

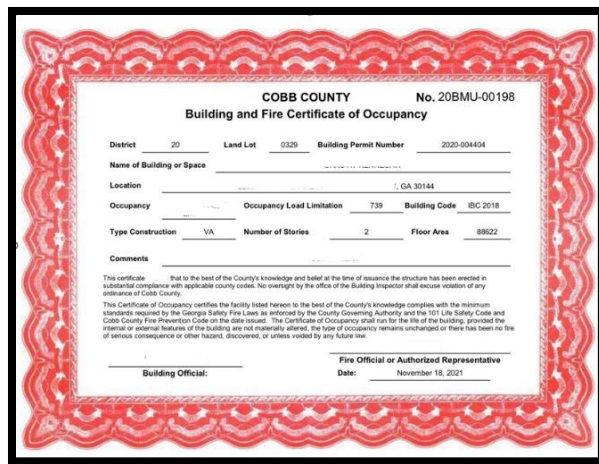
Change of Ownership Application Documents Descriptions and Examples

CCS Documents

Building Certificate of Occupancy (CO)/Inspection

Please upload an existing and valid Certificate of Occupancy (CO) for the building at the center's address. The CO must be dated within the last 10 years. The CO shows that the building is safe and approved for use. It might also say how many people can be in the building at one time, but this depends on who issued the CO.

If the building is new or has had major changes or renovations, you need a new CO for the site. If you can't get a new CO, you must submit a formal letter or email from the local authority that allows you to use the existing CO. This letter or email must include contact details.



COBB COUNTY No. 20BMU-00198
Building and Fire Certificate of Occupancy

District 20 Land Lot 0329 Building Permit Number 2020-004404

Name of Building or Space _____

Location GA 30144

Occupancy _____ Occupancy Load Limitation 739 Building Code IBC 2018

Type Construction VA Number of Stories 2 Floor Area 88622

Comments _____

This certificate is issued to the best of the County's knowledge and belief at the time of issuance the structure has been erected in substantial compliance with applicable county codes. No oversight by the office of the Building Inspector shall excuse violation of any ordinance of Cobb County.

This Certificate of Occupancy certifies the facility listed herein to the best of the County's knowledge complies with the minimum standards required by the Georgia Safety Fire laws as enforced by the County Governing Authority and the 101 Life Safety Code and Cobb County Fire Prevention Code on the date issued. The Certificate of Occupancy shall run for the life of the building, provided the internal or external features of the building are not materially altered. The type of occupancy remains unchanged or there has been no use of serious consequence or other hazard, discovered, or unless voided by any future law.

Building Official: _____ Fire Official or Authorized Representative
Date: November 18, 2021



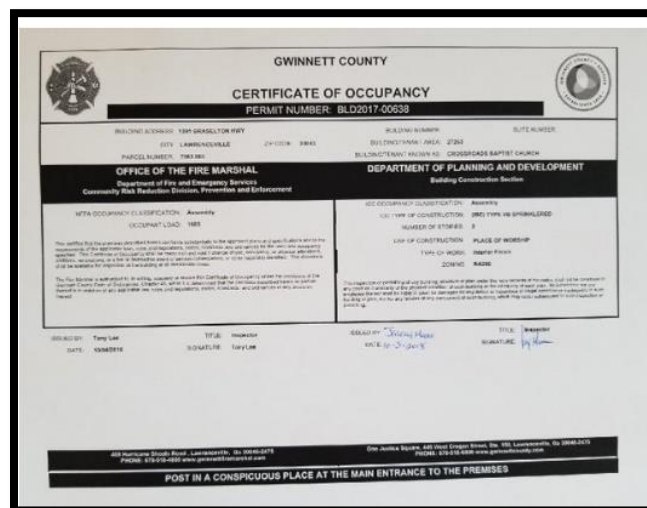
Bryan County
Georgia

Bryan County Community Development Department
Certificate of Occupancy
Date 01/01/2021

Permit Number: 2021-0001
Site Address: 151 Main Street
Owner: Jane Doe
Code Edition: 2018 IRC
Construction Type: V-B

Permit Type: Residential New Construction
Tax Map ID: 555-5555
Contractor: Pat Jones
Contractor Address: 142 E. Main Street
Occupancy Class: _____

3/01/2021 _____
Date Building Inspector



GWINNETT COUNTY
CERTIFICATE OF OCCUPANCY
PERMIT NUMBER: BLD2017-00638

BUILDING ADDRESS: 1897 DORSETT HWY CITY: LAWRENCEVILLE DIVISION: 3800 BUILDING NUMBER: 2020 BULFORD/THOMAS AVE. 2020

PARCEL NUMBER: 280180 BUILDING/STORY: KNOWN/5 CROSSCROSS BAPTIST CHURCH

OFFICE OF THE FIRE MARSHAL
Department of Fire and Emergency Services
Community Risk Reduction Services, Prevention and Enforcement

DEPARTMENT OF PLANNING AND DEVELOPMENT
Building Construction Section

NETA OCCUPANCY CLASSIFICATION: Assembly
OCCUPANT LOAD: 180

This certificate is issued to the best of the County's knowledge and belief at the time of issuance the structure has been erected in substantial compliance with applicable county codes. No oversight by the office of the Building Inspector shall excuse violation of any ordinance of Cobb County.

This Certificate of Occupancy certifies the facility listed herein to the best of the County's knowledge complies with the minimum standards required by the Georgia Safety Fire laws as enforced by the County Governing Authority and the 101 Life Safety Code and Cobb County Fire Prevention Code on the date issued. The Certificate of Occupancy shall run for the life of the building, provided the internal or external features of the building are not materially altered. The type of occupancy remains unchanged or there has been no use of serious consequence or other hazard, discovered, or unless voided by any future law.

Building Official: _____ Fire Official or Authorized Representative
Date: _____

445 Atlanta Street, Lawrenceville, GA 30046
Phone: 770-962-6800 www.gwinnettda.com

445 Justice Square, 445 West Dogwood Street, Ste 100, Lawrenceville, GA 30046-2675
Phone: 770-962-6800 www.gwinnettda.com

POST IN A CONSPICUOUS PLACE AT THE MAIN ENTRANCE TO THE PREMISES

Buyer/Seller Affidavit

This is a DECAL form and must be notarized by both the seller and buyer before being uploaded.

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Change of Ownership Buyer/Seller Affidavit
This form is for the sale/transfer/conveyance of ownership of a Child Care Learning Center. This form must be completed by both the buyer and seller. **This form must be notarized.**

All operational functions of _____ Facility Name (as shown on existing license)
CCLC-_____, (number on existing license) were sold/transferred on _____ **OR**
will sell/transfer on: _____.

Please note that the seller retains ultimate responsibility for the program until the sale of the business is final and the permit has been issued to the new owner by the Applicant Services Unit. Once a permit is issued the buyer assumes responsibility for the program.

Is the current owner changing the type of ownership? (example – Individual owner to LLC) **YES** or **NO** (If yes, the Buyer information should be the new ownership type information.)

Buyer:
Name of Owner (as it appears on the Georgia Secretary of State Certification of Formation)
Facility Name (Doing Business as Name)
Name – Authorized Representative (Print or Type) Signature – Authorized Representative Date

Seller:
Name of Seller (as it appears on existing license)
Name – Authorized Representative (Print or Type) Signature – Authorized Representative Date

Affirmation - Seller
Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) is(are) subscribed to the foregoing instrument and who being duly sworn by me, state(s) that the above and foregoing information supplied in this instrument is complete, true and correct.
Subscribed and sworn before me _____ a notary public for this state on the _____ day of _____, 20_____
(Notary Seal) Notary Public

Affirmation - Buyer
Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) is(are) subscribed to the foregoing instrument and who being duly sworn by me, state(s) that the above and foregoing information supplied in this instrument is complete, true and correct.
Subscribed and sworn before me _____ a notary public for this state on the _____ day of _____, 20_____
(Notary Seal) Notary Public

Change of Ownership Orientation Certificate

The person filling out the application should take the course. It's best to take the course before starting the application. After you finish the Change of Ownership course, you will get a certificate showing you have completed the orientation.

Certificate of Completion

Participant's Name _____

Has successfully completed:

Change of Ownership Orientation

Training Date : 03/29/2025
Training Location : Online
Training Level : Beginner
Competency : ADM-5, ADM-6, ECE4.1, ECE6.1, ECE6.2
Clock Hours : 2.00

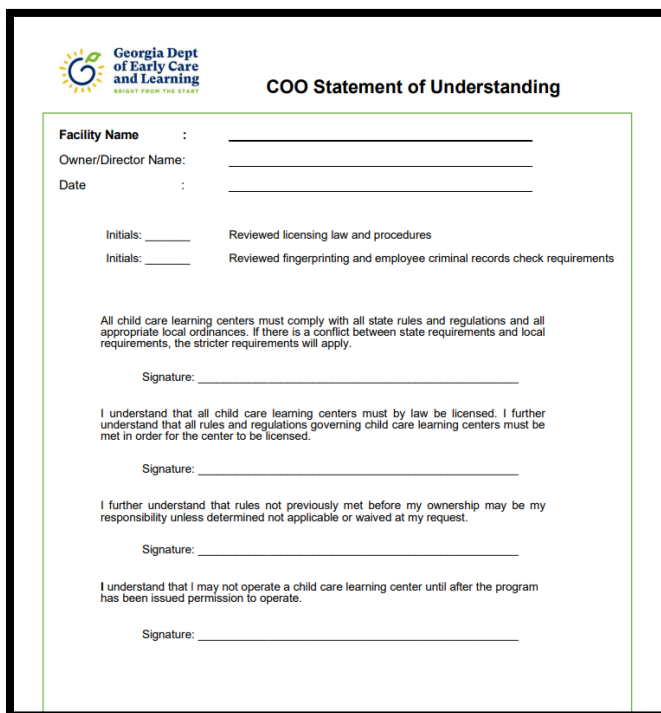
ASO-1 - Bright from the Start: Georgia Department of Early Care and Learning

This training is approved by Bright from the Start: Georgia Department of Early Care and Learning

iGaPDS
Georgia Professional Development System for Early Childhood Education

COO Statement of Understanding

DECAL document, new owner should complete and sign.



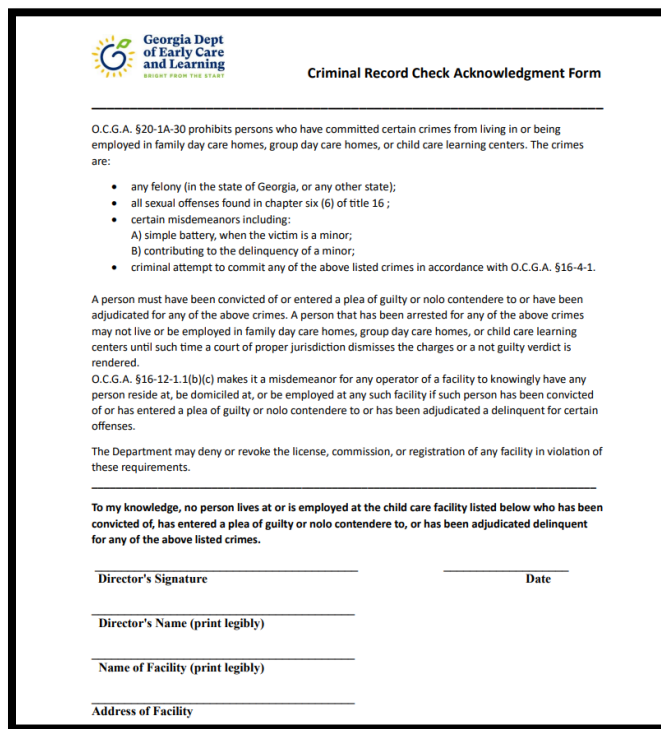
The form is titled "COO Statement of Understanding" and features the Georgia Department of Early Care and Learning logo in the top left corner. The logo includes a stylized sun and the text "Georgia Dept of Early Care and Learning" with the tagline "BELIEVE FROM THE START".

The form contains the following fields and sections:

- Facility Name :** _____
- Owner/Director Name:** _____
- Date :** _____
- Initials:** _____ **Reviewed licensing law and procedures**
- Initials:** _____ **Reviewed fingerprinting and employee criminal records check requirements**
- All child care learning centers must comply with all state rules and regulations and all appropriate local ordinances. If there is a conflict between state requirements and local requirements, the stricter requirements will apply.**
- Signature:** _____
- I understand that all child care learning centers must by law be licensed. I further understand that all rules and regulations governing child care learning centers must be met in order for the center to be licensed.**
- Signature:** _____
- I further understand that rules not previously met before my ownership may be my responsibility unless determined not applicable or waived at my request.**
- Signature:** _____
- I understand that I may not operate a child care learning center until after the program has been issued permission to operate.**
- Signature:** _____

Criminal Record Check Acknowledgement

DECAL document, the new owner or director should complete and sign.



The form is titled "Criminal Record Check Acknowledgment Form" and features the Georgia Department of Early Care and Learning logo in the top left corner. The logo includes a stylized sun and the text "Georgia Dept of Early Care and Learning" with the tagline "BELIEVE FROM THE START".

The form contains the following sections and fields:

- O.C.G.A. §20-1A-30 prohibits persons who have committed certain crimes from living in or being employed in family day care homes, group day care homes, or child care learning centers. The crimes are:**
 - any felony (in the state of Georgia, or any other state);
 - all sexual offenses found in chapter six (6) of title 16 ;
 - certain misdemeanors including:
 - A) simple battery, when the victim is a minor;
 - B) contributing to the delinquency of a minor;
 - criminal attempt to commit any of the above listed crimes in accordance with O.C.G.A. §16-4-1.
- A person must have been convicted of or entered a plea of guilty or nolo contendere to or have been adjudicated for any of the above crimes. A person that has been arrested for any of the above crimes may not live or be employed in family day care homes, group day care homes, or child care learning centers until such time a court of proper jurisdiction dismisses the charges or a not guilty verdict is rendered.**
- O.C.G.A. §16-12-1.1(b)(c) makes it a misdemeanor for any operator of a facility to knowingly have any person reside at, be domiciled at, or be employed at any such facility if such person has been convicted of or has entered a plea of guilty or nolo contendere to or has been adjudicated a delinquent for certain offenses.**
- The Department may deny or revoke the license, commission, or registration of any facility in violation of these requirements.**
- To my knowledge, no person lives at or is employed at the child care facility listed below who has been convicted of, has entered a plea of guilty or nolo contendere to, or has been adjudicated delinquent for any of the above listed crimes.**
- Director's Signature** _____ **Date** _____
- Director's Name (print legibly)** _____
- Name of Facility (print legibly)** _____
- Address of Facility** _____

Corporate Organizational Documents (Operating Agreement and/or bylaws, partnership agreement)

This is needed for all INCS/LLCS. If you don't have one, you need to create it. This is not the certificate or articles from the Secretary of State's website.

You can hide any private information, but the list of members and their roles must be clearly visible. We can only communicate with members of the ownership or people allowed to act for them. These people must be listed in the document, or you need to submit a letter from a member of the ownership giving permission.

The document must show the legal name registered with the Georgia Secretary of State and listed on the application. It must be signed and/or sealed by the members.

<p style="text-align: center;">OPERATING AGREEMENT OF</p> <p>_____</p> <p>This Operating Agreement (this "Agreement") of _____, a limited liability company (the "Company"), is adopted and entered into by and among _____, _____, _____, _____, and _____, as members (the "Members", which term includes any other persons who may become members of the Company in accordance with the terms of this Agreement and the Act) and the Company pursuant to and in accordance with the _____ Limited Liability Company Act, as amended from time to time (the "Act"). Terms used in this Agreement which are not otherwise defined shall have the respective meanings given those terms in the Act.</p> <p>The parties agree as follows:</p> <p style="text-align: center;">SECTION ONE NAME</p> <p>The name of the limited liability company under which it was formed is _____. The Certificate of Formation which was filed with the Secretary of State of the State of _____ on the ____ day of _____, _____, a copy of which is attached hereto as Exhibit 3A is hereby ratified, confirmed, approved, and adopted.</p> <p style="text-align: center;">SECTION TWO</p>	<p style="text-align: center;">OPERATING AGREEMENT FOR _____ A LIMITED LIABILITY COMPANY</p> <p style="text-align: center;">ARTICLE I Company Formation</p> <p>1.1. FORMATION. The Members have formed a Limited Liability Company ("Company") according to the laws of the state in which the Company was formed. This operating agreement is entered into and effective as of the date it is adopted by the members.</p> <p>1.2. REGISTERED AGENT. The name and location of the Company's registered agent will be stated in the company's formation documents.</p> <p>1.3. TERM. The Company will continue perpetually unless, (a) Members whose capital interest as defined in Article 2.2 exceeds 50 percent vote for dissolution; or (b) Any event which causes the Company's business to become unlawful; or (c) The death, resignation, expulsion, bankruptcy, retirement of a Member or the occurrence of any other event that terminates the continued membership of a Member of the Company; or (d) Any other event causing dissolution of the Company under applicable state laws.</p> <p>1.4. CONTINUANCE OF COMPANY. In the event of an occurrence described in ARTICLE 1.3(c), if there are at least two remaining Members, those Members have the right to continue the business of the Company. This right can be exercised only by the unanimous vote of the remaining Members within ninety (90) days after the occurrence of an event described in ARTICLE 1.3(c). If not exercised, the right of the Members to continue the business of the Company will expire.</p> <p>1.5. BUSINESS PURPOSE. The Company will conduct any lawful business deemed appropriate in carrying out the company's objectives.</p> <p>1.6. PRINCIPAL PLACE OF BUSINESS. The Company's principal place of business will be stated in the formation documents, or as selected by the Managers.</p> <p>1.7. THE MEMBERS. The name and residential address of each member are listed in Exhibit 2 attached to this Agreement.</p>
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Letter of Permission from Official Corporate Members

Legally we can only communicate with those members listed within the ownership or those permitted on their behalf.

A letter from an official member of the owning entity allowing communication as well as responsibility for the application for someone on their behalf would be needed.

Director Credential and employment application showing 10-year work history

One person cannot be the Director at more than one licensed center. Each center must have its own Director. The Director **must have** one of the education credentials listed in rule - 591.-1.1-.31(1) (b)(2) Qualifications of Director to be approved. Additionally, the director's 10-year work history showing their childcare experience and the 40-hour Director Training Certificate should be uploaded as one document. If the Director's GaPDS is current the GaPDS profile may be used for credential and work history.

Credential Type	Additional Requirements
CDA or equivalent diploma with practicum	6 months of qualifying child care experience
TCC in Early Childhood Education or Child Development	6 months of qualifying child care experience
TCC in Infant and Toddler	6 months of qualifying child care experience
TCC in Program Administration	6 months of qualifying child care experience
TCC in School Age and Youth Care	6 months of qualifying child care experience
TCD in Early Childhood Education or Child Development	6 months of qualifying child care experience
40-hour director training course	5 years as an on-site Child Care Learning Center Director
Associate's degree in Early Childhood Education or Child Development	6 months of qualifying child care experience
Paraprofessional Certificate (Georgia PSC)	6 months of qualifying child care experience
25 quarter or 15 semester hours in ECE or Child Development	6 months of qualifying child care experience
Bachelor's in unrelated field	3 months of qualifying child care experience
Bachelor's in Early Childhood Education or Child Development	No additional experience required
Master's in Early Childhood Education or Child Development	No additional experience required

Georgia Dept of Early Care and Learning
RECEIVED FROM THE STATE

10 YEAR WORK HISTORY

Social Security Number _____

Name _____ Address _____

Record of Employment: Past 10 Years

Month/Day/Year	Name and Address of Employee	Position	Reason for Leaving
Employer From : _____ To : _____			
Employer From : _____ To : _____			
Employer From : _____ To : _____			
Employer From : _____ To : _____			
Employer From : _____ To : _____			
Employer From : _____ To : _____			
Employer From : _____ To : _____			

Council for Professional Recognition

certifies that

CANDIDATE NAME

has satisfactorily demonstrated competence in working with young children through an assessment by the CDA® National Credentialing Program and is hereby awarded the Child Development Associate® (CDA) Credential™

Setting Type



June 1, 2013
Credential Date
 June 1, 2016
Expiration Date
 123456789
Credential Number

Valeria Washington
Chief Executive Officer
 Council for Professional Recognition

Gwinnett Technical College

This certifies that


Jonathan O'Sample


having successfully completed the Program of

Associate of Applied Science

as prescribed by the Technical College System of Georgia is declared a graduate of this College and is awarded this

Diploma on this twenty-second day of January, two thousand and twenty-two.





Atlanta Technical College

Upon recommendation of the President and Faculty, by virtue of the authority vested in them by the Technical College System of Georgia, and upon completion of the prescribed course of study confers upon

this

Technical Certificate of Credit

with all rights, responsibilities, honors, and privileges thereto appertaining.

In testimony whereof, we have hereunto affixed the seal of the College and the signatures of the officers thereof, given in Atlanta, Georgia, this sixth day of May, two thousand twenty-three





Professional Development System Profile

PDS# [REDACTED]
 Qualifies for GA Pre-K Lead

Status: Active Username: [REDACTED] County: Lowndes
 Career Level: 10 Email: [REDACTED]

PSC Certifications Information

Certificate ID: [REDACTED]
 Certification Level: 5

PSC National Board Certifications :

No PSC National Board Certifications Found

PSC Field Issue Data :

Type	Category	Field	Current Issue Date	End Valid Date
1	T	Std Professional	FL0008 ELEMENTARY EDUCATION (P-5)	04/20/2021 06/30/2028

PSC Level Data :

Level	Degree	Institution	Major	Effective Date
1	5	Masters Degree	Valdosta State University	Instructional Technology 07/01/2015

Education Information

Secondary Education :
 High School Diploma/GED: Yes

Post-Secondary Education :
 N/A

Training Information

Training Type	Verified Status	Training Information	Date Completed	Clock Hours
1	State Approved	Use-First/Second	101-88729-20200101-Computerized Business Practices Module 4	06/20/2022 3.00

Director First Aid and CPR – *Document required before final licensure*

No online training accepted. Must include a hands-on skills assessment and modules for Infant and Child CPR.



EIN Documents from the IRS

This is the letter from the IRS with the employer identification number (EIN). It must show the current EIN as listed on the application.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: [REDACTED]
Employer Identification Number: [REDACTED]
Form: SS-4
Number of this notice: CP 575 G
For assistance you may call us at:
1-800-829-4933
IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CAME. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Fire Certificate of Occupancy

The Fire Certificate of Occupancy is issued by the local or state's Fire Marshal office. It confirms a building, or structure meets fire and safety code requirements and is safe for occupants.

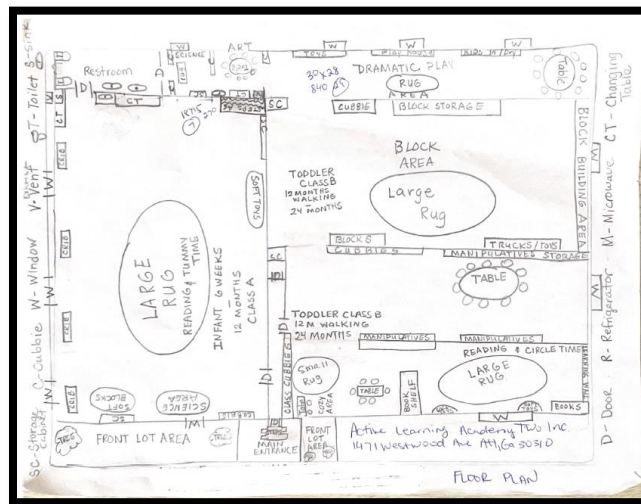
GWINNETT COUNTY			
CERTIFICATE OF OCCUPANCY			
PERMIT NUMBER: COMBLD2021-01803			
BUILDING ADDRESS: 8941 PLEASANT HILL RD		BUILDING NUMBER:	SUITE NUMBER:
CITY: DULUTH	ZIP CODE: 30098	BUILDING/STORY AREA: 1138	BUILDING/TENANT KNOWN AS: BLUTTY VEGAN
PARCEL NUMBER: 8008 987			
OFFICE OF THE FIRE MARSHAL Department of Fire and Emergency Services Community Risk Reduction Division, Prevention and Enforcement		DEPARTMENT OF PLANNING AND DEVELOPMENT Building Construction Section	
NFPA OCCUPANCY CLASSIFICATION: Mercantile - Class C Mercantile OCCUPANT LOAD: 17		ICC OCCUPANCY CLASSIFICATION: Mercantile - Class C Mercantile ICC TYPE OF CONSTRUCTION: (IBC) TYPE IIB UNSPRINKLERED NUMBER OF STORIES: 1 USE OF CONSTRUCTION: RETAIL TYPE OF WORK: Interior Finish ZONING: C3	
<small>This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of the applicable laws, codes and regulations, codes, standards and ordinances for the use and occupancy specified. This Certificate of Occupancy shall be made null and void if change of use, occupancy, or physical alterations, additions, alterations, or a fire or destructive event of serious consequence, or other hazardous condition. This document shall be available for inspection at the building at all reasonable times.</small>		<small>This inspection or permitting of any building, structure or plan under the requirements of the codes shall not be construed in any way as a warranty of the physical condition of such building or the adequacy of such plan. No construction nor any equipment thereof shall be held to conform to any defect or hazardous or illegal condition or condition in such building or plan, nor for any failure of any component of such building, which may occur subsequent to such inspection or permitting.</small>	
ISSUED BY: MYLER	TITLE: Inspector	ISSUED BY: BUNCLEY	TITLE: Inspector
DATE: 12/19/2021	SIGNATURE: MYLER	DATE: 12/19/2021	SIGNATURE: BUNCLEY
<small>400 Hartstone Church Road, Lawrenceville, Ga 30046-2075 PHONE: 678.518.4550 www.gwinnettcourthouse.com</small>			
<small>One Justice Square, 485 West Crogan Street, Ste. 100, Lawrenceville, Ga 30046-2075 PHONE: 678.518.4550 www.gwinnettcourthouse.com</small>			
POST IN A CONSPICUOUS PLACE AT THE MAIN ENTRANCE TO THE PREMISES			

Floor Plan

You need to provide a drawing of the inside of the center with all classrooms and areas labeled. The drawing must be updated to show all classrooms with age groups, restrooms, changing areas, etc. Can be hand drawn or computer generated.

For the floor plan:

- Restrooms and changing areas must be shown for each age group.
- What is the distance from the classroom to the restroom?
- Children 2 and under must have restrooms within or right next to the classroom.
- Children 3 and up cannot have restrooms more than 40 feet away.



Floor Plan checklist

You need to complete and upload all pages of the checklist. Make sure to check off all items on the checklist to show you acknowledge them, and then add them to the plan as needed.

Georgia Dept of Early Care and Learning BASIC REQUIREMENTS			
Office Use Only	Office Use Only	Office Use Only	Floor Plan Checklist
			<ul style="list-style-type: none">• Please draw clearly and indicate the following information marked with a "□" on your floor plan drawing.• Answer questions noted on each item.• Do not skip any item on this checklist. Write N/A if it does not apply.
Review Date	Review Date	Review Date	
			1. <input type="checkbox"/> Label each child care room with a letter and specify the age group to be housed in each room. (i.e., Room A- 6 weeks to 12 months) Please draw the entrance to the facility. (Account for all ages that will be served)
			2. Are there any partial walls (those not floor to ceiling)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please draw partial walls with a broken line (---). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.
			3. <input type="checkbox"/> Draw the location of all doors (interior and exterior).
			4. <input type="checkbox"/> Draw in the measurements of each child care room. <input type="checkbox"/> Calculate and show the total square footage in each room. Measurements are determined baseboard to baseboard. <input type="checkbox"/> Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant's Guide. (Example: 16'2" x 9'7" = 155 sq. ft.) CCLC #591-1-1-19(1)
			5. Are there any parts of the building or residence that will not be used for the child care program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain the use of the other areas and draw in on your plan. Child Care Learning Centers attached to a private residence should show child care room(s) in relation to the private residence. <input type="checkbox"/> (Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds. If none, write N/A.
			6. <input type="checkbox"/> Draw the location of each bathroom in relation to the child care areas. The rules require that children's bathrooms be adjacent to the child care rooms. <input type="checkbox"/> Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom, i.e., door is in classroom). Note: Bathrooms for children aged 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.

Form W-9

Form should be completed with the legal owner's information and tax ID.

W-9
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Go to www.irs.gov/Form990 for instructions and the latest information.

Before you begin: For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1. Name of the entity (individual or entity) being asked to provide a taxpayer identification number (TIN) and enter the business name requested (if any) on line 2b.

2. Business name (or other name) if different from above.

3. Check the appropriate box for federal tax classification of the entity (individual or entity) and enter on line 1. Check only one of the following categories:
☐ Individual proprietor ☐ Corporation ☐ Partnership ☐ Trust/estate
☐ LLC (Enter the tax classification: 1 = S corporation, 2 = C corporation, 3 = partnership, 4 = trust/estate)
Note: Check the "LLC" box below only if the entity is a limited liability company (LLC) and is not a partnership, S corporation, or trust/estate. If the entity is a partnership, S corporation, or trust/estate, check the appropriate box for the tax classification of the entity.
☐ Other (see instructions)

4. Exemption (check only one):
☐ Exemption from backup withholding (see instructions on page 2)
☐ Exemption from backup withholding (see instructions on page 2)
☐ Exemption from backup withholding (see instructions on page 2)

5. If the entity is a partnership, S corporation, or trust/estate, or checked "LLC" and entered "1" as its classification, do not enter anything on line 6. If the entity is a partnership, S corporation, or trust/estate, or checked "LLC" and entered "2" as its classification, enter the entity's EIN on line 6. If the entity is an individual, enter the individual's TIN on line 6. If the entity is a partnership, S corporation, or trust/estate, or checked "LLC" and entered "3" as its classification, enter the entity's EIN on line 6. If the entity is a partnership, S corporation, or trust/estate, or checked "LLC" and entered "4" as its classification, enter the entity's EIN on line 6.

6. Address (street, rural, or other) See instructions. (Requester's name and address optional)

7. City, state, and ZIP code

8. Last account number (new optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN, later.

Part II Certification
Under penalties of perjury, I certify that:
1. I am not aware of any federal tax lien or other federal tax liability (or any state or local tax liability) that is not being reported on this form.
2. I am not a partner in a partnership that is not being reported on this form.
3. I am not a partner in a partnership that is not being reported on this form.
4. The FATCA codes entered on this form are correct and that I am not aware of any FATCA reporting requirements that apply to me.
5. I am a U.S. citizen or other U.S. person (as defined below) and I am not a foreign person.
6. I am not a partner in a partnership that is not being reported on this form.
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100. I am not a partner in a partnership that is not being reported on this form.

Most Recent Fire Inspection – Document required before final licensure

Inspection must have a passing score and be completed within the last 12 months from the inspection date. The inspection must be completed by the local or state's Fire Marshal office.

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
John F. King, Commissioner
Safety Fire Division
2 MLK, JR. DR., 920 WEST TOWER, ATLANTA, GA 30334
WWW.GAININSURANCE.ORG
Safety Fire Inspection Report

File No: 21-060974

Name of Facility: SCHOOL

Serial No:

Address: 1

City, State, Zip: WADLEY, GA 30477

Name of Building: ELEMENTARY SCHOOL

Company Name:

Owner: Savannah Page

Owner Address:

City, State, Zip: Statesboro, GA 30459

Owner Phone:

Email:

Type of Inspection: Final Inspection

Standard Used: 2018 NFPA 101 Life Safety Code New

Admin. Information

C.P. No.: Date Issued: C.O. No.: 190756 Variance

of Current Violations: 0 # of Violations Last Inspection: 0 Last Inspected By: Date Last Inspection:

Description of Facility

Type of Occupancy: 1

Occupant Load: # of beds: 0 Condition Used:

Square Ft. Area: 60671 # of stories: 1

Construction Type: II(000) - IIB Sprinkler: Total NFPA 13 Basement: No

Deficiency Type	Compliance	Deficiency Type	Compliance
1. Number of exits	Compliant	8. Detection, alarm, communication systems	Compliant
2. Means of egress of approved type	Compliant	9. Extinguishment systems	Compliant
3. Travel distances to exits	Compliant	10. Construction type requirements	Compliant
4. Exit signs	Compliant	11. Compartmentation requirements	Compliant
5. Emergency lighting	Compliant	12. Electrical system	Compliant
6. Vertical openings protection	Compliant	13. HVAC system	Compliant
7. Interior finish	Compliant	14. Other	Compliant

Accompanied by:

My signature, below, acknowledges that I accompanied the Fire Safety Compliance Officer making this report.

Name: _____ Title: _____ Date: September 31, 2024

Notice: All deficiencies and/or violations noted above and on the attached pages shall be corrected immediately in order for this facility to comply with O.C.G.A. Title 25, Chapter 2. This report shall be returned to the Safety Fire Division Office within 30 days indicating the deficiencies and/or violations noted have been corrected by initialing and dating each item. If all items are not corrected, a plan of correction shall be attached and submitted to the office within 30 days stating what corrective measures will be taken.


Operation Plan (Policies and Procedures)

Make sure everything on the checklist is included in the operation plan. You need to create and include the following documents:

- Employee Handbook
- Emergency Plans
- Parent Handbook
- Menu Sample
- Daily Schedules for each age group
- Lesson Plans for each age group

Operation Plan Checklist

Each page of the checklist should be completed and uploaded.

 Operation Plan Checklist			
Office Use Only	Office Use Only	Office Use Only	Policies and Procedures Required Information
Review Date	Review Date	Review Date	
			The information listed below must be included in the center's Policies and Procedures
			Ages of children served; should match information on Application A PG:
			Months of operation; should match Application A PG:
			Days of operation; should match Application A PG:
			Hours/time of operation; should match Application A PG:
			Days/times center is closed; including holidays PG:
			Description of enrollment and admission requirements specifying parents' responsibilities for: <ul style="list-style-type: none">• Supplying & updating needed information to the center• Escorting the child to and from the center; PG:
			Fee and payment schedule that specifies <ul style="list-style-type: none">• Standard fees• Fees related to absences and vacations• Other charges and fees, such as transportation and late fees; PG:
			Description of the facility's transportation and field trip services. <ul style="list-style-type: none">• If transportation/field trips are not provided, clearly state in the document what forms of transportation will not be provided at the program• If a public school bus picks up and delivers to the facility, state it• If transportation is provided to or from school or home, include the details and procedures to be followed if no one is at drop-off site to receive child• If program offers field trips, tell parents what vehicle their child will ride in such as parent cars or center van PG:
			Description of behavior management and discipline actions used by the center. PG:

Secretary of State Articles

The LLC or INC must be listed as Active/Compliant on the Georgia Secretary of State's website. You need to upload a copy of the LLC or INC certificate and the articles from the Secretary of State website.

Control Number :

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on **01/26/2023** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **02/02/2023**.

ARTICLES OF INCORPORATION

Electronically Filed
Secretary of State
Filing Date: 1/26/2023 7:30:02 PM

BUSINESS INFORMATION

CONTROL NUMBER
BUSINESS NAME
BUSINESS TYPE Domestic Profit Corporation
EFFECTIVE DATE 01/26/2023
SHARES 100

PRINCIPAL OFFICE ADDRESS

ADDRESS Atlanta, GA, 30035, USA

REGISTERED AGENT

NAME	ADDRESS	COUNTY
	DECATUR, GA, 30035, USA	Dekalb

INCORPORATOR(S)

NAME	TITLE	ADDRESS
	INCORPORATOR	Decatur, GA, 30035, USA
	INCORPORATOR	DECATUR, GA, 30035, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE
AUTHORIZER TITLE Incorporator

Secure and Verifiable Identification (Driver's License, Passport, etc.)

The ID of the Corporation Officer who completed the Verification of Lawful Presence Affidavit should be uploaded. Please include the front and back of the ID.

Signed Lease Agreement

Commercial lease agreement signed by tenant and landlord with landlord's contact information (name, phone number, and address) visible. The tenant's name must match the owner's information listed in the CoO application.

Georgia Commercial Lease Agreement	
This Lease Agreement made the ____ day of _____, 20____, by and between _____ [name of lessor], of _____ [street address], State of _____, hereinafter referred to as "Lessor", and _____ [name of lessee], of _____ [street address], State of _____, hereinafter referred to as "Lessee", collectively referred to herein as the "Parties", agree as follows:	
I. Property Description: The Lessor agrees to lease to the Lessee the following described _____ square feet (SF) of _____ [type of space] located at _____ [street address], State of Georgia.	
Additional Description: _____	
Hereinafter known as the "Premises".	
II. Lease Duration Length: The term of this Lease shall be for a period of ____ year(s) ____ month(s) commencing on the ____ day of _____, 20____ and expiring at Midnight on the ____ day of _____, 20____. ("Initial Term")	
III. Base Rent: The net monthly payment shall be _____ dollars (\$_____), payable monthly with the first payment due upon the commencement of the Lease and each monthly installment payable thereafter on the ____ day of each month. Said net monthly payment is-hereafter referred to as the "Base Rent". Rent for any period during the term hereon, which is for less than 1 month shall be a pro-rata portion of the monthly rent.	
IV. Premises Use: The Lessor is leasing the Premises to the Lessee and the Lessee is hereby agreeing to lease the Premises for the following use and purpose: _____ _____ _____.	

Signed Purchase Agreement

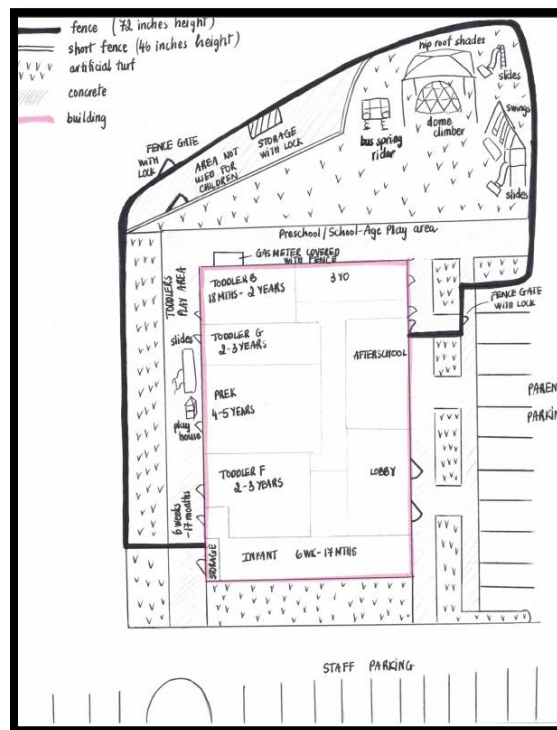
Legal closing documents with the signatures of both the seller and buyer. The sale date must also be listed.

Closing Settlement Statement			
Seller:		Buyer:	
Seller:		Buyer:	
Property Address:			
City:	State: Georgia	Zip:	
Seller(s) Column		Buyer(s) Column	
1a. Sales Price		1b. Sales Price	
2a. Down-payment		2b. Down-payment	
3a. Balance		3b. Balance	
4a. Expenses		4b. Expenses	
5a. Title Search		5b. Title Search	
6a. Recording Fees		6b. Recording Fees	
7a. Title Insurance		7b. Title Insurance	
8a. Attorney Fees		8b. Attorney Fees	
9a. Notary Fee		9b. Notary Fee	
10a. Survey		10b. Survey	
11a. Commission to		11b. Commission to	
12a.		12b.	

BILL OF SALE	
This Bill of Sale (the "Agreement") is made and effective [DATE].	
BETWEEN:	[YOUR COMPANY NAME] (the "Seller"), a corporation organized and existing under the laws of the [State/Province] of [STATE/PROVINCE], with its head office located at: [YOUR COMPLETE ADDRESS]
AND:	[BUYER NAME] (the "Buyer"), an individual with his main address located at OR a corporation organized and existing under the laws of the [State/Province] of [STATE/PROVINCE], with its head office located at: [COMPLETE ADDRESS]
FOR GOOD AND VALUABLE CONSIDERATION, the Seller hereby sells and transfers possession of the following goods in their present condition and location to the Buyer, and its successors and assigns forever, the following described goods [DETAILED LIST OF GOODS].	
Seller warrants and represents that he/she has good title to said property, full authority to sell and transfer same and that said goods and chattels are being sold free and clear of all liens, encumbrances, liabilities and adverse claims, of every nature and description.	
Seller further warrants that it shall sully defend, protect, indemnify and save harmless the Buyer and its lawful successors and assigns from any and all adverse claim, that may be made by any party against said goods.	
The Buyer acknowledges examining the goods and buying them "as and where is" completely at the Buyer's risk and promises not to make any claims against the Seller based upon alleged express or implied representations, warranties or collateral agreements as to the merchantability of the goods or as to their fitness for any particular purpose or as to their safe use.	
It is provided, however, that Seller disclaims any implied warranty of condition, merchantability or fitness for a particular purpose. Said goods being in their present condition "as is" and "where is."	
IN WITNESS WHEREOF, this Bill of Sale is executed in duplicate under seal on [DATE].	
Signed, sealed and delivered to the Buyer in the presence of:	
BUYER	SELLER
_____ Authorized Signature	_____ Authorized Signature
_____ Print Name and Title	_____ Print Name and Title

Site Plan

You need to complete the plan drawing and checklist. The drawing must be labeled according to the checklist and include all details. Make sure to label playgrounds, entrances, exits, etc. The drawing can be hand-drawn or computer-generated.




Site Plan Checklist

Each page of the checklist should be completed and uploaded.

Site Plan Checklist			
Office Use Only	Office Use Only	Office Use Only	Instructions:
			<ul style="list-style-type: none"> • Please draw/clearly indicate the following information marked with a <input type="checkbox"/> on your floor plan drawing. • Answer questions noted on each item. • Do not skip any item on this checklist. Write N/A if it does not apply.
Review Date	Review Date	Review Date	
			<p><input type="checkbox"/> Draw the location of parking for parents and staff. Assume that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.</p>
			<p><input type="checkbox"/> Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet= 10,800 sq. feet) If more than one playground is planned, show each playground, and designate each with a letter.</p> <p>Note: Facilities are not required to have separate play areas for all age groups. Refer to Applicant's Guide for additional information. Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children's access.</p> <p>Note: For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center's overall capacity. For child care learning centers with a capacity of 7 to 18 children, the playground capacity must match or exceed the center's overall capacity.</p>
			<p>Are there any buildings or storage areas on the playground? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please draw the location on the plan and give measurements of the building.</p> <p>Are these buildings able to be locked? <input type="checkbox"/> Yes <input type="checkbox"/> No Is access blocked both beneath and behind the buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
			<p>Is there a swimming pool (in ground or above ground) on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Example: Locked fence)</p>

Staff Profile Sheet

Anyone with a background check previously ported or not within the last 12 months will require a new CBC and fingerprint letter. A minimum of three staff must be listed.


STAFF PROFILE SHEET

NAME OF CENTER _____

ADDRESS _____ CITY & ZIP _____ COUNTY _____

TELEPHONE NUMBER _____ DIRECTOR _____ TOTAL # STAFF _____

DAYS/HOURS OF OPERATION _____

PERSONAL DATA				INFORMATION ON FILE? <small>Place Check in These Columns</small>					QUALIFICATIONS <small>Check if Met (Column 1-3) Explain in Column 4-6</small>				TRAINING/DRIVER INFORMATION			
Name (First and Last Name)	Date Hired	Job Title	Birth Date	SSN	Address	Phone	10 Yr. Work History	Completed Orientation	CBC	Not on Sex Offender Registry	Work Experience	Degree Type/ Area/ Date Earned	40-hour Director's Training (NA if not applicable)	CFR Date	1st Aid Date	Driver's License Number/ Class/ Expiration Date


Office Use Only
Consultant Signature: _____ Date: _____

Georgia Department of Early Care and Learning

Revised 08/01/2023

Verification of Lawful Presence

It should be completed by the Corporation Officer, who is approved to act on behalf of the corporation.



Bright from the Start: Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 754 East Tower, Atlanta, Georgia 30334

O.C.G.A. § 50-36-1(e)(2) Affidavit For Lawful Presence Verification

License Number : _____

Facility Name : _____

Facility Address : _____

Facility Owner : _____

By completing this affidavit under oath, as an applicant for the license listed below, as referenced in O.C.G.A. Sec. 50-36-1, I printed name of person

verify one of the following with respect to my application for a public benefit from Bright from the Start: Georgia Department of Early Care and Learning, as referenced in O.C.G.A. Sec. 50-36-1 :

- I am a United States citizen 18 years of age or older. Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.
- I am a legal permanent resident of the United States, 18 years of age or older. Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. Submit a *legible* front and back copy of secure and verifiable document from the list below that includes your alien number.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____ (Required)

I also verify I have provided at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. The secure and verifiable document I have provided with this affidavit is: Identify the document, such as driver's license, Temporary Resident Card, passport, etc.

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Completed in _____ (city), _____ (state).

Signature of Applicant _____ Printed Name of Applicant _____

Mailing Address: _____
Street or P.O. Box _____ City _____ State _____ Zip _____


Contact Phone Number _____ E-mail Address _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

My Commission Expires: _____ NOTARY PUBLIC

Water/sewer verification - Document required before final licensure

A recent water bill statement that matches the actual site address is needed. If the property uses a septic tank (no sewer charges listed on the water bill), you need a current inspection report (within the last 10 years) stating the number of children the septic tank will accommodate and when it was last serviced. If the property has a well, please contact your local Environmental Health Department for testing or a referral for testing. The report must state that the water is safe for consumption.

 Georgia Department of Public Health On-Site Sewage Management System Performance Evaluation Report Form		
APPLICANT NAME:	PROPERTY OWNER ADDRESS:	EVALUATOR NAME:
APPLICANT PHONE:	PROPERTY PHONE:	CITY:
APPLICANT EMAIL ADDRESS:	PROPERTY EMAIL ADDRESS:	COUNTY:
		Zip Code:
		Reason for Evaluation:
		Business License:
Inspection Records		
Yes	1. Inspection records exist for this septic system.	
Yes	2. Inspection records indicate that all components of the septic system were properly constructed and approved at the time of original inspection. A copy of the original inspection report is attached.	
Maintenance Records (applicable copies are attached)		
Yes	3. Maintenance or installation records indicate that the tank has been pumped out or installed within the past 5 years. Note: It is recommended that septic tanks be pumped at least once every 5 years.	
N/A	4. Systems with aerobic treatment units (ATU): Records indicate the ATU has been serviced in accordance with the manufacturer's recommended maintenance schedule OR an authorized representative of the manufacturer has provided documentation that the ATU is operating sufficiently.	
N/A	5. Systems with grease trap(s): Maintenance records indicate the grease trap(s) has been pumped out within the last 6 months OR documentation has been provided by a qualified individual confirming that the grease trap contains less than 75% of the designed grease holding capacity and is operating sufficiently.	
System Assessment and Existing Site Conditions (applicable copies are attached)		
N/A	6. The septic tank was uncovered at the time of this County Board of Health evaluation OR maintenance records exist and the tank appears to meet the required design, construction, and installation criteria. The appropriateness of the sizing and installation criteria of the absorption field cannot be verified since no initial inspection records exist.	
N/A	7. A Georgia certified septic tank installer has provided written documentation of the system design, location, and components.	
Yes	8. This site evaluation by the County Board of Health revealed no evidence of system failure.	
Yes	9. This site evaluation by the County Board of Health revealed no evidence of adverse conditions which would affect the functioning of the system.	
Addition to Property		
N/A	10. This site evaluation as well as the provided information indicate that the proposed construction to the home or property should not adversely affect the functioning of the existing system.	
Relocation of Home or Change of Use		
N/A	11. This site evaluation as well as the provided information indicate that the system appears to meet the required design, construction, and installation criteria to accommodate the proposed relocation of the home or change of use for the facility should not adversely affect the functioning of the existing system.	

See 2nd page for evaluation notes, disclaimer, and signatures.

Zoning Verification Letter (issued within the last 12 months)

You must get an official letter on letterhead with a signature, or an email from a zoning official with their contact information. This document must be dated within the last 12 months and shows that the property is zoned for daycare or childcare services. It must include the full property address, not just the parcel number, and list any limitations if there are any. If you can't get an updated letter and nothing has changed, you need written confirmation from the department saying so.

Pre-K Documents, (if applicable)

GA Pre-K Online Access Agreement

Online Access Agreement for the Georgia Department of Early Care and Learning Georgia's Pre-K Online System (GAPREK)

This form is the user agreement (hereinafter "Agreement") governing the terms of access to the web-based Pre-K Online System administered by the Georgia Department of Early Care and Learning (hereinafter "DECAL"). The Provider listed below agrees to abide by the terms and conditions stated herein.

The undersigned has read the Agreement carefully and understands its terms. The undersigned agrees to be the Primary Authorized User and to abide by all of the terms of the Agreement. Only the Primary Authorized User can create additional authorized users and provide each with a unique ID and password. The Primary Authorized User is responsible for the acts of any authorized user created and agrees to ensure that all users abide by the terms and conditions of the Agreement.

Legal Name of Provider:

Contract Signatory:

Primary Authorized User (authorized by the Contract Signatory)
Name Title

Project Director Name

Your organization will be notified via e-mail of your user ID and password at the address you specify below.

All e-mail correspondence from the Georgia Department of Early Care and Learning to your organization will be sent to this e-mail address. Please ensure it is the correct address for the Project Director of your organization, and that the e-mail account is current and checked on a regular basis.

Project Director's E-mail Address

As the Primary Authorized User, I certify that I am authorized to use the GAPREK System on behalf of the above-named Provider.

I understand that I will be issued a user ID and password for accessing the GAPREK System. This user ID/password will allow me to enter, edit, and view information regarding my company and child on the GAPREK System. The user ID/password created for me will also allow me to create and authorize other employees and agents of my company to use the GAPREK System for their available data. Each user ID/password is for personal use only. Each user ID/password combination will be assigned to a specified individual and is confidential to that person and non-transferable. I understand that, as the Primary Authorized User, it is my responsibility to protect the security of all user ID and password combinations created for or by me and to ensure that none are disclosed. In the event that any user ID or password is compromised, I will notify the website administrator immediately at my e-mail address.

As the Primary Authorized User, I understand that I am liable for any entries, edits, additions, or changes made on the GAPREK System that are submitted under user IDs and passwords assigned to or created by me. I understand that it is my responsibility to maintain the security and integrity of this information by limiting access to specifically identified individuals that have a legitimate business need to access the GAPREK System. I understand that it is my responsibility to discontinue access when staff changes occur.

I agree, to the extent allowed by law, to indemnify, defend and hold harmless the State of Georgia and the Georgia Department of Early Care and Learning, for any claim, demand, liability, loss, penalty, cost or expense (including court costs and reasonable attorney's fees) it incurs arising out of the use or misuse of the GAPREK System with an user ID, and password assigned to or created by me.

I grant permission for the Georgia Department of Early Care and Learning to use information entered in the GAPREK System for any and all purposes that the Department deems appropriate including, but not limited to, historical and

Preprinted voided Check

Must have a printed address on top left-hand corner and VOID written across the check.

TOM CLARK
1234 ADDRESS
NEW YORK, NEW YORK
UNITED STATES, 10001

854

PAY TO THE ORDER OF

DATE

BANK NAME
123 PARK AVENUE
NEW YORK, NEW YORK
UNITED STATES, 10011

MEMO

VOID

⑆02⑆100555⑆ 0000000000 ⑆ 854

Vendor TIN Verification

VENDOR TIN VERIFICATION

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the state. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to ensure that accurate tax information is reported to the IRS and to the state, please use this form to provide the requested information.

Legal Name

Doing Business As (DBA)

Address

Telephone #

of years in business

New York Taxpayer Number

Social Security Number OR Fed ID#

FAX #

Business Designation (Check One)

Governmental ☐

Self-Proprietorship ☐

Partnership ☐

Corporation ☐

Limited Liability Company ☐

Business Type (Check One)

Minority Company ☐

Small Company ☐

Minority & Small Company ☐

Other Company ☐

Demographic Designation (Check One)

Indicate the majority of the ownership interest:

Asian or Pacific Islander ☐

Black or African American ☐

Hispanic ☐

Native American or Alaskan native ☐

White ☐

Multiracial ☐ (please specify:)

As specified in H.R. 1502, consistent with Internal Revenue Code (IRC) Section 1361, the state agency with certified financial statements showing the required contractor's financial condition at the end of the previous fiscal year and revenues and expenditures for the previous fiscal year.

***Minority Company:** A minority race is defined as an individual who is a member of a race that comprises less than 10 percent of the total population of the state of Georgia. This business must be: (a) owned by a minority race or (b) a partnership of which one or more members is of a minority race or (c) a public corporation of which a majority of the common stock is owned by one or more members of a minority race.

Minority & Small Company: Business falls into both categories.

Other Company: Vendor is neither a small nor a minority-owned business.

Funding decisions made by Bright from the Start are not based on business designations, business type, or demographic designations. This information is requested from all vendors supplying with the state of Georgia.

Business Status (Check One)

Profit ☐

Nonprofit ☐

Tax Exempt Status (Check One)

☐ This organization was approved by IRS for tax-exempt status on:

☐ This organization submitted an application to IRS for tax-exempt status on:

☐ This organization is not tax-exempt.

What is the operating fiscal year of this organization? To: (Month/Year)

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Authorized Signature Title Date