



CHILDREN'S CENTER REQUEST FOR LICENSE CHANGE

Children's Center Name _____

License Number (if applicable) _____

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: (This form is good for a (1) time change on current license number.)

- ☐ 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:

Department of Health in Pinellas

Child Care Licensing Program

8751 Ulmerton Road, Suite 2000

Largo, Florida 33771

C-0010 Required (Rev 05/23)

Licensing Specialist Approval

Approved by: _____