

Child Care & Nutrition, Inc.

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License Continuation Form

Part 1:

- New
- Renew
- Update (Please highlight changes made)
- Change of Premise: _____

Part 2:

Name: Last, First, MI	Provider ID:
Address: Street, City, State, Zip	
County:	Phone:

Part 3: (If Applicable)

- Co License
- Helper

Name: Last, First, MI	Phone:
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Part 4:

Class	License Number:	Effective Date:	Expiration Date:
Signature of Authorized Licensor Representative:			Date:

“This is to indicate to the Child and Adult Care Food program that this provider is in the process of renewing the family day care license. It is not intended to state that the process is complete or the provider is in compliance with Minnesota Rules 9502.03152. 9502.455. When the process is complete then recommendation will be made to the Department of Human Services, licensing division re-application or licensure of the above provider and facility.”

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