ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

BUREAU OF CHILD CARE LICENSING

Child Care Center
Initial Fee Application Form

Name of Facility:	**CDC#:**

PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE DEPARTMENT

Application Fee (1)
Based on your licensed capacity as stated above, check the appropriate box:

☐ 5-10 licensed capacity $1,000
☐ 11-59 licensed capacity $4,000
☐ 60+ licensed capacity $7,800

Pursuant to R9-5-210

Application Fee Reduction (2): Check the box below if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local licensing office.

☐ Empower Pack Program fee reduction

5-10 licensed capacity- $500
11-59 licensed capacity - $2,000
60+ licensed capacity- $3,900

FEES DUE

1. Application Fee based on licensed capacity	$
2. Less Empower Pack Fee Reduction (If fee reduction box above is checked)	- $
3. Less any amount already paid (do not count any payments returned to you by the Department)	- $
4. Net Amount Due	= $

Payment by cashier's check, money order or business check can made payable to:
Arizona Department of Health Services
(Cash and personal checks are not accepted.)

Write the facility license number on the check or money order (if applicable).

Mail payment to the Department at:
150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007

AMOUNT ENCLOSED	$

BCCL USE ONLY	**Verify EP:**	**Date Fee Rec'd:**	**Amount:**	**Check Number:**	**Received by Initials:**	**LS:**

All fees submitted to the Department are subject to review and adjustment due to information provided by the architect review or Departmental inspection.

AMS Data Entry _____