

Minnesota Department of **Human Services**  
 Family Systems Unit- Licensing Division- Office of Inspector General  
 SFCC 3324 - Recommendation for **SPECIAL FAMILY CHILD CARE** Licensure

**1. Action Requested**

\***License Number** \_\_\_\_\_ \* **License Type**  Special Family Child Care

\***Previous License #** (if applicable) \_\_\_\_\_

\* **Action Type:**  
 **NEW** (complete all sections)  
 **RENEW** (complete 1, 2, 3 if applicable, 7, and 8)  
 **UPDATE** (complete 1, 2, 3 if applicable, 7, 8, and any changes in 4, 5, 6 and 8)  
 Circle & highlight the section where changes are being made: **2 3 4 5 6 8** Explain: \_\_\_\_\_  
 **CHANGE OF PREMISE** (complete all sections)  
 **CLOSE** (complete 1, 2, 3 if applicable, and 8) Date of Close \_\_\_\_\_ Closing Code: A B C D E F G H  
 If reason for closure is (H) "Other," explain \_\_\_\_\_

\* **Ownership Type:**  Nonindividual (site where services are provided is not primary residence)

**2. Program Name/Physical Location**

Program Name			
Street Address (and PO Box if required for mail delivery)		Area Code and Phone Number	
City	State	Zip Code	County

**3. Nonindividual Applicant**

Full Business Name as it appears on Business tax forms or on filing with the Secretary of State's office (do not abbreviate)			Area Code and Phone Number	
Street Address (and PO Box if required for mail delivery)		County	MN Tax ID#	Federal Tax ID #
City	State	Zip Code	Email Address	

**4. Controlling Individual(s)** (Attach additional pages if needed)

<b>Full Legal Name (Last, First, MI)</b>	Street Address (and PO Box if required for mail delivery)			Background Study Completed ____/____/____
Type of Controlling Individual (check all that are applicable) <input type="checkbox"/> Owner ____% of ownership if 5% or more <input type="checkbox"/> Officer <input type="checkbox"/> Managerial Official	City	State	Zip	Area Code and Phone Number
<b>Full Legal Name (Last, First, MI)</b>	Street Address (and PO Box if required for mail delivery)			Background Study Completed ____/____/____
Type of Controlling Individual (check all that are applicable) <input type="checkbox"/> Owner ____% of ownership if 5% or more <input type="checkbox"/> Officer <input type="checkbox"/> Managerial Official	City	State	Zip	Area Code and Phone Number
<b>Full Legal Name (Last, First, MI)</b>	Street Address (and PO Box if required for mail delivery)			Background Study ID ____/____/____
Type of Controlling Individual (check all that are applicable) <input type="checkbox"/> Owner ____% of ownership if 5% or more <input type="checkbox"/> Officer <input type="checkbox"/> Managerial Official	City	State	Zip	Area Code and Phone Number
<b>Full Legal Name (Last, First, MI)</b>	Street Address (and PO Box if required for mail delivery)			Background Study Completed ____/____/____
Type of Controlling Individual (check all that are applicable) <input type="checkbox"/> Owner ____% of ownership if 5% or more <input type="checkbox"/> Officer <input type="checkbox"/> Managerial Official	City	State	Zip	Area Code and Phone Number
<b>Full Legal Name (Last, First, MI)</b>	Street Address (and PO Box if required for mail delivery)			Background Study Completed ____/____/____
Type of Controlling Individual (check all that are applicable) <input type="checkbox"/> Owner ____% of ownership if 5% or more <input type="checkbox"/> Officer <input type="checkbox"/> Managerial Official	City	State	Zip	Area Code and Phone Number

**WHICH CONTROLLING INDIVIDUAL IN SECTION 4 IS THE AUTHORIZED AGENT?** \_\_\_\_\_

<b>5. License Information</b> *Attach Required Documentation (see below)	<b>6. Dwelling Information</b>		
<b>License Classification</b> License Capacity: _____ <input type="checkbox"/> A <input type="checkbox"/> C1 <input type="checkbox"/> Employer <input type="checkbox"/> B1 <input type="checkbox"/> C2 <input type="checkbox"/> Church <input type="checkbox"/> B2 <input type="checkbox"/> C3 <input type="checkbox"/> Community Collaborative <input type="checkbox"/> D <input type="checkbox"/> Not-for-Profit Agency  Infants in Care                    Yes                    No Transport Children under 9    Yes                    No	<b>Type of Residence</b>  Single Family                    Apartment/Condo                    Duplex/Twin Home  Mobile Home                    Townhome                    Other  Own/ Rent:                    Own                    Rent Non- Residential:                    Yes                    No Attached Garage:                    Yes                    No                    Restricted Use Basement                    Yes                    No                    Restricted Use First Floor:                    Yes                    No                    Restricted Use Second Floor:                    Yes                    No                    Restricted Use Above Second Floor:                    Yes                    No                    Restricted Use  <small>NOTE: Restricted use means certain conditions apply to the use of this area based on Minnesota Rules, the Minnesota Uniform Fire Code and other applicable building requirements.</small>		
<b>7. Dates</b> Fill in appropriate dates (month-day-year):  ____/____/____ Effective Date * ____/____/____ Expiration Date * ____/____/____ Fire Inspection Completed (if required)			
<b>8. Signature: I have completed the necessary reviews and hereby recommend that the applicant be licensed pursuant to the laws and rules of the State of Minnesota. The providers signed application, and authorized representative information is maintained in the agency file.</b>			
Signature of Agency Authorized Representative	Licensor Name (Print)	Date	
Email Address	Licensor Code	County	Area Code and Phone Number

- \* Required documentation for Special Family Child Care includes a narrative description of the program and the following additional documentation:
- For employer or church/religious organization programs: A letter from the employer, church, or religious organization acknowledging their responsibility as the license holder for maintaining the program's compliance with licensing requirements.
  - For a community collaborative: A copy of the cooperative agreement the community collaborative child care provider has with the community action agency.
  - For a not-for-profit agency: Copies of the contracts that the not-for-profit agency maintains with the community employers or organizations to provide child care services.

**This documentation must be provided at initial application AND at relicensing.**