



CHILDREN'S CENTER REQUEST FOR LICENSE CHANGE

Children's Center Name _____

Address _____

Please mark item, which specifically relates to your children's center and describe the change(s), as it will occur. If approved a new license will be issued following review of this request. All other changes require a license application and application fee. A children's center license application and fee are not necessary when any of the following occur:

- Name of children's center changes
Owner chooses to modify or change the name of the facility.

- Owner's name changes
Individual's last name changes, an individual becomes incorporated or vice versa, deletion of a partner's name, or an agency or religious facility makes change in name.

- Address changes
Postal Service or municipality changes street names and/or street number and/or zip code.

- Deletion of category, age range, or capacity
Owner chooses to delete a category, decrease age range, or capacity. _____

- Increase of category, if additional staff, equipment, and space are not needed. _____

- Increase of age range which does not necessitate addition of infant care, additional staff, equipment, or space.

- Increase in capacity of five (5) or less children (excluding the addition of infant care), which does not necessitate additional staff, space, bathrooms, or equipment.

Signature/Title

Date

Complete and mail this request to:
Pinellas County Health Department
Child Care Licensing Program
4175 East Bay Drive, Suite 350,
Clearwater, FL 33764

<i>Licensing Specialist Approval</i> Approved by: _____
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