CFS 597 Pending 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

	-		11 011 011122	011111111111111111111111111111111111111		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 BA	CK BEFO	RE COMP	LETING THIS	SAPPLICA	TION	
PLEASE READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS APPLICATION									
APPLICATION	N FOR (Check One):	☐ INITIAL ☐ RENEWAL OF LICENSE LICENSE Num			DTHER Specify:				
APPLICANTS CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING (CHECK ONE ONLY)									
Child Care	Child Welfare	☐ Day Care	☐ Emergency Day	y Care 🔲	Day Care	☐ Maternity	Group	☐ Youth Emergency	
Institution	Agency	Center (DCC)	Program (EDC	C) .	Agency	Center	Home	Shelter	
Operating Nam	e of Facility								
Location						Construction Date (DCC)//			
No	o. and Street	City and Zip			County				
Mailing Address	s								
	No. and	Street Cit			and Zip County			inty	
Telephone	A C - 1-	Number	Ema	ail Address:					
	Area Code	Number							
Responsible Or	ganization								
	☐ Incorp.		Name Non-profit		□ Duging	ess (for profit)	Federal Er	nployers I.D. No.	
	((Date)	☐ Non-pront		Dusine	ess (for profit)			
Corporate NameAddress									
OR									
Responsible Pe				(_)				
		Last Name	First M	liddle	Telephone	;	Social Se	curity No.	
	В			()				
		Last Name	First M	liddle	Telephone		Social Se	curity No.	
1. Are you currently licensed for childcare in Illinois? No Yes If yes, give type of license(s)									
If yes, give type of license(s)									
If yes, give type of license(s)									
Name 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)									
-	e you ever applied for Cl		□ No □ '	_		,			
		of license							
Name on License									
Address on License Type of License									
		:							
		ise							
		e facility herein name	d, hereby apply for lie	cense to operat	e a child care	facility under the Cl	hild Care Act o	f 1969 as amended. I(WE	
declare that, I(V I. H		he standards, have rea	d and are familiar wit	th the standards	s for which lic	cense is sought.			
II. V	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.						= , 00	r	
	Will be subject to supervision in terms of conformance with minimum standards upon issuance of a license. Affirm that the information provided above is true. I(WE) understand that making materially false statements in order to obtain a license or permit constitute a Class A misdemeanor and that I(WE) may be prosecuted for such misconduct.								
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.