

Child Care Services Division  
***BRIGHT FROM THE START: Georgia Department of Early Care and Learning***  
**APPLICATION FOR LICENSE AMENDMENT**

Current name of Facility (d/b/a):		Legal Name of Facility
Site Address:		Telephone: Area Code (    ) -
City:	Zip:	
Mailing Address:		County:
City:	Zip:	

**REASON(S) FOR REQUESTED AMENDMENT TO LICENSE    (CHECK ALL THAT APPLY)**

**Change in name of program only:**

\_\_\_\_\_ **Proposed name:** \_\_\_\_\_  
 \_\_\_\_\_  
**Effective date:** \_\_\_\_\_

**Change in ages of children served    (to serve age groups not previously served, e.g., infants)**

**Present ages served:** \_\_\_\_\_ to \_\_\_\_\_  
**New ages to be served:** \_\_\_\_\_ to \_\_\_\_\_  
**Effective date:** \_\_\_\_\_

**Change in hours:**

**Present hours:** \_\_\_\_\_ to \_\_\_\_\_  
**New hours:** \_\_\_\_\_ to \_\_\_\_\_  
**Effective date:** \_\_\_\_\_

**Change in licensed capacity or use of the building:**

**Attach an updated floor plan of the facility showing details of the area involved. Also attach copies of (applicable) local approvals, i.e., fire, building, and zoning location. Indicate on your floor plan the location of all sinks, toilets, diaper changing tables and exhaust fans.**

Comments: \_\_\_\_\_

I represent that the official address listed on this application is current and correct. I will notify the Bright from the Start in writing if my address changes or if additional changes are required.

I understand that I am responsible for meeting all applicable rules and regulations associated with these changes.

_____	_____
Owner	Board Chairman (if applicable)
_____	_____
Director	Date

For office use only	
Amended License: <input type="checkbox"/> <i>issued</i> <input type="checkbox"/> <i>no new license needed</i>	_____ Date Approved
_____ Program Specialist	