

Worker: \_\_\_\_\_  
Area: \_\_\_\_\_  
Cross Streets: \_\_\_\_\_  
Case#: \_\_\_\_\_  
License#: \_\_\_\_\_

**CHILD CARE CENTER  
RENEWAL APPLICATION  
WASHOE COUNTY HUMAN SERVICES AGENCY**

350 S. Center Street  
Reno, Nevada 89501-2301  
Telephone: (775) 337-4470 Fax: (775) 337-4495

**Fee of \$100.00 required for center of 13 - 50 children  
Fee of \$200.00 required for center of 51+ children**

Check:  renewal  
 change in license

Complete all sections. Write "none" if not applicable

1. FACILITY IDENTIFICATION

Name of Facility: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Name of Child Care Center Director: \_\_\_\_\_  
Name of Infant Toddler Nursery Director: \_\_\_\_\_  
Name of Program Director: \_\_\_\_\_  
Name of Co-Director: \_\_\_\_\_  
Person in charge of Accommodation Facility: \_\_\_\_\_

2. TYPE OF FACILITY. Check the type of care you are requesting a license to provide.

- A.  Child Care Center for \_\_\_\_\_ children ages \_\_\_\_\_ to \_\_\_\_\_.
- B.  Preschool for \_\_\_\_\_ # of children. Hours of operation \_\_\_\_\_ to \_\_\_\_\_ ; \_\_\_\_\_ to \_\_\_\_\_
- C.  Infant Toddler Nursery for \_\_\_\_\_ children ages \_\_\_\_\_ to \_\_\_\_\_
- D.  Special Needs Child Care Center for \_\_\_\_\_ children ages \_\_\_\_\_ to \_\_\_\_\_
- E.  Accommodation Facility for \_\_\_\_\_ # of children. Hours of operation \_\_\_\_\_ to \_\_\_\_\_

3. HOURS OF OPERATION:

Facility will operate: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.  
Facility will operate from \_\_\_\_\_ to \_\_\_\_\_ ; **OR** operate 24 hours per day.

4. OPTIONAL SERVICES:

Will you provide transportation to children?  yes  no  
What food do you intend to prepare for children?  breakfast  lunch  
 snack  dinner  none

(Commercial kitchen equipment may be required by Washoe County District Health Department for preparation of meals and some snacks.)

5. INSURANCE: Name of Insurance Company and Agent (for Center): \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Name of Insurance Company (for Vehicle): \_\_\_\_\_  
Name of Agent: \_\_\_\_\_ Telephone No. \_\_\_\_\_

6. OWNERSHIP: Do you own facility premises? [ ] yes [ ] no  
If "no", give name and address of owner \_\_\_\_\_  
\_\_\_\_\_

(In rented or leased facilities, written permission of landlord is required for licensure.)

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7. CONSTRUCTION/REMODELING:  
Has there been construction or remodeling of facility in the last year? [ ] yes [ ] no  
If yes, please explain: \_\_\_\_\_  
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8. I certify that my foregoing responses are true and correct. I understand that if I provide false information, my application can be denied or my license could be subject to revocation or denial.

9. AUTHORIZATION TO INVESTIGATE: I authorize Washoe County Human Services Agency to conduct any investigation necessary to process this application for child care license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing application

Persons with disabilities who require special accommodations or assistance completing this application should notify the Child Care Licensing Unit, Washoe County Human Services Agency, 350 S. Center Street, Reno, Nevada 89501-2103 in writing or by calling (775) 337-4470.