

***Department of Early Education and Care***

**APPLICATION FOR LICENSE OR APPROVAL TO OPERATE A:**

\_\_\_\_\_ **Group Care Program**

\_\_\_\_\_ **Group Care Program with Limited Shelter Capacity**

\_\_\_\_\_ **Temporary Shelter Program**

**The undersigned hereby applies for licensure or approval to operate the following program:**

1. \_\_\_\_\_  
Name Of Licensee Licensee Number

2. \_\_\_\_\_  
Name Of Program Facility Number

3. \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town Zip Code

4. \_\_\_\_\_  
Phone Number Email Address

5. \_\_\_\_\_  
Mailing Address (if different)

6. \_\_\_\_\_  
Capacity Ages Of Children Served

7. \_\_\_\_\_  
Characteristics Of Children Served (including sex)

8. \_\_\_\_\_  
Name And Title Of Administrative Head

9. Is program licensed or approved by any other Massachusetts agency? If yes, by whom  
and date of expiration. \_\_\_\_\_

**For EEC Use Only:**

ID# \_\_\_\_\_ Licensor Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Date \_\_\_\_\_

10. Check nature of operation: \_\_\_\_\_ Non-Profit      \_\_\_\_\_ For Profit      \_\_\_\_\_ Individual

\_\_\_\_\_ Partnership Association      \_\_\_\_\_ Unincorporated

11. If Applicant is incorporated, complete:

Name of corporation: \_\_\_\_\_

Address of main office: \_\_\_\_\_

Place and date of incorporation: \_\_\_\_\_

12. If program is contracted, name and addresses of contract administrator for funding source: \_\_\_\_\_

13. The following individual is designated as the duly authorized agent of the licensee; has authority to commit the resources of the licensee for corrective actions required for licensure; and has authority to sign documents related to licensure: (please include address): \_\_\_\_\_  
\_\_\_\_\_

14. All persons or corporations licensed by an agency of the Commonwealth must be in compliance with all laws of the Commonwealth relating to taxes. Pursuant to M.G.L. Ch. 62c, Sec. 49a, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security or Federal Identification Number : \_\_\_\_\_

15. Does the program have any existing/approved variances for which you will be seeking renewal? If so, provide details: \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that all information given on this application is true to the best of my knowledge. Misrepresentation of any fact herein is grounds for the revocation or suspension of a license to operate a group care or temporary shelter program.**

**Signed:**

\_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form must be signed by the CEO, Executive Director, Chief Administrative Officer, Chair of the Board of Directors, or previously authorized designee.

**Please return this application to your licensor at their regional EEC office by regular mail. Please note: your policies and procedures may be emailed; all signed documents must be mailed in hard copy. Thank you.**