOL/DISTRICT (applicant):	
Address:	**Telephone number:**
Name of Primary CONTACT PERSON:	**Telephone number:**
Required documents: Letter from the school governing board or school district superintendent designating a signatory, if applicable.	

☐ GOVERNMENT AGENCY - ☐ Federal ☐ State ☐ County ☐ Municipal

Name of AGENCY (applicant):	
Agency Address:	**Telephone number:**
Name of Primary CONTACT PERSON:	**Telephone number:**
Required documents: Letter from the individual in the senior leadership position designating an individual as signatory.	

☐ CHARTER SCHOOL - If you operate a charter school, include any necessary additional information regarding your business organization (see choices listed above).

Name of Charter School:	
Address:	**Telephone number:**
Required documents: Letter from the school district governing board in which the charter school is located, the Arizona State Board of Education, or the Arizona State Board for Charter School approving the applicant to operate the charter school.	

Pursuant to R9-5-102, the application shall be signed by:

- If the applicant or licensee is an **individual**, the individual;
- If the applicant or licensee is a **business organization**, a designated agent who meets the requirements in A.R.S. § 36-889(D);
- If the applicant or licensee is a **public school**, an individual designated in writing as signatory for the public school by the school district governing board or school district superintendent;
- If the applicant or licensee is a **charter school**, the person approved to operate the charter school by the school district governing board, the Arizona State Board of Education, or the Arizona State Board for Charter Schools; and
- If the applicant or licensee is a **governmental agency**, the individual in the senior leadership position with the agency or an individual designated in writing as signatory by that individual.

- **I agree to allow the Department to submit supplemental requests for information.**
- **Pursuant to A.A.C. § R9-5-202 (A), the applicant and the Department agree to extend the substantive review time frame and overall time frame if necessary. This will not exceed 25% of the overall time frame.**
- **I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with those statutes and rules.**
- **I am at least 21 years of age.**
- **I affirm that no Controlling Person or Responsible Party has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.**
- **Under penalty of law, I declare that the information provided in the application is accurate and complete.**

Print Name	Signature
Print Name	Signature

Attach copies of the following for the signatory(ies):

1) A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status
2) Fingerprint Clearance Card(s)
   - In accordance with A.R.S. § 36-883.02, prior to submitting license application, signatories must be fingerprinted and registered with the Department of Public Safety Applicant Clearance Card Team
3) *Criminal History Affidavit(s)*
4) *Citizenship and Alien Status Statement form(s)*
5) A copy of a *Certificate of Completion* for the Department-provided training (Orientation) completed by the applicant

A.R.S. § 41-1030 B,D,E,F

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12‑820.01 or 12‑820.02.