

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 – please complete	
Facility Name	Licence Number
Facility Address <i>Include Street Number, Street Name, City, Province, Postal Code</i>	

Please <input checked="" type="checkbox"/> the information to be changed on the licence		
Change to Facility Name		
New Facility Name	Date of change	
Change in Manager		
Proposed Manager Name	Work Phone	Work Email
Is the new manager at least 19 years old?      No      Yes      Proposed start date:		
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:		
<i>An exemption request to manage more than one facility will need to be approved by Licensing prior to the proposed manager's start date.</i>		
Licensee Name Change (same licensee, different name)		
Amended Licensee Name	Date of change	
Licensee Address Change		
Licensee Mailing Address <i>Include Street Number, Street Name, City, Province, Postal Code</i>	Date of change	
Change in business type		
Current business type	Changing to	Date of change
Sole Proprietorship <i>(one owner)</i>	Sole Proprietorship <i>(one owner)</i>	
Partnership <i>(two or more individuals or companies)</i>	Partnership <i>(two or more individuals or companies)</i>	
Not-for-profit Society	Not-for-profit Society	
Corporation	Corporation	
Board of Education	Board of Education	
Indigenous Governing Body	Indigenous Governing Body	
Local Government	Local Government	

Designated Contact Information Change (For Corporations, Not-for-profit Societies or Boards)		
This person is a director, Board member, or someone with signing authority, living in BC or a prescribed province, and agrees to respond to inquiries from Licensing within 24 hours.		
Designated Contact Name	Phone Number	Email
Role in the organization:	Director	Board member
Province or Territory where this person resides:	BC	Other prescribed province (please specify)
Change effective:		

Types of Care (complete all applicable information)						
Current care program		Amended care program	Current Capacity	Amended capacity	Current room name or number	Amended or additional room name or number
	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 (Board of Education)					
	Recreational Care					
	Preschool					
	Multi-Age Child Care					
	Occasional Child Care					
	Child-Minding					

VCH posts information about licensed facilities on its website <a href="http://www.inspections.vcha.ca/">http://www.inspections.vcha.ca/</a>		
Declaration and Authorization		
	I am the Licensee and agree to abide by the regulations made under the authority of the <i>Community Care and Assisted Living Act</i> . 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 to Amend an Existing Licence and agree to abide by the regulations made under the authority of the <i>Community Care and Assisted Living Act</i> . I certify that the information I have provided is correct to the best of my knowledge.	
Date (dd/mmm/yyyy)	Name	Signature