Pinellas County License Board for Children's Centers and Family Child Care Homes

Application for Change of Family Child Care Home License or Large Family Child Care Home License

Applicant's Name:		License Number:
Address:		
Phone:		

THE FOLLOWING REQUIRE AN INSPECTION PRIOR TO LICENSE CHANGE APPROVAL AND A $25.00 APPLICATION FEE UNLESS IT IS SUBMITTED AT RENEWAL:

CAPACITY I request to change my **Family Child Care Home License** to the following capacity:

☐ A maximum of 6 children, if no more than 3 are under 18 months of age.

A maximum of 6 preschool aged children, if no more than 3 are under 18 months of age, and all are older than 12 months of age.

A maximum of 10 children total, of which, a maximum of 8 children are in Child Care Status. Of the 10 total children, no more than five are preschool age and of those five, no more than three are under 18 months of age, and of those three, no more than two are under 12 months of age.

☐ I request my capacity to be (less than above):

_____

_____

_____

(*Due to preference or restrictions)*

License application and fee are not necessary when any of the following occur:

☐ CAPACITY I request to change my **Large Family Child Care Home to a Family Child Care Home**. I have already reduced my capacity to meet the Family Child Care Home requirements.

☐ CAPACITY I request to change my **Large Family Child Care Home** capacity. I currently am licensed for _____ children, and would like to change my Large Family Child Care Home to have a capacity of _____ children.

☐ NAME Name has changed due to marital status.
I request that the name on my license be changed:

From: _____
Name as it currently appears on your license.

To: _____
Name as you want it to appear on your license.

Remove a person's name from license _____
Name of person to be removed.

Doing Business As (DBA):
☐ Add ☐ Remove ☐ Change

TO:_____

FROM (if applicable):_____

☐ POOL/SPA ___ A swimming pool has been installed.
___ A spa has been installed.
___ Swimming pool has been removed from premises.
___ Spa has been removed from premises.

_____ _____
Signature Date

Mail application with nonrefundable $25.00 application fee, if required, to:

Pinellas County License Board
8751 Ulmerton Rd, Suite 2000
Clearwater, FL 33771

A new license or denial will be issued within a maximum of 60 days following approval of this request.

Licensing Specialist Approval

Date _____
Specialist_____
Supervisor _____
Effective Date _____

F-0006A (Rev 2/12)