

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.

Facility Information		
Facility Name	Facility Phone Number	Facility Email Address
Facility Address <i>Include: Suite number (if applicable), Street number, Street name, City, Province, and Postal Code</i>		
Potable water is provided (water that is safe to drink)	Yes	No (please provide details)
The facility is part of the Municipal water system	Yes	No (please provide details e.g. well, private)
The facility is part of the Municipal sewerage system	Yes	No (please provide details e.g. septic system)
Premise information:	Leased / Rented	Owned
Will you be providing food?	Yes	No, all food will be provided by the families.
Will you be providing food prepared by a permitted kitchen or catering company?	Yes	No
If you answered yes, please provide the name and address:		
Licensee Information		
Licensee Name	Phone Number	Email
Licensee Address <i>Include: Suite number (if applicable), Street number, Street name, City, Province, and Postal Code</i>		
I have previously applied to be a Licensee of a Community Care Facility	Yes	No
		I am at least 19 years old Yes No
Names of community care facilities that I have previously applied for or operated:		
Licensee Business Type	Sole Proprietorship (one owner) Partnership (two or more individuals or companies) Not-for-profit Society Corporation	Board of Education Indigenous Governing Body Local Government
Contact Information for Corporations, Not-for-profit Societies or Boards		
<i>The purpose of this section is for Corporations, Societies or Boards to specify the name and contact information for a Director, Board Member, or someone with signing authority, living in BC or a prescribed province, who would respond to inquiries from Licensing. This should be the same person who signs the Declaration and Authorization below.</i>		
Name	Phone Number	Email
Role in the organization	Director	Board Member
		Individual with signing authority
Province or Territory where this person resides: BC Other prescribed province (please specify):		
This person agrees to be available to respond to inquiries within 24 hours, and to provide financial/other records for the Community Care Facility upon request.		
	Yes	No

B | Manager Information

Manager Name

Phone Number

Email

Is the Manager at least 19 years old?

No

Yes

Is the proposed Manager currently the Manager of any other Community Care Facility?

No

Yes

If you answered 'yes', please provide the name of the other Community Care Facility

An exemption request to manage more than one facility will need to be approved by Licensing prior to the proposed manager's start date.

Mailing address and email address for correspondence

Mailing Address (please check only one)

Same as facility address

same as Licensee address

Other:

Email Address (please check only one)

Same as facility email

same as Licensee email

Other:

Proposed Types of Care

Types of Care (Please check all which are applicable)

**Proposed
Capacity
(number of children)**

**Room
Name/Number
if applicable**

Group Child Care, Under 36 Months

Group Child Care, 30 Months to School Age

Group Child Care, School Age

School Age Care on school grounds

School Age Care on school grounds (operated by the Board of Education)

Recreational Care

Preschool

Multi-Age Child Care

Occasional Child Care

Child-Minding

VCH posts information about licensed facilities on its website <http://www.inspections.vcha.ca/>

Declaration and Authorization

I am the Licensee and agree to abide by the regulations made under the authority of the *Community Care and Assisted Living Act*. I certify that the information I have provided is correct to the best of my knowledge.

I am authorized by the Licensee to submit this application for Licence and agree to abide by the regulations made under the authority of the *Community Care and Assisted Living Act*. I certify that the information I have provided is correct to the best of my knowledge.

Date (dd/mm/yyyy)

Name

Signature