



EARLY CHILDHOOD SERVICES LICENSE APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 832 (9-2020)

Owner/Operator Full Legal Name		Employer Identification Number (EIN)	Telephone Number
Applicant Name (if different than owner/operator)		Program Full Legal name	
Email Address			
Address of Program			
City	State	ZIP Code	County
Mailing Address (if different)			
Supervisor/Director's Name			Program Telephone Number

I, the above-named, hereby make application to the North Dakota Department of Human Services for a license to provide Early Childhood Services as a Family Group Center Preschool School Age

I wish to be licensed to provide care for up to _____ children (_____ school-age children) between the ages of _____ and _____. **This includes applicant's own children under age 12, if in care at home/facility.**

In making this application, I state that:

- a. My application fee of \$ _____ and all mandatory forms needed for my license are included.
- b. I acknowledge that the late fee of \$ _____ is included if my application and forms have not been submitted by a minimum of 60 days before the expiration date of the program's license.
- c. I acknowledge that authorized agents of the North Dakota Department of Human Services may make any reasonable and necessary investigations of my application and the program I intend to operate. I realize that I am subject to inspection for purposes of determining continued conformity to the standards under which a license is issued.
- d. I understand that my application may be denied or my license revoked by the North Dakota Department of Human Services upon evidence of failure to comply with the standards for the provision of Early Childhood Services, subject to my right to appeal the decision.
- e. To the best of my knowledge and belief, all information I have given to the North Dakota Department of Human Services and/or its authorized agents in the application process is true and correct. Further, if I am granted a license by the North Dakota Department of Human Services, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.
- f. I understand that any complaints which are received by the North Dakota Department of Human Services relating to my provision of early childhood services may be investigated by authorized agents of such North Dakota Department of Human Services.
- g. I am aware that any violation of the provision of Chapter 50-11.1, Early Childhood Services, is punishable as a Class B misdemeanor or as otherwise provided in Chapter 50-11.1, North Dakota Century Code.
- h. I further understand that the license I am applying for will expire on the date noted on the license and that it is my responsibility to reapply for another license no more than 90 days prior to its expiration date.

Signature of Applicant/Operator	Date
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