

## APPLICATION FOR LICENCE COMMUNITY CARE FACILITIES: CHILD CARE

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act* Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.

A   Facility Information							
Facility Name							
Facility Address							
	Street	City	Prov	Posta	al Code		
Facility Phone Number		Facility Email Address					
Facility Mailing Address	Same as Physical Address or						
Potable water is provided							
Municipal water	Other (eg well, private: please specify)	ı					
Municipal sewerage	Other (eg septic: please specify)						
Premise information:	Leased / Rented	Owned					
Will you be providing food service No Yes (facility will include a permitted kitchen or delivery from a catering company)  Details:							
Business Type	Sole Proprietorship (one owner) Board of			f Education			
	Partnership (two or more individuals or companies) Indige		Indigeno	nous Governing Body			
	Not-for-profit Organization or Society Local Gov			vernment			
	Corporation						
B   Licensee Information	n						
Licensee Name		Phone Number		Email			
Licensee Mailing Address							
	Street	City	Prov	Posta	al Code		
I have previously applied to be	ty		I am at least 19 ye				
No Yes (please provide det	ails)			Yes	No		
List names of previously applied for and/or operated community care facilities:							
C   Designated Licensee Contact/Director Information for Corporations, Societies or Boards							
Licensee Contact Name		Phone Number		Email			
Corporation has a Director who is a permanent resident of British Columbia, or prescribed Province Yes No							
Province or Territory where Director resides:							
Director agrees to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Card Facility upon request Yes No							

D   Manager Information									
Manager Name		Phone Number		Email					
Has the Manager previously applied to be a Manager of a Community Care Facility?  No Yes (please provide details)  Yes					inager at least 19 years old?				
The proposed Manager i If 'Yes' please provide	s currently the Manager of any other Comm details	unity Care Facility Yes		No					
E   Proposed Type	es of Care								
Types of Care (Pleas	Room Name/Number (if applicable)	Proposed Capacity							
Family Child Ca licensee's perso									
In-Home Multi- residence, to no	al								
Group Child Car than 36 months	er								
Group Child Car									
<del>-</del>	e, School Age. A program that provides, care to children who attend school, inclu		on a day c	of					
School Age Care hours or on a d Licensee is the B									
School Age Care hours or on a da	ol .								
Recreational Ca on a drop-in ba government, or									
Preschool. A pro	n								
Multi-Age Child	es								
Occasional Child	0								
Child-Minding. A Language, settle	d								
VCH posts information	n about Licensed Facilities on its website	http://www.inspections.vcha.	ca/						
and agree to abide by information I have pro	orized by the Licensee, to submit this applicable the regulations made under the authority ovided is correct to the best of my know operation as per section 26 of the Freedo	y of the <i>Community Care and As</i> rledge. The personal information	<i>sisted Livir</i> n collected	ng Act, and certify relates directly to	that the				
Date (dd/mm/yyyy)	Applicant/Licensee or Licensee Conta	act Name Applicant/License	e or Licen	see Contact Signat	ure				
	Title in the Organization								