**New License Number:**

**Facility/ Site Information** (office use only)

Name (DBA-“doing business as”, if applicable):

Street Address:

City:       Zip code:       County:

|  |
| --- |
| (office use only)  Pre-K?  Yes  No |

Phone number:

Director’s name/ e-mail:

|  |
| --- |
| (office use only)  Nutrition Program?  Yes  No |

Former name:

Former license number:

Date of closing/purchase:

**New Owner Information**

Name of legal owner (Sole Proprietor or Corporation/LLC name):

Person Legally Responsible (CEO/Owner):

Primary Contact Person:

Owner/Corporation address:

Agent for Service:

Phone:

E-mail:

**Former Owner Information**

Name (Owner/Corp.):

Primary Contact Person:

Owner/Corp. address:

Phone:

E-mail:

|  |
| --- |
| (office use only)  Pre-K Consultant:  ASU Consultant: |

Alternate contact person/ phone number: