OFFICE OF CHILD WELFARE LICENSING

**APPLICATION FOR LICENSE**

TO OPERATE A CHILD WELFARE AGENCY

**INSTRUCTIONS:** Please read carefully and complete this form in full. This application may be made by the individual owner, chief executive officer, director or other member of the governing body on whom rests the authority and responsibility for maintaining standards, policies, and procedures for the agency to be operated.

**1. DATE OF APPLICATION**

 Click here to enter a date.

**2. TYPE OF LICENSE(S)**

[ ]  Group Care Home [ ]  Runaway House

 [ ]  Family Boarding Home [ ]  Child Abuse Prevention Agency

 [ ]  Child Placing Agency [ ]  Juvenile Detention Center

 [ ]  Residential Child Care Agency [ ]  Temporary Holding Resource

 [ ]  Maternity Home

**3. IDENTIFICATION OF APPLICANT**

Identify the name of the partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, operate or maintain a facility or service: (*Name of Program/Agency)*

 Click here to enter text.

**4. APPLICANT'S ADDRESS**

 Give the street address (and mailing address, if different) of the applicant's primary place of business or residence:

 Street Address: Click here to enter text.

 Mailing Address: Click here to enter text.

 City: Click here to enter text.

 State: Click here to enter text.

 Zip: Click here to enter text.

 County: Click here to enter text.

**5. APPLICANT'S TELEPHONE NUMBER(S) AND FAX NUMBER(S):**

 Phone: Click here to enter text.

 Fax: Click here to enter text.

**6. APPLICANT’S E MAIL ADDRESS:**

 Click here to enter text.

**7. ORGANIZATION STATUS**

 Identify the organizational structure of the applicant's governing body:

 [ ] Individual (Sole Proprietorship)

 [ ] Non-Profit Agency 501(c)(3)

 [ ] For Profit Agency

 [ ] Government Agency

**8. CHIEF EXECUTIVE OFFICER OR DIRECTOR**

 Identify below the person who will be responsible for the overall daily management and oversight of the agency to be operated by the applicant. (This individual may be the same as the applicant)

 Click here to enter text.

**9. CHAIRMAN OF THE BOARD**

 Identify below the name and contact information of the person who will serve as Board Chairman during the period for which application is being made:

 Click here to enter text.

Please submit the 25.00 licensing fee for each license at the time the completed application is submitted. Public agencies are exempt from licensing fees.

If this is an application for renewal of an existing license, this application must be received in the Office of Child Welfare Licensing or must be postmarked on or before the date of expiration of the existing license. Failure to receive the application and associated fee (where applicable) may result in termination of the existing license on the expiration date.

Please retain a copy of this application for your records.

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Applicant’s Signature Date

The signed application may be scanned and submitted via electronic mail to Veronica.Edwards@tn.gov or mailed to:

Tennessee Department of Children’s Services

Office of Child Welfare Licensing

UBS Tower, 7th Floor

315 Deaderick Street

Nashville, TN 37243

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