

Worker: _____
Area: _____
Cross Streets: _____
Case#: _____
License#: _____

**CHILD CARE CENTER
INITIAL 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**

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 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. OWNER REFERENCES: Give four references for person completing application. Please use complete addresses. Do not list relatives or business firms. Director references will be provided on Director Application.

Last name, first name, M.I. Street Address City/State Zip Code Telephone

6. 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. _____

7. 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.)

8. CONSTRUCTION/REMODELING:
Has there been construction or remodeling of facility in the last year? [] yes [] no
If yes, please explain: _____

9. CORPORATION, BUSINESS, OR CHURCH-OPERATED FACILITIES:
Name of corporation, business, or church which operates facility _____

Mailing address _____ Telephone _____ If
incorporated, date of incorporation _____ in the State of _____ and
operated for [] profit [] nonprofit.
Facility business license # _____; City or County of issuance _____ expiration date _____
If applicable, write "none" or "pending"
Governing Board and/or Corporate Officers:
Last name, first name, M.I. Date of Birth Social Security No. Address Telephone No.

10. PREVIOUSLY LICENSED: [] yes [] no WHERE: _____
Name of licensing agency: _____ Phone #: _____

11. 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.

12. 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.