



PINELLAS COUNTY LICENSE PROGRAM for CHILDREN'S CENTERS and FAMILY DAY CARE HOMES

REQUEST for CHANGE of FAMILY CHILD CARE HOME LICENSE or LARGE FAMILY CHILD CARE HOME LICENSE

PROVIDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

License application and fee are not necessary when any of the following occur:

NAME Name has changed due to marital status: I request that the name on my license be changed  
FROM: \_\_\_\_\_  
name as it currently appears on your license  
TO: \_\_\_\_\_  
name as you want it to appear on your license  
Remove a person's name from license \_\_\_\_\_  
name to be removed

Add: Doing Business As (D/B/A) \_\_\_\_\_

ADDRESS The U.S. Postal Service has changed my address to: \_\_\_\_\_  
If you move to a new address you must file a new application.

THE FOLLOWING MAY REQUIRE AN INSPECTION PRIOR TO LICENSE CHANGE APPROVAL:

CAPACITY I request to change my Large Family Child Care Home to a Family Child Care Home. I have already reduced my capacity to 5 children with no more than 3 under 2 years of age.

CAPACITY Capacity has been restricted, due to limited space. Space has been added. I request my capacity be increased to: \_\_\_\_\_

CAPACITY I request to change my capacity to 5 children with no more than 3 under 18 months of age. I have attached the documentation of my completion of the Beyond Cribs and Rattles training.

- POOL/SPA
- A swimming pool has been installed.
- A spa has been installed.
- Swimming pool has been removed from premises.
- Spa has been removed from premises.

PROVIDER'S SIGNATURE

DATE

MAIL TO: PINELLAS COUNTY LICENSE BOARD
4175 East Bay Drive, Suite 350
Clearwater, FL 33764

Licensing Specialist Approval
Date Effective \_\_\_\_\_
Initials \_\_\_\_\_
Date \_\_\_\_\_

A new license will be issued following approval of this request.