

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>	
_____	_____
Program Specialist	Date Approved