



DHS-CO-202D

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services
Licensing & Regulatory Services

**APPLICATION FOR A VIRGIN ISLANDS LICENSE
TO OPERATE A CHILDREN'S CAMP / AFTER SCHOOL PROGRAM**

I. Name of Facility: _____
Street Address: _____
Mailing Address: _____
Telephone: _____

FOR USE BY DHS ONLY

Application Date _____

Date Approved _____

Date Denied _____

Check Type of Facility:

- Church Proprietorship Public Agency
 Commercial Partnership Corporation

II. A. (Proprietorship or Partnership ONLY)

Name(s) of Proprietors or Partners:

1. Name: _____ Res. Phone _____
Last First M.I.
Mailing Address: _____ Bus. Phone _____
Residence: _____

2. Name: _____ Res. Phone _____
Last First M.I.
Mailing Address: _____ Bus. Phone _____
Residence: _____

III (Church, Commercial, Corporation, or Public Agency ONLY)

Name of Church, Corporation or Public Agency:

Mailing Address:_____

Bus. Phone

Designated Representative:_____

Title

Residence:_____

Res. Phone

Include Articles of Incorporation

Tax Exempt Certificates

By Laws

Names & Address of Board Members

(For Proprietor, Partner, or President of Corporation/Agency)

Date of Birth

Date of Birth

Place Of Birth

Place Of Birth

Visa Number (If applicable)

Visa Number (If applicable)

(If naturalized give Certificate #)

(If naturalized give Certificate #)

Social Security Number

Social Security Number

3. Have any of the above ever been convicted of a Crime? YES NO

Name_____

If yes, give date, place and nature of offense_____

IV. 1. Type of Operation

- Full Day Half Day
- Over Night Other (Specify) _____

Open From _____ AM to _____ PM Days per Week: M T W T F S S
(Circle each day open)

2. Proposed Capacity:

Total Number of Children (Include children of operation and staff) _____
Minimum Age _____ Maximum Age _____
Number of staff-full-time _____ Part Time _____

3. Fees – Monthly Fee (Indicate any variations in established fee, for example, for more than one (1) child in same family)

Registration Fee (if any) \$ _____ Insurance Fee (if any) \$ _____

V. 1. Attachments – Attach a Copy Of

- all forms, brochures, etc. to be used
- Schedule of activities
- (Proprietorship or Partnership ONLY) – Statement of ownership, including who is responsible for policy making, administration, and operation.

VI. 1. Describe proposed provision for medical or health inspections.

2. Describe proposed registration policy for children.

VII. Please list as references the names, mailing addresses and telephone numbers of three (3) unrelated persons who are personally acquainted with you. (Churches, Corporations, or Public Agencies list three (3) references for the Officer of the Corporation / Director of the Facility.)

NAMES

MAILING ADDRESSES

_____	_____
_____	_____
_____	_____

VIII. 1. I authorize the Department of Human Services of the Virgin Islands Government to make a reasonable evaluation to determine compliance with Virgin Islands Rules & regulations for Children’s Camps / After School Programs.

2. I am aware that to operate a Children’s Camp / After School Program in the Virgin Islands without a license from the Department of Human Services violates Virgin Islands law and is a misdemeanor subject to penalty of the court.

3. I also state that the information given above and such other information given in the course of the licensing study, is to the best of my knowledge true and correct.

Signature of Applicant

Date

Signature of Licensing Specialist

Date