

**STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF LICENSING
FAMILY SYSTEMS**

FAMILY CHILD CARE RENEWAL APPLICATION

Individual - Identifying Information

Applicant name (Last, First, MI)	Other Names Used:	Birthdate
Co-Applicant's Name (Last, First, M)	Other Names Used	Birthdate
Street Address:		Phone
City	State	Zip Code (9-digit)

All Children and Adults Living/Working in the Dwelling

Name (Last, First, M)	Relationship	Gender	Birthdate
1			
2			
3			
4			
5			
6			
7			

Dwelling Information

Check all that apply

- Own
- Townhouse/Duplex
- Mobile Home
- Rent
- Single Family House
- Apartment

Check If Used For Child Care

- Basement
- First Floor
- Second Floor
- Attached Garage
- Woodburning Stove or Fireplace
- Above Second Floor

Class of License (Check one):						
	Adult	Total Capacity	School Age	Pre-School	Toddler/Infant	[Max Number] [Toddler/Infant]
<input type="checkbox"/> A-Family Child Care	1	10	4	6	3	[3 or 2]
<input type="checkbox"/> B1-Family (Spec Inft/Tod)	1	5	2	0	3	[3 or 3]
<input type="checkbox"/> B2-Family (Spec Inft/Tod)	1	6	2	0	4	[4 or 2]
<input type="checkbox"/> C1-Group Family Child Care	1	10	2	8	3	[3 or 2]
<input type="checkbox"/> C2-Group Family Child Care	1	12	2	10	2	[2 or 1]
<input type="checkbox"/> C3-Group Family Child Care	2	14	4	10	4	[4 or 3]
<input type="checkbox"/> D-Group (Spec Inft/Tod)	2	9	2	0	7	[7 or 4]

The information that I have provided on this application is true and accurate. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in MN Rules at all times during the term of the license. I agree that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect my home and its grounds at any time during the hours that I provide care. Further, I agree that the documentation and inspection required by the rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws.

"Finally, I agree that any documentation that I provide or representations that I make to the Commissioner's representative during the time that I am licensed will be true and accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspension, suspension or revocation of the license."

Signature of Provider:	Date:	Signature of Co-Provider:	Date:
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Agency Use Only			
Date returned to agency	____/____/____	ABS sent	____/____/____
Fire Inspection requested	____/____/____	Attended orientation	____/____/____

