

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.

Facility Information		
Facility Name		
Facility Address <i>(please include the street, city, province, and postal code)</i>		
Facility Phone Number	Facility Email Address	
Potable water is provided (water that is safe to drink)		
The facility is part of the Municipal water system	Other (e.g. well, private: <i>please specify</i>)	
The facility is part of the Municipal sewerage system	Other (e.g. septic: <i>please specify</i>)	
Premise information:	Leased / Rented	Owned
Will you be providing food?	Yes	No, all food will be provided by the families.
Will you be providing food prepared by a permitted kitchen or catering company?		Yes No
If you answered yes, please provide the name:		
Business Type	Sole Proprietorship <i>(one owner)</i> Partnership <i>(two or more individuals or companies)</i> Not-for-profit Organization or Society Corporation	Board of Education Indigenous Governing Body Local Government

Licensee Information		
Licensee Name	Phone Number	Email
Licensee Address <i>(please include the street, city, province, and postal code)</i>		
I have previously applied to be a Licensee of a Community Care Facility	Yes No	I am at least 19 years old Yes No
Names of community care facilities that I have previously applied for or operated:		

For Corporations, Societies or Boards: Designated Director Information		
Designated Director Name	Phone Number	Email
Province or Territory where Director resides: BC Other (please specify):		
Director agrees to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request.		Yes No

Manager Information

Manager Name		
Phone Number	Email	Is the Manager at least 19 years old? Yes No
Has the Manager previously applied to be a Manager of a Community Care Facility? No Yes (please provide name of facility)		
Is the proposed Manager currently the Manager of any other Community Care Facility? No Yes (please provide name of facility)		

Mailing address and email address for correspondence

Mailing Address (please check only one)		
Same as facility address	same as Licensee address	Other:
Email Address (please check only one)		
Same as facility email	same as Licensee email	Other:

Proposed Types of Care

Types of Care (Please check all which are applicable)	Room Name/Number	Proposed Capacity
Group Child Care, Under 36 Months		
Group Child Care, 30 Months to School Age		
Group Child Care, School Age		
School Age Care on school grounds		
School Age Care on school grounds (operated by the Board of Education)		
Recreational Care		
Preschool		
Multi-Age Child Care		
Occasional Child Care		
Child-Minding		

VCH posts information about Licensed Facilities on its website <http://www.inspections.vcha.ca/>

I am the licensee/authorized by the Licensee, to submit this application for Licence and agree to abide by the regulations made under the authority of the *Community Care and Assisted Living Act*. I certify that the information I have provided is correct to the best of my knowledge.

Date (dd/mm/yyyy)	Applicant/Licensee or Licensee Contact Name	Applicant/Licensee or Licensee Contact Signature
	Title in the Organization	