

## COMMUNITY CARE FACILITY LICENSING APPLICATION FOR LICENCE

Date

(dd/mm/yyyy)

| Application Information – F   |                                |                              |                  |                             |  |                           |   | ng licence (refer to Sched<br>a Community Care Home I |  |
|---|--------------------------------|------------------------------|------------------|-----------------------------|--|---------------------------|---|---|--|
| ☐ New application   |                                |                              |                  |                             | ☐ Amend an existing licence – select amendment type below      |                           |   |   |  |
| Applicant name  |                                |                              |                  |                             | ☐ Change of facility name from:                                |                           |   |   |  |
| Email Phone   |                                |                              |                  |                             |  |                           |   |   |  |
| Manager name  |                                |                              |                  |                             | New name:  |                           |   |   |  |
| List names of previously applied for and/or operated community care facilities                    |                                |                              |                  | Э                           | ☐ Change of care program/type                                  |                           |   |   |  |
| TAGUING CO.   |                                |                              |                  |                             | ☐ 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)  |                                |                              |                  |                             |  |                           |   | 1   |  |
| ☐ Community water ☐ Private water   | Name of community water supply |                              |                  |                             |  |                           |   |   |  |
| Licensee Information  |                                |                              |                  |                             |  |                           |   |   |  |
| Licensee name   |                                |                              |                  |                             | ole proprietorship   |                           |   |   |  |
| Licensee contact  |                                |                              |                  |                             |  | Pho                       | one   |   |  |
| Licensee address (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 | in eac           | children<br>ch care<br>gram | Total capacity   | Community care home types |   | Total capacity  |  |
| Group Child Care (Under 36 Months)  |                                |                              |                  |                             |  | Child & Youth Residential |   |   |  |
| Group Child Care (30 Months to School Age)  |                                |                              |                  |                             |  | Hospice                   |   |   |  |
| Preschool (30 Months to School Age)   |                                |                              |                  |                             |  |                           | Mental Health   |   |  |
| 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   |                                |                              |                  |                             |  | Acquired Injury           |   |   |  |
| Occasional Child Care   |                                |                              |                  |                             |  |                           | Total maximum capacity  |   |  |
| Multi-Age Child Care  |                                |                              |                  |                             |  |                           | *Submission of an application for a licence does not  |   |  |
| In-Home Multi-Age Child Care  |                                |                              |                  |                             |  |                           | guarantee licensure. Licences are issued when the application is complete and assessed as meeting |   |  |
| Child-minding   |                                |                              | Total maxi       | imum c                      | all legislative requirements, including applicant suitability. |                           |   |   |  |
| The personal information collected is neces   |                                |                              | on 26 of the Fre | eedom of                    | Information  |                           | n of Privacy Act. Infor   |   |  |
| disclosed per Section 22(4)(i) of the Act. If y   |                                |                              |                  |                             |  |                           |   |   |  |

Applicant/Licensee Signature

(not required if submitting by email)