



BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

2 Martin Luther King Jr. Drive, SE; Suite 670-East Tower; Atlanta, GA 30334

www.decal.ga.gov

LICENSE APPLICATION FOR CHANGE OF OWNERSHIP

NOTE: Application to be completed by **NEW** owner.

Application for: (Check one)

Child Care Learning Center: License Commission

Group Day Care Home: License Commission

Application for: (Check one & provide date)

Request to change owner(s) **Corporation (Legal) name change** (Note: check this only if all owners/ legal parties are remaining the same and only the legal name of the entity is changing)

Effective date of ownership change _____ (date of legal transaction)

Does the facility have Georgia Lottery funded Pre-K program classroom(s)? Yes No

If the center that you have purchased has GA Lottery funded Pre-K Program classroom(s) and you wish to request continuation, you must also complete a Pre-K Program Change Request addendum.

A license/commission to operate a Child Care Learning Center/Group Day Care Home is issued to the governing body of the center, meaning the person or entity (corporation, LLC, partnership, board) that owns the center.

Applicant/ New Owner Information:

Facility Information (DBA/Site name; new name, if changing):

Name of Owner/Corp.LLC/Board

Name of Center

Mailing Address

Site Address

City/Zip/County

City/State/Zip

Name of Contact Person

County

Title

Facility Telephone No.

Daytime Telephone Number

Facility Fax No.

E-mail Address

Type of Ownership (Check one)	Tax Status (Check one)
<input type="checkbox"/> Individual/ Sole Proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
<input type="checkbox"/> Corporation/ LLC <input type="checkbox"/> Board-Sponsored	
SSN (individual owner) or EIN # (corporation/LLC) : _____	
<u>Corporation/LLC</u> : Submit a copy of corporation papers, i.e. Certificate of Inc./Org., Articles & By-Laws <u>Board-Sponsored</u> : Submit a list of board members & minutes from most recent meeting.	

Complete the following:

Is facility currently operating? Yes No (NOTE: If no, operation must resume within 30 days of previous owner suspending operation in order to be considered a change of ownership.)
 Provide former license number and former program name:
 Former License # _____
 Former Program Name _____
 If no, list date facility stopped operating: _____

Person Legally Responsible and Official Address for all Communications:

Name _____

Street or P.O. Box _____

City/State/Zip _____

Telephone No. _____

Email Address _____

Name and Address of Agent for Service (for corporations & LLCs registered with the Secretary of State) for Facility:

Name _____

Street or P.O. Box _____

City/State/Zip _____

Email Address _____

Exemptions

Do you own any exempted childcare facilities in the State of Georgia? Yes No
 If yes, list the official name and address of the exempted program.

Name _____

Site Address _____

Building Owner

Do you own the building in which the program is housed? Yes No
 If no, list the landlord's name and address:

Landlord's Name _____

Landlord's Mailing Address _____

Attach a copy of the current lease agreement, if applicable

Schedule:

Months of Operation: _____

Days of Operation: _____

Hours of Operation: _____

Age Range of Children to be Served:

From _____

To _____

Check all services that apply:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Infants & Toddlers (Ages 0-2) | <input type="checkbox"/> School-age summer care | <input type="checkbox"/> Special Needs | <input type="checkbox"/> CACFP |
| <input type="checkbox"/> Preschoolers (ages 3-4) | <input type="checkbox"/> Evening Care | <input type="checkbox"/> Transportation-field trips | <input type="checkbox"/> Drop-in care |
| <input type="checkbox"/> School Age (Ages 5+) | <input type="checkbox"/> Night Care | <input type="checkbox"/> Transportation-school | <input type="checkbox"/> Accepts Subsidies |
| <input type="checkbox"/> School Age Only | <input type="checkbox"/> Mildly Ill Care | <input type="checkbox"/> Transportation-home | <input type="checkbox"/> Other |

Facility/ Site Director:

Name: _____

Date of birth _____ SSN _____

Preliminary criminal records check results are attached? Yes No

Criminal Records Check Application/Fingerprints submitted on _____ (Date)

Upon receipt and review of a completed application, a child care consultant will conduct an inspection of the center. This inspection includes an assessment of compliance with Rules and Regulations for Child Care Learning Centers/Group Day Care Homes to include an evaluation of the physical plant, staffing, records, and services.

- A. I/We will ensure that the center adheres to all licensing requirements.
- B. I/We understand that a license to operate a center is not transferable to another individual or location.
- C. I/We understand that the issuance of a new license may be denied for failure to comply with licensing requirements.
- D. I/We understand that the center is subject to unannounced inspections by Bright from the Start: Georgia Department of Early Care and Learning at any time during operating hours.
- E. I/We assume responsibility for conducting the affairs of the center herein described and for meeting all applicable regulations.
- F. I/We understand that remodeling or modification to the center requires a plan review by Bright from the Start: Georgia Department of Early Care and Learning before new construction, alterations, or additions can begin.

- G. I/We understand that rule violations, which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may result in adverse actions by Bright from the Start.
- H. I am/We are responsible for compliance with compliance with the rules and regulations as set forth in the rules and regulations for Child Care Learning Centers, Chapter 591-1-1, or Group Day Care Homes, Chapter 290-2-1. I/We understand that rule violations which are determined by Bright From the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may subject me/us to civil penalties of up to \$500 per violation for each day for each.
- I. I/We understand that, if incorporated, I am required to retain an attorney to represent the corporation in any appeal or other litigation scheduled to be heard before the Office of State Administrative Hearings or any other judicial body. “(O)nly a licensed attorney is authorized to represent a corporation in a proceeding in a court of record, including any proceeding that may be transferred to a court of record from a court not of record.” Eckles d/b/a/ Atlanta Technology Group v. Atlanta Technology Group, Inc., 267 GA. 801 (1977). See also Office of State Administrative Hearings Administrative Rules of Procedure, Ga. Comp. R & Regs. 616-1-2-.34(1).
- J. I/We understand that, pursuant to O.C.G.A. § 49-5-12(t), Bright from the Start: Georgia Department of Early Care and Learning recommends that all child care providers licensed or registered by the Department maintain insurance coverage sufficient to protect the provider’s clients. I understand that if I do not maintain liability insurance, I will have to notify parents, obtain a written acknowledgment from parents, and post a notice at the child care facility stating that I do not maintain liability insurance.
- K. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.
- L. I/We declare there have been no license/registration revocation proceedings initiated against me/us within one year of the date of this application.

False or misleading statements made on any part of the application may void this application and lead to the denial or revocation of a license issued on the basis thereof. I/We hereby apply for a license. I/We understand and agree to the above statements and agree to submit a copy of the bill of sale.

 Corporation/LLC name **or** Signature of owner
 (If Private owner or Partnership)

 Signature of Director (if different)

 Signature of Board Chairman /President/CEO

 Title

 Date