

PROVIDER PROFILE

**License Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIN – EIN/SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Located on License) (Payments will be made to this Entity)

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**Licensee** (Name as appears on federal business documentation – must match TIN above)

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**Doing Business As Name** (If different from Licensee above)

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**Physical Address of program** Town State Zip code + 4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address of program** (If different) Town State Zip code + 4

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number for the program**

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Primary individual where reports and correspondence for program are sent)

**Taxpayer Identification Number (TIN)**

- Attach an updated W9 form

- Attach federal business documentation that matches the TIN

**Doing Business As Name (DBA)**

- Attach documentation of business/trade name registration with the Vermont Secretary of State's Office

- Public schools are exempt as the Secretary of State's Office does not allow public schools to use a DBA. In the DBA section above, public schools should enter the name for the program (e.g. Green Valley Supervisory Union at Pleasantville Elementary or Pleasantville Elementary School Preschool Program).

LICENSEE RESPONSIBILITIES

In accordance with Title 33, Vermont Statutes Annotated, Section 3502, revised application is hereby made to the Child Development Division for a child care license.

**Print full name of person initialing this document: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Licensee**  **initials** | **PLEASE CAREFULLY READ AND INITIAL the following statements:** |
| 1. \_\_\_\_ | In making this revised application I state that: I am in receipt of, have read, and agree to comply with the Vermont Child Care Licensing Regulations. |
| 2. \_\_\_\_ | I reaffirm permission for the Vermont Department for Children and Families, Child Development Division (CDD) or its authorized agent(s) to make necessary and reasonable investigation of the circumstances surrounding this revised application, my statements made herein, information reports, personal references, and records of this or other social and regulatory agencies in Vermont and in other states if deemed appropriate. |
| 3. \_\_\_\_ | I acknowledge that the Vermont Department for Children and Families, Child Development Division (CDD) and/or its authorized agent(s) may make reasonable inspection including photography, of the facility and its surroundings where I operate to establish my child care operation. For the purpose of such reasonable inspection of my facility, I acknowledge that the CDD and/or its authorized agent(s) shall have free and full access to every part of the facility. |
| 4. \_\_\_\_ | I am aware that if re-issued a child care license, I am subject to reasonable investigation and/or inspection to determine my continued conformity to the regulations under which the license was issued. Further, I am aware that any license granted to me is conditioned upon my continued compliance with the Vermont Child Care Licensing Regulations and is time limited having a duration of not more than three years from the date of issuance. If I desire to continue providing child care services, I must make a complete reapplication for a child care license prior to the license expiration date as provided in the prescribed regulations of the State of Vermont. |
| 5. \_\_\_\_ | I understand that the information gathered by the Vermont Department for Children and Families, Child Development Division and/or its authorized agent(s), related to inspection or investigation, is subject to review by a person with a bonafide interest in the inspection, investigation, or license. |
| 6. \_\_\_\_ | All information I have given the Vermont Department for Children and Families, Child Development Division (CDD) and/or its authorized agent(s) is true and correct. Further, if I am granted a revised license by the CDD, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party. |
| 7. \_\_\_\_ | I understand that this is only a revised application for a license, and that such application is subject to denial or limitations. In the event of such denial or limitation, I understand I have the right to a Fair Hearing before the Human Services Board. |
| 8. \_\_\_\_ | I am aware that any license granted to me by the Vermont Department for Children and Families, Child Development Division for the purpose of providing child care is subject to revocation or suspension. Further, in the event of any revocation or suspension, I am aware that I have the right to a Fair Hearing before the Human Services Board. |
| 9. \_\_\_\_ | I certify that I am at least 18 years of age. |
| 10. \_\_\_\_ | I understand that I must submit a complete reapplication prior to the expiration of the current license. |

LICENSEE SIGNATURE

I declare that I have read and understand this revised application, including the documents referred to herein and to the best of my knowledge and belief the statements I have provided are true, correct and complete.

**** I make this revised application for a Child Care License as owner of:

**OR**

 I make this revised application for a Child Care License as authorized agent of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Corporation or Organization Name)

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Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print First and Last Name

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Print Mailing Address Town State Zip +4

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone Number between 8:00 a.m. and 4:30 p.m.