

<b>Application Information</b>					
<i>Please select whether you are applying for a new licence or applying to amend an existing licence (refer to Schedule B).</i>					
<input type="checkbox"/> <b>New application:</b>			<input type="checkbox"/> <b>Amend an existing licence</b> select amendment type below		
Applicant name :			<input type="checkbox"/> Change of facility name from:		
Email:		Phone:	<input type="checkbox"/> Change of care program/type		
Manager name:			<input type="checkbox"/> Change in capacity		
Email:		Phone:	<input type="checkbox"/> Change of surname		
List names of previously applied for and/or operated community care facilities:					
<b>Facility Information</b>					
Facility name:				Phone:	
Facility site address:			City:	Postal code:	
Email address:			Fax:	Alternate phone:	
Mailing address <i>(if different from facility address)</i> :					
<input type="checkbox"/> Community water	Name of community water supply:				
<input type="checkbox"/> Private water	Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased Rented <input type="checkbox"/> Other <i>(please provide details)</i> :				
<b>Licensee Information</b>					
Licensee name:		<input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Society #:	
		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation #:	
Licensee contact:			Phone:		
Licensee address <i>(if different from facility address)</i> :			City:	Postal code:	
Email address:			Fax:	Alternate phone:	
Program affiliation / funding agency:					
Corporation has a director who is a permanent resident of British Columbia or prescribed province <input type="checkbox"/> Yes <input type="checkbox"/> No					
Corporation has delegated full authority to the manager to operate the facility in accordance of the requirements of the Act and regulations. <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Care Programs</b>					
Child care programs	# of each care program	# of children in each care program	Total capacity	Residential care types	Total capacity
Group Child Care (Under 36 Months)				Child & Youth Residential	
Group Child Care (30 Months to School Age)				Hospice	
Preschool (30 Months to School Age)				Mental Health	
Group Child Care (School Age)				Substance Use	
Group Child Care (School Age Care on School Grounds)				Long Term Care	
Group Child Care (Recreational Care)				Community Living	
Family Child Care				Acquired Injury	
Occasional Child Care					
Multi-Age Child Care					
In-Home Multi-Age Child Care					
Child-minding					
<b>Total maximum capacity</b>				<b>Total maximum capacity</b>	

The personal information collected is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, contact your Health Authority. I hereby apply for a Community Care Facility Licence and agree to abide by the regulations made under the authority of the Community Care and Assisted Living Act, and certify that the information I have provided is correct to the best of my knowledge.

<b>Applicant/Licensee Signature</b> <i>(not required if submitting by email)</i> :	<b>Date</b> (dd/mm/yyyy):
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