

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

## **APPLICATION FOR LICENSE REVISION**

LEGAL NAME OF FACILITY F		FACILITY DVN	FACILITY DVN	
FACILITY ADDRESS (STREET, CITY, AND ZIP CODE)				
OWNER	EMAIL ADDRESS TELEPHON		TELEPHONE NUM	BER
LICENSE REVISION REQUESTED CHECK APPROPRIATE BOX AND INDICATE THE CHAN				
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/DESIGN	IEE 1	TTLE		DATE
DESE USE ONLY THE FOLLOWING LICENSING REQUIREMENTS MUST BE MET PRIOR TO RECEIVING A REVISED LICENSE COMPLIANCE DATE				
	BE MET PRIOR TO RECEIV			COMPLIANCE DATE
RECOMMENDATION/DECISION				
APPROVED DENIEL	)			
CHILD CARE COMPLIANCE INSPECTOR	DATE	COMPLIANCE INSPECTOR	SUPERVISOR	DATE

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