



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Children's Licensing and Investigation Services**

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 11 State House Station  
 Augusta, ME 04333-0011

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Fax: (207) 287-9304

Email: [ocfschildrenslicensing.dhhs@maine.gov](mailto:ocfschildrenslicensing.dhhs@maine.gov)

**Child Care Licensing Application**

**License #:**

**SECTION 1: Program Information**

**1. Program Name:** (if you are a Family Child Care Provider and would like to use a "Business Name" enter it here)

**2. SSN/FEIN:** (Required)

**3. Owner/Director Name** (if Director is different enter name in # 4.):

Date of Birth:

Former Names (i.e. maiden name, aliases):

**4. Director Name** (Facility/Nursery School only):

Date of Birth:

Former Names (i.e. maiden name, aliases):

**5. Physical Address of Child Care Program:**

Check only if one of the following applies:

I am moving my existing location permanently.

I am moving my location temporarily not to exceed 1 year, if so, why?

Street Address:

Building Information:

Year the structure was built?

City:

State:

Zip:

County:

**6. Mailing Address of Child Care Program:**

Street Address or Post Office Box:

City:

State:

Zip:

Program Phone No.: (     )     -

Fax No.: (     )     -

Email Address:

**SECTION 2: Program Type/Capacity/Age Groups**

**Maximum Capacity Requested:**

Family Child Care:    3-6      7-12

What age ranges of children do you intend to serve?

Check all that apply:    6 weeks – 2 years      2 – 5 years      5-12 years

Child Care Facility / Nursery School / Occasional Care Program:

3–12 (Small Facility)    13-20      21-49      50 or more (indicate requested capacity): \_\_\_\_\_

What age ranges of children do you intend to serve? Check all that apply:

6 weeks – 12 months    13 – 36 months    3 - 5 years    5-12 years





**Authorization for the Release of Personal History Information**

**Program Name:** \_\_\_\_\_

**Program Number:** \_\_\_\_\_

By signing below, I authorize the release of confidential records or information regarding any **criminal record, child protection record, Out of Home Investigation record, and/or motor vehicle record** to the Department of Health and Human Services, Children’s Licensing and Investigation Services. I understand that any information obtained as a result of this release of information will remain confidential, as required by law, and will be used solely for the purpose of determining whether a license to operate a child care should be granted or renewed. This consent may be revoked by me, in writing, at any time, excepting information that has already been obtained.

I understand that each adult member (18 years and older) of my household (for Family Child Care only), and Child Care Staff Member(s), must complete the lower portion of this form upon request, and that failure to do so is a violation of the child care licensing rules and may result in licensing action.

**Prior to transporting children, a Bureau of Motor Vehicle check, must be completed, submitted and approved by the Department for any individual(s) who will be transporting.**

Program Owner Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver’s License #:  
Will be transporting children:  No  Yes  
Signature: \_\_\_\_\_

Program Director Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver’s License #:  
Will be transporting children:  No  Yes  
Signature: \_\_\_\_\_

**Adult Household Members, Staff, and Volunteers:**

By signing below, Adult Household Members, Staff and Volunteers authorize the Department of Health and Human Services, Children’s Licensing and Investigation Services to obtain and disclose confidential records or information regarding that person’s criminal record, substantiated Child Protection Services record, substantiated and indicated Out of Home Investigation record, and/or motor vehicle record to the program owner named above.

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver’s License #:  
Will be transporting children:  No  Yes  
Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver’s License #:  
Will be transporting children:  No  Yes  
Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver’s License #:  
Will be transporting children:  No  Yes  
Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver’s License #:  
Will be transporting children:  No  Yes  
Signature: \_\_\_\_\_