



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

Child Day Care Licensing – Initial Application Fee Invoice Form

The licensing fee along with this Initial Application Fee Invoice Form is due with your application to obtain a child day care license. **THE FEE IS NON-REFUNDABLE.**

Please complete items 1 through 9 of this form. If you have questions, call the licensing office at 1-800-282-6063 or (860) 509-8045. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT.** Mail this form along with your payment and application to the *Department of Public Health* at the address on the bottom of this form.

1. Name of Applicant: _____
(Legal Operator)

2. Program Name: _____
(Applicable For Group/Center Only)

3. Program Location Address:
_____, CT _____
Street Address City/Town Zip Code

4. Program Phone Number: (____) _____ - _____ Program Fax Number: (____) _____ - _____

5. Mailing Address (if different):
_____, CT _____
Street Address City/Town Zip Code

6. Program E-mail Address: _____

7. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date: ____/____/____

8. Social Security #: _____ - _____ - _____ Federal Employer ID _____ - _____
(3 digits) (2 digits) (4 digits) (2 digits) (7 digits)

9. Payment is for the following type of license: *(check one box below)*

Child Day Care Center (Account #42431)	Group Day Care Home (Account #42431)	Family Day Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new program) \$500.00	<input type="checkbox"/> 4-year license (new program) \$250.00	<input type="checkbox"/> 4-year license (new provider) \$80.00

