



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

Child Care Services

2 Martin Luther King Jr. Drive, SE, 670 East Tower, Atlanta, Georgia 30334

www.decal.ga.gov

**LICENSE APPLICATION FOR CHANGE OF OWNERSHIP**

Application for: (Check one)

Child Care Learning Center:  License  Commission

Group Day Care Home:  License  Commission

*If the center that you have purchased currently has the GA Lottery Pre-k Program and you wish to continue it, you must contact the Pre-k Division at 404-656-5957 and request a Pre-k Packet.*

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 Information:**

**Facility Information:**

\_\_\_\_\_  
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)**

- Individual  Corporation  LLC  
 Partnership  Board-Sponsored

**Tax Status (Check one)**

- Profit  
 Nonprofit

SSN (individual owner) or EIN # (corporation) \_\_\_\_\_

Corporation: Submit a copy of corporation papers, i.e. Certificate of Inc., Articles, & By-Laws

Board-Sponsored: Submit a list of board members & minutes from most recent meeting.

**Complete the following:**

Is facility currently operating?  Yes  No

Provide former license #, if applicable, 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 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:**

Infants & Toddlers (Ages 0-2)  School-age summer care  Special Needs  CACFP

Preschoolers (ages 3-4)  Evening Care  Transportation-field trips  Drop-in care

School Age (Ages 5+)  Night Care  Transportation-school  Accepts Subsidies

School Age Only  Mildly Ill Care  Transportation-home  Other

**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. I/We understand that the issuance of a new license may be denied for failure to comply with licensing requirements.

- A. I/We will ensure that the center adheres to all licensing requirements.
- B. 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.
- C. I/We assume responsibility for conducting the affairs of the center herein described and for meeting all applicable regulations.
- D. I/We understand that a license to operate a center is not transferable to another individual or location.
- E. 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.
- F. 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.
- G. I am/We are responsible for 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
- H. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.
- I. 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.

\_\_\_\_\_  
Owner(s) of Center  
(If Private owner or Partnership)

\_\_\_\_\_  
Director of Center (if different)

\_\_\_\_\_  
Board Chairman /President/CEO

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date