CFS 597 Rev 3/2020

State of Illinois

Complete in duplicate. Retain one copy for your file.

Department of Children and Family Services APPLICATION FOR CHILD CARE FACILITY LICENSE

						<u> </u>	21021,62			
DCFS Region/S		DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY Date Received								
-	License	Date Entered								
	PLEASE READ	INSTRUCTIO	NS ON THE	RACK R	FFOR	F COMP	I FTING THI	S APPI ICA	TION	
	I LEASE READ		RENEV	DACK D	EFOR	L COMI	_			
APPLICATION	FOR (Check One):	☐ INITIAL LICENSE	VAL OF SE Nu					fy:		
		APPLICANTS CHI		OF LICENS HECK ONE		VHICH YO	U ARE APPLYING	3	·	
Child Care		Day Care	☐ Emergency			ay Care	☐ Maternity	Group	☐ Youth Emergency	
Institution	Agency	Center (DCC)	Program	(EDC)	Ag	gency	Center	Home	Shelter	
Operating Name	e of Facility									
Location					Construction Date (DCC)//					
No	o. and Street	City	and Zip		County					
Mailing Addres	s									
No. and Street				City and Zip				County		
Telephone Email Address:										
	Area Code	Number								
Responsible Org	ganization									
	□ T			ame		□ p:	ss (for profit)	Federal E	mployers I.D. No.	
	☐ Incorp	Date)	☐ Non-pr	TOTIL		☐ Busille	ss (for profit)			
Corporate Name	e					Address				
OR Address										
Responsible Per					()				
		Last Name	First	Middle		Telephone		Social Se	curity No.	
	В				()				
		Last Name	First	Middle		Telephone		Social Se	curity No.	
	urrently licensed for chil s, give type of license(s)		☐ No	Yes						
-			s?	☐ Yes	License n	umber(s)				
-	2. Are you currently licensed for child care outside Illinois? No Yes License number(s) If yes, give type of license(s)									
Nam	e on License(s)									
	ress on License									
By whom was the license issued?										
3. If you are not currently licensed for child care, complete questions below: (attach a separate sheet, if needed) Have you ever applied for Child Care License?										
паче	• • •	of license	☐ No	☐ Yes						
		Theorise								
		se								
	Name on License									
		se								
declare that, I(V		e facility herein name	d, hereby apply f	for license to	o operate a	child care i	facility under the C	hild Care Act o	of 1969 as amended. I(WE	
I. H	ave received a copy of the					or which lic	ense is sought.			
	II. Will be subject to investigation upon application in regard to meeting standards.									
III. W IV. A	 Will cooperate with the licensing agency through the study. Are aware that to operate a child care facility without a license or permit constitutes a Class A misdemeanor and that I(WE) may be prosecuted for such 									
	misconduct.							-		
	Vill be subject to supervision ffirm that the information a Class A misdemeanor	n provided above is t	rue. I(WE) unde	erstand that n	naking m			er to obtain a li	cense or permit constitute	
SIGNATURE(S)					TITLE					

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.