



Municipality of Anchorage
Child Care Licensing Program

APPLICATION FOR BIENNIAL CHILD CARE LICENSE

Office Use Only

FACILITY TYPE: [] Home (1-8) Children [] Center (MOA 9+ / SOA 13+)

Name of Facility: _____

Physical Address: _____ Phone Number: _____
(PO Box/Street) (City/AK/Zip Code)

Mailing Address: _____ Alternative Phone: _____
(If different) (PO Box/Street) (City/AK/Zip Code)

Email Address: _____ Fax Number: _____

Business Type:

- [] Business Corporation [] C Corporation [] Cooperative Corporation [] Nonprofit Corporation
[] Professional Corporation [] Public Corporation [] Religious Corporation [] S Corporation
[] General Partnership [] Limited Liability Partnership [] Limited Partnership [] Limited Liability
Company [] Sole Proprietorship

Are you requesting changes to your program or child care license?

- [] No changes are being reported/requested
[] Yes, I have submitted the Report of Change CC95 and attached the required supplemental documents with this
application.

I have read the applicable Municipality of Anchorage Code and the State of Alaska child care licensing statutes
and regulations: AMC 16.55, AS 47.05, AS 47.32, 7 AAC 10 and 7 AAC 57, and understand and agree to comply
with them;

I will cooperate with the Anchorage Health Department (AHD) or its authorized representatives through the
licensing process and after license issuance, including inspection and investigation and permit AHD staff or its
authorized representatives' full access to inspect and investigate the child care facility and premises, review
records, interview staff and interview individuals and their families receiving services;

I understand that I am required to maintain and retain records necessary to demonstrate compliance with
Municipality of Anchorage and the State of Alaska child care licensing code, statutes, and regulations governing
the facility. In addition, I will make these records available to the AHD or its authorized representatives, upon
request; and

I certify that the contents of this application and information provided with it are true, accurate, and complete. I
understand that willful misrepresentation of the information provided is cause for immediate denial of an
application or later revocation of the license.

Administrator Name (Print) _____

Date _____

Signature of Administrator _____

*Applicant (Owner/Operator) Name (Print) _____

Date _____

Signature of Applicant (Owner/Operator) _____

*Signature required in this section only if administrator is different than owner/operator.