



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

APPLICATION FOR LICENSE REVISION

LEGAL NAME OF FACILITY		FACILITY DVN	
FACILITY ADDRESS (STREET, CITY, AND ZIP CODE)			
OWNER	EMAIL ADDRESS	TELEPHONE NUMBER	
LICENSE REVISION REQUESTED			
CHECK APPROPRIATE BOX AND INDICATE THE CHANGE IN CORRESPONDING COLUMN			
ADDRESS (Not Location)			
AGE RANGE			
CAPACITY			
HOURS OF CARE	6 a.m. – 9 p.m.	9 p.m. – 6 a.m.	6 a.m. – 6 a.m.
NAME			
NUMBER OF CHILDREN UNDER AGE 2			
OTHER			
SIGNATURE OF OWNER(S)/BOARD CHAIRPERSON/DESIGNEE		TITLE	DATE
DESE USE ONLY			
THE FOLLOWING LICENSING REQUIREMENTS MUST BE MET PRIOR TO RECEIVING A REVISED LICENSE		COMPLIANCE DATE	
RECOMMENDATION/DECISION			
APPROVED		DENIED	
CHILD CARE COMPLIANCE INSPECTOR	DATE	COMPLIANCE INSPECTOR SUPERVISOR	DATE

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