

INSTRUCTIONS FOR APPLICATION FOR CHILD CARE FACILITY LICENSE

Initial License

Check only when:

1. Applicant has never been licensed for this facility-type in Illinois
2. The name(s) of the caregiver(s) change

Renewal of License

Check only when applicant is currently licensed for this facility-type in Illinois and wishes that license to be renewed for two years. Also, enter the current license number.

Other License

Check and specify only when:

1. The applicant has been licensed for this facility-type, but the license has been closed, OR
2. There is a change in location. Also, enter the most recent license number.

Type of License Applied For

Applicant checks the box next to the type of facility for which application is made. Check only one box. If licensure is desired for more than one type of facility, submit a separate application for each type.

Operating name of Facility

Enter the name by which the facility will be known. The name entered here will be the same as that appearing on the face of the license document.

Location

Enter the number, street, city, zip code, and county of the facility's actual location.

Mailing Address

Use ONLY when the mailing address differs from the actual location of the facility.

Telephone

Enter the area code and phone number of the facility.

Responsible Organization – Responsible Person(s)

Complete either the section for responsible organization OR responsible person(s).

Responsible Organization

When the facility is operated by a corporation or municipality, enter the appropriate name and FEIN number. Additionally, check whether the facility is incorporated, non-profit, or for-profit. Check "incorporated" only when the facility is part of/owned by a legal corporation. If this is so, enter the date of incorporation and the corporate name.

NOTE: For incorporation facilities: Be sure to enter the corporate address under the mailing address, above, IF correspondence should be addressed to the corporation instead of the facility.

Responsible Person(s)

Enter the full name(s) of the facility's owner(s) or proprietor(s). Also enter the social security number of each person in the spaces provided.

The applicant is to answer all questions on the bottom of the CFS 597.

Signatures

If the facility is a sole ownership, the owner must sign and enter the title.

If the facility is jointly owned or a partnership, all owners/partners must sign and enter their titles.

If the facility is a corporation, the corporate officer(s) must sign and enter their titles.