

## **COMMUNITY CARE LICENSING APPLICATION FOR LICENCE**

Date

(dd/mm/yyyy)

| Application Information – Please select whether you are applying for a new licence or applying to amend an existing licence (refer to Schedule B).  Refer to 'The Guide' to Applying for a Child Care Licence   |                                |                              |                                     |   |                |     |                        |                       |                |  |
|---|--------------------------------|------------------------------|-------------------------------------|---|----------------|-----|------------------------|-----------------------|----------------|--|
| ☐ New application   |                                |                              |                                     | ☐ Amend an existing licence — select amendment type below |                |     |                        |                       |                |  |
| Applicant name  |                                |                              | ]                                   | ☐ Change of facility name from:                           |                |     |                        |                       |                |  |
| Email Phone   |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Manager name  |                                |                              | I                                   | New name:   |                |     |                        |                       |                |  |
| List names of previously applied for and/or operated community care   |                                |                              | • [                                 | ☐ Change of care program/type                             |                |     |                        |                       |                |  |
| facilities  |                                |                              | ]                                   | ☐ Change in capacity                                      |                |     |                        |                       |                |  |
| Facility Information  |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Facility name   |                                |                              |                                     |   | Phone          |     |                        |                       |                |  |
| Facility site address   |                                |                              | City                                |   |                |     | Postal code            |                       |                |  |
| Email address   |                                |                              | Fax                                 |   |                |     |                        | Alternate phone       |                |  |
| Mailing address (if different from site address)  |                                |                              |                                     |   |                |     |                        |                       |                |  |
| ☐ Community water ☐ Private water   | Name of community water supply |                              |                                     |   |                |     |                        |                       |                |  |
| Licensee Information  |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Licensee name   |                                |                              |                                     | ole proprietorship ☐ Society ☐ Corpora                    |                |     |                        |                       |                |  |
| Licensee contact  |                                |                              |                                     |   | Ph             | one |                        |                       |                |  |
| Licensee address<br>(if different from facility address)  |                                |                              | City                                |   |                |     |                        | Postal code           |                |  |
| Email address   |                                |                              | Fax                                 |   |                |     |                        | Alternate phone       |                |  |
| Program affiliation / funding agency  |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Corporation has a director who is a permanent resident of British Columbia or prescribed province   |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Care Programs   |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Child care programs   |                                | # of each<br>care<br>program | # of child<br>in each ca<br>program | are   | Total capacity |     | Residential care types |                       | Total capacity |  |
| Group Child Care (Under 36 Months)  |                                |                              |                                     |   |                | C   | Child & Youth          | Residential           |                |  |
| Group Child Care (30 Months to School Age)  |                                |                              |                                     |   |                | H   | lospice                |                       |                |  |
| Preschool (30 Months to School Age)   |                                |                              |                                     |   |                | N   | /lental Healtl         |                       |                |  |
| Group Child Care (School Age)   |                                |                              |                                     |   |                |     | Substance Use          |                       |                |  |
| Group Child Care (School Age Care on School Grounds)  |                                |                              |                                     |   |                | -   | Long Term Care         |                       |                |  |
| Group Child Care (Recreational Care)  |                                |                              |                                     |   |                |     | Community Living       |                       |                |  |
| Family Child Care   |                                |                              |                                     |   |                | A   | Acquired Injury        |                       |                |  |
| Occasional Child Care   |                                |                              |                                     |   |                |     | 10                     | otal maximum capacity |                |  |
| Multi-Age Child Care In-Home Multi-Age Child Care   |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Child-minding   |                                |                              |                                     |   |                |     |                        |                       |                |  |
| Total maximum ca  |                                |                              |                                     | acity   |                |     |                        |                       |                |  |
| The personal information collected is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, contact Licensing Direct. I hereby apply for a Community Care Facility Licence and agree to abide by the regulations made under the authority of the Community Care and Assisted Living Act, and certify that the information I have provided is correct to the best of my knowledge. |                                |                              |                                     |   |                |     |                        |                       |                |  |

Applicant/Licensee Signature

(not required if submitting by email)