



# Stevens County Daycare Incubator Application

## APPLICANT INFORMATION

Legal Name of the daycare, including assumed name, if any:

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<b>Length of Time in Operation (Or targeted licensure date)</b>	<b>Years</b>	<b>Months</b>	<b>Fed Tax Id#</b>	<b>MN State ID</b>
<b>Mailing Address</b>			<b>City</b>	<b>Zip</b>
<b>Business Phone</b>	(    )		<b>Cell Phone</b>	(    )
<b>E-Mail Address</b>			<b>Web Address</b>	
<b>Contact Name</b>			<b>Title</b>	
			<b>Do you have any employees:</b>	
<p><b>1. Please describe the license you are applying for and project capacity in each age group:</b>  <b>Infant:</b>  <b>Toddler:</b>  <b>Preschool:</b>  <b>School Age:</b></p> <p><b>What is preference for number of children to serve long term?</b>  <b>Infant:</b>  <b>Toddler:</b>  <b>Preschool:</b>  <b>School Age:</b></p>				
<p><b>2. Tell us about your experience and education and why you choose family childcare and early childhood education as a career:</b></p>				
<p><b>3. Tell us why a leased space would be a great option for your business:</b></p>				
<p><b>4. What will be your plan for hours of operation?</b></p>				
<p><b>5. Are you willing to accept CCAP children?</b></p>				

**Eligible Applicants**

- All eligible applicants must serve the community of Stevens County
- All eligible applicants must be licensed with DHS or in process of licensure. If applicant is a new provider this must be in full place within 30 days of unit occupancy.
- The provider awarded a physical location must agree to the lease terms in their entirety. Please see attached.
- Provider must agree to occupancy of 3 years, with renewal in subsequent two-year increments, unless they meet the qualifiers for early release.
- If you accept funds from the County, you are certifying that you will accept children with special needs or on county assistance.

**Application Requirements**

- Other items as requested by the review committee.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. The Stevens County has the right to verify any information contained in this application and may contact any individuals and institutions involved with the proposed project.

Signature/Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The Stevens County Board of Commissioners retains final authority to determine if applicant is eligible and give final authority to execute lease.**