
Child Care Application

Purpose of Application

___ New

___ Change of Ownership

___ Information Update Only

The Business

Facility Name: _____

Facility Address: _____

Unit Info: _____

Zip Code: _____

City: _____

State: _____

Sewage System Jurisdiction: _____

Water System Jurisdiction: _____

City/Public Water

Well Water

If facility is on a well, what is the PWSID#? _____

The Ownership

Owner Name: _____

Owner Address: _____

Type of Ownership (as indicated on your Colorado Business/State Sales Tax Registration):

Individual (Sole Proprietor)

Non-Profit

Partnership

Government

Corporation/LLC

Other: _____

Contact Name: _____

Email: _____

Phone Number: _____

Send invoices and physical license to: Owner address Facility address

