

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	
<input type="checkbox"/> New application (A) Applicant name (B) Email _____ Phone _____ Manager name (C) List names of previously applied for and /or operated community care facilities (D)	<input type="checkbox"/> Amend an existing licence – select amendment type below (A) <input type="checkbox"/> Change of facility name from: (A) _____ New name: _____ <input type="checkbox"/> Change of care program / type (A) <input type="checkbox"/> Change in capacity (A)

Facility Information			
Facility name (E)		Phone	
Facility site address (F)	City	Postal code	
Email address	Fax	Alternate phone	
Mailing address (if different from site address) (G)			
<input type="checkbox"/> Community water <input type="checkbox"/> Private water	Name of community water supply (H)		

Licensee Information			
Licensee name (I)	<input type="checkbox"/> Sole proprietorship (J) <input type="checkbox"/> Partnership	<input type="checkbox"/> Society # <input type="checkbox"/> Corporation #	
Licensee contact (K)	Phone		
Licensee address (if different from facility address) (L)	City	Postal code	
Email address	Fax	Alternate phone	
Program affiliation / funding agency (M)			
Corporation has a director who is a permanent resident of British Columbia or prescribed province (N) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Care Programs						
Child care programs	# of each care program	# of children in each care program	Total capacity	Residential care types	Total capacity	
Group Child Care (Under 36 Months)	(O)	(P)	(Q)	Child & Youth Residential		
Group Child Care (30 Months to School Age)				Hospice		
Preschool (30 Months to School Age)				Mental Health & Substance Use		
Group Child Care (School Age)				Long Term Care		
Group Child Care (School Age Care on School Grounds)				Community Living		
Group Child Care (Recreational Care)				Acquired Injury		
Family Child Care				Total maximum capacity		
Occasional Child Care						
Multi-Age Child Care						
In-Home Multi-Age Child Care						
Child-minding						
Total maximum capacity			(R)			

Applicant / Licensee Signature (S) (not required if submitting by email)	Date (T) (dd/mm/yyyy)
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These instructions will help you to complete this application form accurately. All fields must be completed.

Note: If you are applying for a child care licence, refer to '***The Guide***' to Applying for a Child Care Licence'

APPLICATION INFORMATION

- A)** Check appropriate boxes. If there is no appropriate box contact Licensing Direct for assistance.
- B)** The *Applicant Name* is the name of the person applying for a licence. This person may be the same as the *Licensee name* and/or the *Manager name*.
- C)** The *Manager Name* is the name of the individual who has been delegated full authority to operate the facility in accordance with the requirements of the *Community Care and Assisted Living Act* and the Child Care Licensing Regulation
- D)** Indicate whether the applicant/licensee has previously applied for or previously operated community care facilities, or currently holds a licence for a Community Care Facility in British Columbia.

FACILITY INFORMATION

- E)** The *Facility Name* is the name of your facility as it will appear on your licence.
- F)** The *Facility Site Address* is the street address for the premise in which the care facility is located.
- G)** The *Mailing Address* is the mailing address for the care facility. It might be the same as the street address, or a post office box, etc. This is where you will receive correspondence from our office.
- H)** Indicate the *Name of Community Water Supply*. This information can be obtained from the City or Municipality in your area. Also check off the appropriate box to indicate if it is a private (i.e. well) or community water system.

LICENSEE INFORMATION

- I)** The *Licensee Name* may be the name of an individual, partnership, society, or corporation who is licensed to provide a care program. If you are a Society or Corporation, use the legal name of the organization.
- J)** Indicate whether the licensee is organized as a proprietorship, society, partnership or corporation. Provide the Society number or Corporation number if this applies. **Note:** Limited Liability Partnership organizations are prohibited from becoming licensees of a licensed facility.
- K)** If the licensee is a partnership, a society, or a corporation, one person is to be designated as the Licensee Contact. The Licensee Contact is a representative of the organization (usually the executive director or a board member) who will be contacted should an issue arise that needs to be addressed at a higher level than the facility manager. If the Licensee is a Proprietorship (the Licensee is also the Manager) the Licensee contact is the same person.
- L)** If the licensee address differs from the address of the care facility, fill out the *Licensee Address* information.
- M)** *Program Affiliation/Funding Agency* does not apply to child care applications.
- N)** If the licensee is a corporation, indicate whether the director is a permanent resident of British Columbia or Alberta. See Section 11 (2) (b)(i) of the *Community Care and Assisted Living Act*.

CARE PROGRAMS

- O)** Indicate the # of each care program (or group). See example below.
- P)** Indicate the # of children in each care program (or group). See example below.
- Q)** Indicate the *Total Capacity* for each care program you will operate at any one time. See example below. *Please note: if you are operating two programs that share a space but operate at different times of the day, the total capacity reflects the number of children in the largest group (this is not shown in the example below).*
- R)** Indicate the *Total Maximum Capacity* of children you will care for at any one time. The example below shows a large child care center with 8 different groups of children in 4 different service types:

Child care programs	# of each care program (O)	# of children in each care program (P)	Total Capacity (Q)
Group Child Care (Under 36 Months)	2	12+12	24
Group Child Care (30 Months to School Age)	3	8+8+16	32
Preschool (30 Months to School Age)			
Group Child Care (School Age)	1	15	15
Group Child Care (School Age Care on School Grounds)	1	15	15
Group Child Care (Recreational Care)	1	15	15
Family Child Care			
Occasional Child Care			
Multi-Age Child Care	2	8+8	16
In-Home Multi-Age Child Care			
Child-minding			
TOTAL MAXIMUM CAPACITY			117 (R)

APPLICANT/LICENSEE SIGNATURE

- S)** The application is to be signed by the applicant or licensee contact not the manager (unless the licensee and manager is the same person). If submitted electronically no signature necessary.

DATE

- T)** The *Date* must reflect the actual date the application is submitted.