

DIVISION OF CHILD AND FAMILY SERVICES
BUREAU OF SERVICES FOR CHILD CARE

<u>LAS VEGAS OFFICE</u>	<u>ELKO OFFICE</u>	<u>CARSON CITY OFFICE</u>
4180 South Pecos Ste. 150 Las Vegas, Nevada 89121 Phone: 702-486-7918 Fax: 702-486-6660	1010 Ruby Vista Suite 101 Elko, Nevada 89801 Phone: 775-753-1237 Fax: 775-753-1336	4150 Technology Way, 3rd Floor Carson City, Nevada 89706 Phone: 775-684-4463 Fax: 775-684-4464

REQUEST FOR APPROVAL:
CHANGE OF INFORMATION ON CURRENT
FACILITY LICENSE

(Complete Section 1. Complete all areas in Section 2 applicable to requested change.)

SECTION 1

Date _____ Requested effective date of change _____

Name of Child Care Facility _____

Address _____ Phone No. _____

Name of Director/Owner _____

SECTION 2

CHANGE IN FACILITY LISTING _____
(Add or delete preschool, center, nursery)

CHANGE IN DAYS OF OPERATION _____

CHANGE IN HOURS OF OPERATION _____

CHANGE IN AGES OF CHILDREN _____

CHANGE OF NUMBER OF CHILDREN _____
(Must meet the requirements for indoor and outdoor square footage.)

CHANGE IN BEFORE/AFTER CHILDREN _____

CHANGE IN FOOD SERVICE _____
(Must meet the requirements set forth by the local health authority.)

CHANGE IN PHYSICAL/MAILING ADDRESS/PHONE NUMBER

OTHER CHANGE NOT LISTED ABOVE _____

ALL CHANGES WILL BECOME EFFECTIVE ON THE FIRST DAY OF THE MONTH
PLEASE ALLOW 30 DAYS FOR LICENSE TO BE PROCESSED PRIOR TO CHANGE

Signature of Director/Owner requesting change: _____ Date: _____

DATE RECEIVED BY BUREAU: _____ APPROVED: _____ DENIED: _____
DATE REVISED LICENSED ISSUED: _____ REASON: _____