



Child Care Center Initial Fee Application Form



Name of Facility:	CDC#:
PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE DEPARTMENT	
<p>Application Fee (1) Based on your licensed capacity as stated above, check the appropriate box:</p> <p><input type="checkbox"/> 5-10 licensed capacity \$1,000 <input type="checkbox"/> 11-59 licensed capacity \$4,000 <input type="checkbox"/> 60+ licensed capacity \$7,800</p> <p>Pursuant to R9-5-210</p>	<p>Application Fee Reduction (2): Check the box below if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local licensing office.</p> <p><input type="checkbox"/> Empower Pack Program fee reduction</p> <p>5-10 licensed capacity - \$500 11-59 licensed capacity - \$2,000 60+ licensed capacity - \$3,900</p>
FEES DUE	
1. Application Fee based on licensed capacity	\$
2. Less Empower Pack Fee Reduction (If fee reduction box above is checked)	- \$
3. Less any amount already paid (do not count any payments returned to you by the Department)	- \$
4. Net Amount Due	= \$
Payment by cashier's check, money order or business check can made payable to: <u>Arizona Department of Health Services</u> (Cash and personal checks are not accepted.)	
Write the facility license number on the check or money order (if applicable).	<input type="checkbox"/> 150 North 18 th Avenue, Suite 400, Phoenix, Arizona 85007 <input type="checkbox"/> 400 West Congress, Suite 100, Tucson, Arizona 85701
Mail payment to the Department at the applicable office:	<input type="checkbox"/> 1500 East Cedar Avenue, Suite 22, Flagstaff, Arizona 86004
AMOUNT ENCLOSED	\$

OCCL USE ONLY	Verify EP:	Date Fee Rec'd:	Amount:	Check Number:	Received by Initials:	LS:
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ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-077.

***All fees submitted to the Department are subject to review and adjustment due to information provided by the architect review or Departmental inspection.**