



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:

Phone number:

License Number:

Address:

CHANGE APPLICATION

THE FOLLOWING REQUIRE AN INSPECTION PRIOR TO LICENSE CHANGE 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
(*check the box that applies*):

- 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
- 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 5 are preschool age and of those 5, no more than 3 are under 18 months of age, and of those, no more than 2 under 12 months of age
- 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
- I request to lower my capacity to (less than above): _____
(*due to preference or restrictions*)
- I request to increase my capacity, due to space added to my home. I request the capacity to be increased to _____

HOURS OF CARE: I request to change my Family Child Care Home License to the following overnight hours of care:

- 24 HOURS A DAY (will require an inspection)
- Hours of Operation: _____

Days of care (check all that apply): Sun Mon Tue Wed Thu Fri Sat

THE FOLLOWING MAY REQUIRE AN INSPECTION BUT NOT A FEE FOR A LICENSE CHANGE:

NAME CHANGES:

I request to change my name on my license

from: _____

to: _____

Note: Proof of name change must also be submitted, for example a driver's license or court order

Doing Business As (BDA):

ADD REMOVE CHANGE

From: _____

To: _____

ADDRESS: The US Postal Service has changed my address to:

NOTE: If you MOVE to a new address, you must file a new application. Current License is not transferable.

Mail the application and check/money order (if applicable) made out to Pinellas County Licensing Board (PCLB) to:

Pinellas County Licensing Board
8751 Ulmerton Rd, Ste 2000
Clearwater, FL 33771

You may also email your form to pinellasPCLB@flhealth.gov and call in a credit card payment to 727-507-4857

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

Provider Signature

Date

F-0006 (rev 5/2022 kk)

Licensing Specialist Approval

Date _____

Specialist _____

Supervisor _____

Effective Date _____