



Municipality of Anchorage
CHILD CARE LICENSING PROGRAM

APPLICATION FOR PROVISIONAL CHILD CARE LICENSE

APPLICANT INFORMATION: This person must be the owner of the child care facility, or if the business owner is a corporation, the president or registered agent according to the provider's State of Alaska Business License. This person may be different from the individual (administrator) who is responsible for maintaining compliance with child care licensing regulations and the day to day operations of the facility.

Name of Applicant (Owner): _____ Title: _____

Social Security Number: _____ DOB: _____

Mailing Address: _____
(PO Box/Street) (City/State/Zip)

Phone Number: _____ Fax Number: _____

Email Address: _____ myAlaska Account User Name: _____

PROPERTY/BUILDING OWNER INFORMATION: If same as applicant, check the box below attesting there are no restrictions forbidding you to operate a child care business at the physical address of the facility noted in Facility Information section on next page. If different than applicant, each line in this section must be completed with the property owner's information and the property owner/manager must submit a signed and dated *Permission to Operate a Child Care Business CC72* form, as evidence of permission to operate a licensed child care facility on the premises.

☐ I attest that the covenants, home owners' association bylaws, and other applicable neighborhood restrictions do not forbid operating a child care business at this address.

Name of Property Owner: _____ Title: _____

Mailing Address: _____
(PO Box/Street) (City/State/Zip)

Phone Number: _____ Fax Number: _____

Email Address: _____

FACILITY INFORMATION: Select the form of organization and enter the name of your child care facility as listed on your State of Alaska business license and any legal documents pertaining to your business. Research should be conducted prior to choosing the name of your facility to ensure the name chosen will not be confused with another facility.

- ☐ Business Corporation ☐ C Corporation ☐ Cooperative Corporation ☐ Nonprofit Corporation
☐ Professional Corporation ☐ Public Corporation ☐ Religious Corporation ☐ S Corporation
☐ General Partnership ☐ Limited Liability Partnership ☐ Limited Partnership ☐ Sole Proprietorship
☐ Limited Liability Company

Name of Facility: _____

Physical Address: _____
(Street) (City/State/Zip)

Mailing Address: _____
(PO Box/Street) (City/State/Zip)

Phone Number: _____ Fax Number: _____

Email Address: _____

FACILITY TYPE: Choose the type of child care facility license you are seeking. Approval of a facility type will be determined based on the requirements for the license type:

☐ **Home:** Must have at least 1 caregiver/Administrator who is at least 21 years of age; allows up to 8 children; meets child-to-caregiver ratios; and must have 35 square feet of usable indoor space and 75 square feet of outdoor recreation space per child.

☐ **Center:** Must have a qualified Administrator and an Associate Administrator, meets child-to-caregiver ratios, allows 9 or more children, and must have 35 square feet of usable indoor space and 75 square feet of outdoor recreation space per child.

Please note: Additional requirements per facility type may be applicable prior to licensure, for example: meeting local city planning and/or zoning requirements, obtaining Fire Marshal approval (required if caring for six (6) or more children, by a municipality to which the state Fire Marshal has deferred building safety inspection and enforcement activities under 13 AAC 50.075(c), or if operating any hours after 10:00pm or before 6:00am, or 24 hours a day), and receiving approval or meeting the Department of Environmental Conservation (DEC) requirements, if applicable, for food service (MOA), well water, and/or a septic system. Occupancy rating, as applicable to facility type, is based upon your local or State of Alaska Fire Marshal's office.

NUMBER OF CHILDREN TO RECEIVE CARE (capacity): Enter the number of children you want to be licensed for, in a home this will include your own children (including foster care children) younger than 13 years of age. The capacity will be approved based on the child care facility meeting specific requirements by facility type, for example: required square footage per child, number of toilets and sinks in the facility, local city planning and/or zoning requirements, and local Fire Marshal approval.

Requested Capacity: _____

AGE RANGE: Enter the age range of the children you want to care for younger than 13 years of age, including your own children and foster care children if applicable.

Requested Age Range: _____ through _____

HOURS OF OPERATION: Enter the hours of the day (including a.m. or p.m.) and days of the week you want to operate your child care facility. Indicate “Closed” for days you are not in operation. If you are applying to operate any hours after 10:00 p.m. or before 6:00 a.m., or 24 hours a day, a ***Request For Nighttime Care Specialization CC53*** form must be completed and submitted with the application, for department approval. An approval for nighttime care will also be necessary from your local Fire Marshal prior to a nighttime care specialization being approved by the department.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PROGRAM ACTIVITY SPECIALIZATION: If you are applying for a program activity specialization for a moderate-risk activity such as: swimming, bicycle riding, etc., a ***Request For Specialized Program Activity CC54*** form must be completed and submitted with the application, for department approval.

☐ Yes ☐ No

If yes, I have attached a ***Request For Specialized Program Activity CC54*** form for each of the following moderate-risk activities included in my program:

GOVERNING BODY INFORMATION: Mark the box applicable to your facility. If your facility will be governed by a board of directors or other body, submit a ***Governing Body Information CC55*** form with the application.

Will your facility be governed by a board or other body? ☐ Yes ☐ No

PERSONS LIVING ON THE PREMISES OF THE CHILD CARE FACILITY: List ALL individuals living on the premises, starting with yourself. A valid background check through the Alaska Background Check Program is required for all individuals associated with or living on the premises of the entity, who are 16 years of age and older, prior to licensure. Authority under: 7 AAC 57.010; 7 AAC 57.315; 7 AAC 10.900; 7 AAC 10.910.

	Name (first, last)	Title/Relationship	Date of Birth	Age	Driver's License #
1.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
4.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
5.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

APPLICANT AND ADMINISTRATOR CERTIFICATION AND SIGNATURE OF AGREEMENT:

Note: All sections of the application must be completely filled out and the signature of the applicant and administrator (if not the same person) are required in this section in order for the application to be considered complete. This section, in addition to the Alaska child care licensing statutes and regulations, should be carefully read and understood prior to signing the application.

I have read the applicable Municipality of Anchorage Code and State of Alaska child care licensing statutes and regulations: AMC 16.55, AS 47.05, AS 47.32, 7 AAC 10 and 7 AAC 57, and understand and agree to comply with them;

I will cooperate with the Anchorage Health Department (AHD) through the licensing process and after license issuance, including inspection and investigation and permit representatives of the AHD to have full access to inspect and investigate the child care facility and premises, review records, interview staff and interview individuals and their families' receiving services;

I understand that I am required to maintain and retain records necessary to demonstrate compliance with the Municipality of Anchorage Code and State of Alaska child care licensing statutes and regulations governing the facility. In addition, I will make these records available to the AHD or its authorized representatives, upon request; and

I certify that the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.

Facility Name

Applicant (Owner) Name (Print)

Date

Signature of Applicant

Administrator Name (Print)

Date

Signature of Administrator