

## Licensed Centers: Apply for a New License – Phase 1

The license application process has three phases. This guide will show you how to complete Phase 1. To prepare, see the Quick Guide *Licensed Centers: Prepare to Apply for Your License – Phase 1*.

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## Organization Application

### Step 1: Start Application

- Log in to the Provider Hub.
- Select **Apply for License or Certification**.



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## Step 2: Application Type

- Select the type of application you are submitting. These instructions are for **Licensed Child Care Center**.
- Select **Next** to continue.

The screenshot shows the 'Application Type' selection interface. At the top is a dark blue header with the Minnesota Department of Human Services logo, a search bar, and a user profile for 'Leonard Provider'. Below the header is a light blue navigation bar with links: 'Home', 'Apply for License or Certification' (which is underlined), 'My Programs', 'Great Start Compensation', and 'More'. The main content area is titled 'Application Type' and contains instructions to select a child care license or certification type, with a link to the DHS website. A red asterisk indicates a required field. Two selection boxes are shown: 'Certified Child Care Center' and 'Licensed Child Care Center'. The 'Licensed Child Care Center' box is highlighted with a thick red border, indicating it is the selected option.

[Continue to Step 3](#)

### Step 3: Applicant Information

- Select **New License/Certification Holder**. More fields will appear. In this section, enter in the legally registered information for the day care program.
  - **Type of Applicant:** Organization
  - **Organization Name**
  - **Organization Type**
  - **Using a DBA:** Yes or No. Note: If you select Yes, you will need to provide the name that you are doing business as.
  - **Address:** Select the Address Search field. Enter in the address and select the correct address from the drop-down list that appears. If the address does not appear, select the pencil icon to add it.
  - **Phone Number**
  - **Email**
  - **Minnesota Tax ID Number**
  - **Federal Employer ID (FEIN)**
- Select **Next**.

[Continue to Image](#)

## Applicant (Future License Holder)

An applicant is legally responsible for the operation of the program when licensed and can be: 1) an individual(s); 2) an organization; and 3) a government entity. Check the applicable type and provide information on all entities that will hold the license.

**\* Does the license/certification holder currently operate other licensed or certified child care programs, or is this a new license/certification holder?**

- ☒ New License/Certification Holder  
☐ Existing License/Certification Holder

**\* Type of Applicant**

- ☐ Individual(s)
 ☒ Organization
 ☐ Government Entity

**\* Organization Name** ⓘ

CalTech Daycare LLC

**\* Organization Type**

Limited Liability Corporation (LLC) ▼

**\* Is the organization/individual operating under a Doing Business As (DBA) name registered with the Secretary of State?**

- ☐ Yes  
☒ No

Address Search

401 Robert St N, Saint Paul, MN 55101

☐ Foreign Organization (Not in MN)

**\* Phone Number**

(612) 234-5678

Alternate Phone

**\* Email**

caltechdaycare@gmail.com

**\* Minnesota Tax ID Number**

1111111

**\* Federal Employer ID (FEIN)**

11-1111111

Save for later

Next

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## Step 4: Ownership Documents

- **Proof of Worker's Compensation** insurance is required to be licensed. You will need to provide this before you can be licensed, but it does not have to be uploaded as part of Phase 1 of your application. Select Upload Files for the **Proof of Worker's Compensation** field if you have it.
- Select **Upload Files** in the **Organization Chart** field to upload the Organization Chart.
- Select **Upload Files** in the **Articles of Organization** field to upload your Articles of Organization.

The screenshot shows the 'Ownership Documents' step in the LCC application process. The header includes the Minnesota Department of Human Services logo and a search bar. The navigation bar shows 'Home', 'Apply for License or Certification' (highlighted), 'My Programs', and 'Great Start Compensation'.

The main content area is titled 'Ownership Documents' and contains three sections:

- Proof Of Worker's Compensation**: A box with an 'Upload Files' button and the text 'Or drop files'.
- \* Organization Chart**: A box with an 'Upload Files' button and the text 'Or drop files'. Below it, a file named 'Organization Chart.docx' is listed with a trash icon.
- \* Articles of Organization**: A box with an 'Upload Files' button and the text 'Or drop files'. Below it, a file named 'Articles of Organization.docx' is listed with a trash icon.

At the bottom left, there is a 'Save for later' link. At the bottom right, there are 'Previous' and 'Next' buttons. The 'Next' button is highlighted with a red border.

On the right side, there is a vertical progress bar labeled 'Step' with a series of circles. The first circle is green with a checkmark, and the second circle is blue with a dot, indicating the current step.

[Continue to Step 5](#)

## Step 5: Controlling Individuals

- The screen will populate you (the person completing the application) as the first controlling individual. Select the dropdown menu to edit your information.

Controlling Individuals

☐ Add Controlling Individual

NAME	OWNERSHIP PERCENT...	ROLES	TITLE
* Leonard Provider		Authorized Agent	

Save for later

Previous Edit Remove

Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- **Controlling Individuals**
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information

### Step 5b: Controlling Individuals

- Enter this additional information:
  - Title
  - Roles
  - Ownership Percentage
  - Address Line 1, City, State, Zip Code, Country
- Select **Submit**.

[Continue to Image](#)



\* First Name

Leonard

Middle Name

★ Last Name

Provider

★ Email

melissalandintest+leonardprovider@gmail.com

\* Title

Director

### \* Roles

☒ Authorized Agent ☐ CEO ☐ CFO ☐ Compliance Officer ☒ Controlling Individual ☐ Government Entity ☒ License Holder  
☐ Managerial Official ☐ Office ☐ President ☐ Treasurer ☐ Other Official

\* Ownership Percentage

100.00

\* Address Line 1

401 Robert St N

Address Line 2

★ City

Saint Paul

\* State

MN

\* Zip/Postal Code

55101-

\* Country


US

Cancel

Submit

### Step 5c: Controlling Individuals

- You will be brought back to the Controlling Individuals page.
- If you have more than one Controlling Individual, select **Add Controlling Individual**. Repeat this and enter the information for each additional person.
- Select **Next**.



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Leonard Provider

HomeApply for License or CertificationMy ProgramsGreat Start CompensationMore ▾

### Controlling Individuals

☐ Add Controlling Individual

NAME	OWNERSHIP PERCENT...	ROLES	TITLE
Leonard Provider	100.00	Authorized Agent:Cont...	Director

Save for later

PreviousNext

### Steps


- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- Controlling Individuals**
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information
- Policies and Procedures for Staff

[Continue to Step 6](#)


## Step 6: Program Information



- Enter the program information.
  - **Program Name**
  - **Address:** Select the Address Search field. Enter the address and select the correct address from the drop-down list that appears.
  - **Phone Number**
  - **Public Email Address**
  - **Written Language Preference**
  - **Spoken Language Preference**
  - **Head Start Program:** Select this if your program is a Head Start Program.
  - **Service(s) Provided:** Select all that apply.
- Select **Next**.

[Continue to Image](#)

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  Leonard Provider

HomeApply for License or CertificationMy ProgramsGreat Start CompensationMore ▾

### Program Information

\* Program Name

Big Bang Kids

Address Search

401 Robert St N, Saint Paul, MN 55101

\* Phone Number

(612) 123-4567

Alternate Phone

\* Public Email Address

bigbangkids@gmail.com

\* Written Language Preference

English ▾

\* Spoken Language Preference

English ▾

☐ Head Start Program

\* Service(s) Provided

☒ Day Program

☐ Drop-in Child Care Program

☐ Night Care Program

☐ Sick Care Program

☐ School-age Child Care Program

Save for later

PreviousNext

### Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- ✓ Controlling Individuals
- Program Information**
- Operating Hours
- Food Service Information
- Provide Room Information
- Policies and Procedures for Staff
- Policies and Procedures for Parents
- Applicant Privacy Notice
- Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form

[Continue to Step 7](#)

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## Step 7: Operating Hours

- Enter each different **Operating Schedule**. Note: If your hours of operation change during the year, you need to capture those changes. For example, if your holiday hours or summer hours are different from normal, enter an additional operating schedule for that season.
  - Enter the **Service Type(s)**. This should match the Service(s) Provided you entered in Step 6: Program Information.
  - Enter the **Start Date**.
  - Enter the **Description** of the schedule.
  - Enter the **Daily Schedule**: Include the **Day**, **Start Time**, and **End Time** for each day of the week you are open.
  - Select **Add** across from Daily Schedule to add more days.
  - If you need more than one operating schedule, select **Add** at the top right of the screen.
- When all operating schedules are entered, select **Next**.

[Continue to Image](#)

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Home

Apply for License or Certification

My Programs

Great Start Compensation

Operating Hours

Operating Schedule

Add

\* Service Type

☒ Day Program

☐ Drop-in Child Care Program

☐ Night Care Program

☐ Sick Care Program

☐ School-age Child Care Program

\* Start Date

09-03-2024

\* End Date

\* Description (Ex. Full Year, School Year, Summer)

Full Year

Daily Schedule

AddDelete

\* Day

Monday

\* Start Time

07:00 am

\* End Time

06:00 pm

Daily Schedule 2

AddDelete

\* Day

Tuesday

\* Start Time

07:00 am

\* End Time

06:00 pm

Daily Schedule 3

AddDelete

\* Day

Wednesday

\* Start Time

07:00 am

\* End Time

06:00 pm

Save for later

Previous

Next

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- Enter the Food Service Information.
  - Select all **Meals Served** that apply.
  - Select the **Site of Preparation** that applies for each meal.
- Select **Next**.

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## Step 9: Room Information

- Enter the room information.
  - You will need to add the facility as a whole.
  - You will also need to add information for **every room** that will be used.
  - Select **+ Add Room** to add a facility and rooms.

The screenshot shows the 'Provide Room Information' step in the Minnesota Department of Human Services application. The header includes the DHS logo, a search bar, and a user profile for Michael Scott. The main content area has a title 'Provide Room Information' and a prompt: 'Please add each classroom or facility space used by children below:'. Below this is a large box with a '+ Add Room' button and a red arrow pointing to it. Underneath is a section for 'Floor Plan(s)' with an 'Upload Files' button and a text input field. At the bottom are 'Save for later', 'Previous', and 'Next' buttons. A right-hand sidebar titled 'Steps' lists the application process: Applicant (Future License Holder), Ownership Documents, Controlling Individuals, Program Information, Operating Hours, Food Service Information, **Provide Room Information** (current step), Policies and Procedures for Staff, and Policies and Procedures for Parents.

### Step 9b: Room Information

- A new window will pop up. Enter the information for **each room**:
  - **Is the Room in use** (defaults to Yes)
  - **Head Start Program Room** – check this box if you are using it for Head Start.
  - **Room Name**
  - **Room Type**
  - **Service Type**



- **Primary Activity Type**
- **Square Footage**
- **Total Requested Capacity**

■ **Select Submit.**

☒ This is an Active Room ⓘ

☐ Head Start Program Room

\* Room Name

\* Room Type  
☐ Infant Classroom  
☐ Toddler Classroom  
☐ Preschool Classroom  
☐ School Age Classroom  
☐ Infant/Toddler Classroom  
☐ Toddler/Preschool Classroom  
☐ Preschool/School Age Classroom  
☒ Facility  
☐ Playground

\* Service Type  
☒ Day Program  
☐ Drop-in Child Care Program  
☐ Night Care Program  
☐ Sick Care Program  
☐ School-age Child Care Program

\* Primary Activity Type  
☒ Indoor Activity  
☐ Outdoor Activity

\* Square Footage of Room

Maximum Capacity

\* Total Requested Capacity

Cancel

Submit

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### Step 9c: Room Information

- Repeat this process to enter information for the facility as a whole and for each of the rooms that will be in use. After you have entered all rooms:
  - Select Upload Files to upload your **Floor Plan** for the facility.
  - Select **Next**.

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Home Apply for License or Certification My Programs Great Start Compensation More ▾

### Provide Room Information

Please add each classroom or facility space used by children below:

- Facility  
Room Status: Active  
Facility
- Infant Classroom  
Room Status: Active  
Infant Classroom
- Toddler Classroom  
Room Status: Active  
Toddler Classroom
- Preschool Classroom  
Room Status: Active  
Preschool/School Age Classroom
- + Add Room

\* Floor Plan(s)

Upload Files Or drop files

Floor Plan.docx

Save for later Previous **Next**

### Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- ✓ Controlling Individuals
- ✓ Program Information
- ✓ Operating Hours
- ✓ Food Service Information
- Provide Room Information**
- Policies and Procedures for Staff
- Policies and Procedures for Parents
- Applicant Privacy Notice
- Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form

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## Step 10: Policies and Procedures for Staff

- Upload the **Policies and Procedures for Staff**.
  - These should be 12 separate files saved in an accepted format. Accepted formats include PDF (.pdf), Microsoft Word (.doc/.docx), Microsoft PowerPoint (.ppt/.pptx), Microsoft Excel (.xls/.xlsx), PNG (.png), JPEG (.jpg/.jpeg/.jpe), and text files (.txt).
  - There should be a different file for each of the policies.
  - Make sure to upload the correct file to the correct area.
- Select **Next**.

[Continue to Image](#)

## Policies and Procedures for Staff

### \* Behavior Guidance Policy

[Upload Files](#) Or drop files

Behavior Guidance Policy.docx



### \* Allergy Prevention and Response Policy

[Upload Files](#) Or drop files

Allergy Prevention and Response Policy.docx



### \* Emergencies and Accidents Policy

[Upload Files](#) Or drop files

Emergency and Accidents Policy.docx



### \* Handling Disposal of Bodily Fluids Policy

[Upload Files](#) Or drop files

Handling Disposal of Bodily Fluids Policy.docx



### \* Emergency Preparedness Plan

[Upload Files](#) Or drop files

Emergency Preparedness Plan.docx



### \* Health Policies

[Upload Files](#) Or drop files

Health Policy.docx



### \* Food and Water Policy

[Upload Files](#) Or drop files

Food and Water Policy.docx



### \* Risk Reduction Plan

[Upload Files](#) Or drop files

Risk Reduction Plan.docx



### \* Child Care Program Plan

[Upload Files](#) Or drop files

Child Care Program Plan.docx



### \* Nap and Rest Policy

[Upload Files](#) Or drop files

Nap and Rest Policy.docx



### \* Program Drug and Alcohol Policy

[Upload Files](#) Or drop files

Program Drug and alcohol Policy.docx



### \* Maltreatment of Minors Mandated Reporting Policy

[Upload Files](#) Or drop files

Maltreatment of Minors Mandated Reporting Policy.do...



Save for later

Previous

Next


Ste



## Step 11: Policies and Procedures for Parents



- Upload the files for the **Policies and Procedures for Parents**. These should be separate and different files for each one.
  - These should all be separate files saved in an accepted format.
  - There should be a different file for each of the policies.
  - Make sure to upload the correct file to the correct area.
- **Nap and Rest Policy**
  - Select the box that says **Use Nap and Rest Policy from Staff Policies** if the policy is the same as the staff policy.
  - If it is not the same, select **Upload Files** to upload your new file.
- **Maltreatment of Minors Mandated Reporting Policy**
  - Select the box that says **Use Maltreatment of Minors Mandated Reporting Policy from Staff Policies** if the policy is the same as the staff policy.
  - If it is not the same, select **Upload Files** to upload your new file.
- Select Upload Files to upload the **Program Grievance Policy** and **Parent Handbook**.
- Select **Next**.

[Continue to Image](#)



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Leonard Provider

Home
Apply for License or Certification
My Programs
Great Start Compensation
More

## Polices and Procedures for Parents


Nap and Rest Policy


Upload Files

Or drop files

☒ Use Nap and Rest Policy from Staff Policies


Maltreatment of Minors Mandated Reporting Policy


Upload Files

Or drop files

☒ Use Maltreatment of Minors Mandated Reporting Policy from Staff Policies


\* Program Grievance Policy


Upload Files

Or drop files

Program Grievance Policy.docx

\* Parent Handbook


Upload Files

Or drop files

Parent Handbook.docx

Save for later

Previous
Next

### Steps

- ☒ Applicant (Future License Holder)
- ☒ Ownership Documents
- ☒ Controlling Individuals
- ☒ Program Information
- ☒ Operating Hours
- ☒ Food Service Information
- ☒ Provide Room Information
- ☒ Policies and Procedures for Staff
- ☒ **Polices and Procedures for Parents**
- ☐ Applicant Privacy Notice
- ☐ Generate Document
- ☐ Upload Applicant Agreement, Acknowledgement, and Verification Form

[Continue to Step 12](#)

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## Step 12: Applicant Privacy Notice

You will see the Applicant Privacy Notice next.

- Read this information.
- Select **Next**.



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HomeApply for License or CertificationMy ProgramsGreat Start CompensationMore

### Applicant Privacy Notice

To apply for a license, you must provide identifying information. Some of this information is public unless there is an identified reason for the information to be not public. You must allow for your program to be inspected by a licensing agency.

**What information is public?**

- The applicant/license holder name, address and telephone number
- The license number, license status, services provided under the license, and any limitations on the license
- Licensing actions taken regarding your application or license.

**How is information made available?**

Information regarding licenses can be accessed using our online Licensing Information Lookup search tool on the department's public website. The information can be found at [Licensing Information Lookup](#) or <http://mn.gov/dhs/general-public/licensing/>.

**What if I do not want my identifying information made public?**

There are circumstances when public identifying information can be limited in order to ensure the safety of children in foster care. If you believe this applies to you, talk with your licensing worker about limiting your public information.

**Will information I give be shared with anyone else?**

Department staff may give information about you and your program to others authorized under state or federal law. Information will be shared on an as-needed basis to conduct investigations or to provide assistance to you or your program.

**What if I refuse or withhold information?**

Knowingly withholding relevant information, or giving false or misleading information for your license application, may result in denial of your application, or suspension or revocation of a license that has already been issued.

[Save for later](#)[Previous](#)[Next](#)

### Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- ✓ Controlling Individuals
- ✓ Program Information
- ✓ Operating Hours
- ✓ Food Service Information
- ✓ Provide Room Information
- ✓ Policies and Procedures for Staff
- ✓ Policies and Procedures for Parents
- Applicant Privacy Notice**
- Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form

[Continue to Step 13](#)

## Step 13a: Applicant Agreement, Acknowledgement, and Verification Form

The Authorized Agent must take the **Applicant Agreement, Acknowledgement, and Verification Form** to be **signed and notarized**.

- If you did this as part of your Application Preparation, select the **Next** button.
- If you did not do this yet, you will need to do one of two things:
  - A. Select the **Download PDF** button and follow the instructions to download.
  - B. Select the **Email PDF** button and a PDF copy will be emailed to you.
    - Select **Save for Later** at the bottom of the screen.
    - Print the file and have the Authorized Agent take it to be notarized.

[Continue to Image](#)



## Ste

Download PDF

[Save for later](#)

Next

### Step 13b: Applicant Agreement, Acknowledgement, and Verification Form

- Select **Upload Files** to upload the **signed and notarized** Applicant Agreement, Acknowledgement, and Verification Form.
- Select **Next**.

The screenshot shows the Minnesota Department of Human Services (DHS) application portal. The header includes the DHS logo, a search bar, and the user name "Leonard Provider". The navigation bar has links for Home, Apply for License or Certification (selected), My Programs, Great Start Compensation, and More. The main content area is titled "Upload Applicant Agreement, Acknowledgement, and Verification Form". It instructs the user to upload their completed form, which is required to finalize the application. A red asterisk indicates that the form must be completed, acknowledged, and verified. There is an "Upload Files" button and a text input field for the file name, which currently contains "Notarized Form.pdf". Below the input field is a "Save for later" link. To the right of the input field are "Previous" and "Next" buttons. The "Next" button is highlighted with a red border. On the right side of the page, there is a "Steps" section with a vertical list of steps. The steps are: Applicant (Future License Holder), Ownership Documents, Controlling Individuals, Program Information, Operating Hours, Food Service Information, Provide Room Information, Policies and Procedures for Staff, Policies and Procedures for Parents, Applicant Privacy Notice, Generate Document, and Upload Applicant Agreement, Acknowledgement, and Verification Form. The last step is currently selected, indicated by a blue circle.

Upload Applicant Agreement, Acknowledgement, and Verification Form

Upload your completed Applicant Agreement, Acknowledgement, and Verification Form. This is required to finalize the application.

\* Completed Agreement, Acknowledgement, and Verification Form

Or drop files

Notarized Form.pdf

[Save for later](#)


**Steps**

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- ✓ Controlling Individuals
- ✓ Program Information
- ✓ Operating Hours
- ✓ Food Service Information
- ✓ Provide Room Information
- ✓ Policies and Procedures for Staff
- ✓ Policies and Procedures for Parents
- ✓ Applicant Privacy Notice
- ✓ Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form**


[Continue to Step 14](#)


## Step 14a: Payment


- You must pay the license fee before your application can be processed.
- Select **Make Payment**.



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 Leonard Provider

[Home](#) [Apply for License or Certification](#) [My Programs](#) [Great Start Compensation](#) [More](#) 

 Regulatory Transaction Fee  
FEE-000000672

Account	Parent Record	Total Fee Amount	Status	Due Date
<a href="#">Big Bang Kids</a>	<a href="#">2000349</a>	\$550.00	Due	

Regulatory Transaction Fee

Regulatory Transaction Fee Id

FEE-000000672

Parent Record

[2000349](#)

Payment Status

Due

License Number

Payment Method

Total Fee Amount

\$550.00


Due Date

Paid Date

Past Due

☐

**Make Payment**

 Regulatory Transaction Fee Items (2)

Name	Fee Amount
<a href="#">Application Fee</a>	\$500.00
<a href="#">Fire Inspection</a>	\$50.00

[View All](#)

[Continue to Step 14b](#)

### Step 14b: Payment

- A new window will open. Fill out the following fields:
  - **First Name, Last Name**
  - **Address 1, City, State, and Zip Code**
  - **Phone Number**
  - **Email Address**
  - **Payment Method** and related fields (image below shows a credit card payment)
- Select **Continue**.

[Continue to Image](#)

## Make a Payment

### My Payment

#### Licensing

**Amount Due** \$550.00

### Payment Information

**Frequency** One Time

**Payment Amount** \$550.00

**Payment Date** Pay Now

### Contact Information

**First Name** Leonard

**Last Name** Provider

**Company (Optional)**

**Address 1** 401 Robert St N

**Address 2 (Optional)**

**City** St Paul

**State** MN

**Zip Code** 55101

**Zip Code Extension (Optional)**

**Phone Number** 6121234567

**Email Address** bigbangkids@gmail.com

[Become a Registered User](#)

### Payment Method

**Payment Method** Credit/Debit Card

**Card Number** 4111111111111111



**Expiration Date** 05 2030

**Card Security Code** 111

**Card Billing Address** ☒ Use my contact information address  
☐ Use a different address

**Continue**

[Cancel](#)

## Step 14c: Payment

- Review your payment.
- Select the **Confirm** button.

### Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

#### Payment Details

**Description** MN DHS  
Licensing  
<http://mn.gov/dhs/>  
**Payment Amount** \$550.00  
**Payment Date** 08/08/2024

#### Payment Method

**Payer Name** Leonard Provider  
**Card Number** \*1111  
**Expiration Date** May-2030  
**Card Type** Visa  
**Confirmation Email** bigbangkids@gmail.com

#### Billing Address

**Address 1** 401 Robert St N  
**City** St Paul  
**State** MN  
**Zip Code** 55101

#### Contact Information

**First Name** Leonard  
**Last Name** Provider  
**Address 1** 401 Robert St N  
**City** St Paul  
**State** MN  
**Zip Code** 55101  
**Phone Number** 6121234567  
**Email Address** bigbangkids@gmail.com



[Back](#)

## Step 14d: Payment

- The Confirmation Page will appear.
- **Close the browser window** to go back to the Provider Hub.

[Exit](#)



## Payments

### Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **MN2DHT003991905**

#### Payment Details

**Description** MN DHS  
Licensing  
<http://mn.gov/dhs/>  
**Payment Amount** \$550.00  
**Payment Date** 08/08/2024  
**Status** PROCESSED

#### Payment Method

**Payer Name** Leonard Provider  
**Card Number** \*1111  
**Card Type** Visa  
**Confirmation Email** bigbangkids@gmail.com

#### Billing Address

**Address 1** 401 Robert St N  
**City** St Paul  
**State** MN  
**Zip Code** 55101

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

[Continue to Step 15](#)

## Step 15: Log out of Provider Hub

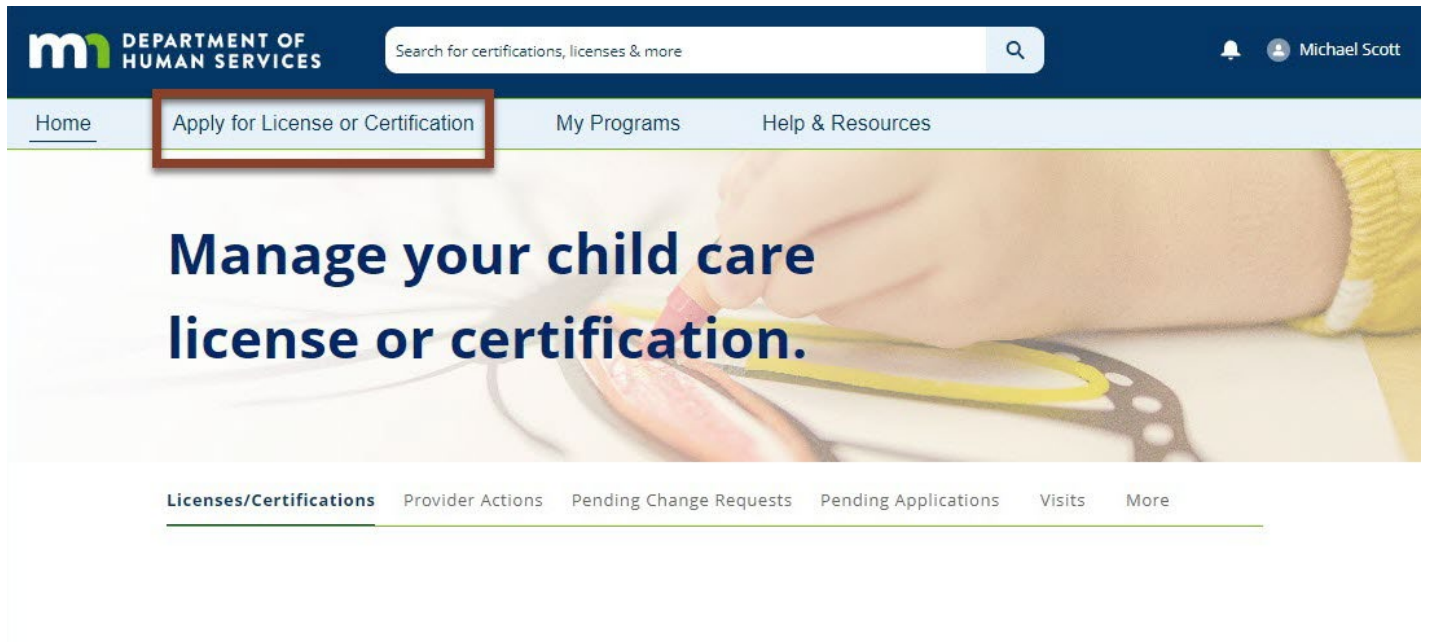
- Select your name at the top of the screen.
- Select **Logout**.



## Individual Application

### Step 1: Start Application

- Log in to the Provider Hub.
- Select **Apply for License or Certification**.



[Continue to Step 2](#)

## Step 2: Application Type

- Select the type of application you are submitting. These instructions are for **Licensed Child Care Center**.
- Select **Next** to continue.


The screenshot shows the 'Application Type' selection interface. At the top, there is a navigation bar with the Minnesota Department of Human Services logo, a search bar, and a user profile for Michael Scott. Below the navigation bar, there are links for 'Home', 'Apply for License or Certification' (which is underlined), 'My Programs', and 'Help & Resources'. The main content area is titled 'Application Type' and contains instructions: 'Select the type of child care license or certification you are applying for. For more information about each of these types, visit the DHS Child Care and Early Education website.' Below this, there is a question: '\* Which type of license or certification are you applying for?'. There are two radio button options: 'Certified Child Care Center' and 'Licensed Child Care Center'. The 'Licensed Child Care Center' option is selected and highlighted with a red rectangular box. A 'Next' button is located at the bottom right of the form.

## Step 3: Applicant Information

- Select **New License/Certification Holder**. More fields will appear:
  - **Type of Applicant:** Individual
  - **First Name**
  - **Last Name**
  - **Date of Birth**
  - **Using a DBA:** Yes or No. Note: If you select Yes, you will need to provide the name that you are doing business as.
  - **Address:** Select the Address Search field. Enter in the address and select the correct address from the drop-down list that appears. If the address does not appear, select the pencil icon to add it.

- **Phone Number**
- **Email**
- **Social Security Number**
- **Minnesota Tax ID Number**

- **Select Next.**



Search for certifications, licenses & more

Home

Apply for License or Certification

My Programs

Help & Resources

Applicant (Future License Holder)

An applicant is legally responsible for the operation of the program when licensed and can be: 1) an individual(s); 2) an organization; and 3) a government entity. Check the applicable type and provide information on all entities that will hold the license.

**\* Does the license/certification holder currently operate other licensed or certified child care programs, or is this a new license/certification holder?**

☒ New License/Certification Holder

☐ Existing License/Certification Holder


**\* Type of Applicant**

☒ Individual(s) ☐ Organization ☐ Government Entity

**\* First Name** **Middle Name** **\* Last Name**

Michael   Scott

**\* Date of Birth**


01-01-1975 

**\* Is the organization/individual operating under a Doing Business As (DBA) name registered with the Secretary of State?**

☐ Yes

☒ No

Address Search

401 Robert St N, Saint Paul, MN 55101 

**\* Phone Number** **Alternate Phone**

(612) 123-4567

**\* Email**


michael.scott@gmail.com

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

111-11-1111

Minnesota Tax ID Number

1111111

Federal Employer ID (FEIN) 

Steps

Applicant (Future License Holder)

Owner

Contract

Program

Operation

Food Service

Provider

Police

Police

Application

General

Upload and Verify

Save for later

Next

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## Step 4: Ownership Documents

- **Proof of Worker's Compensation** insurance is required to be licensed. You will need to provide this before you can be licensed, but it does not have to be uploaded as part of Phase 1 of your application. Select **Upload Files** for the *Proof of Worker's Compensation* field if you have it available now.
- Select **Upload Files** in the **Organization Chart** field to upload the Organization Chart.

The screenshot shows the 'Ownership Documents' section of the application portal. It features two main upload areas: 'Proof Of Worker's Compensation' and 'Organization Chart'. Each area has an 'Upload Files' button and a text input field containing 'test file.docx'. A red arrow points to the 'Upload Files' button in the 'Organization Chart' section. On the right, a 'Steps' sidebar lists the application process, with 'Ownership Documents' highlighted as the current step. At the bottom, there are 'Previous' and 'Next' buttons.

**Ownership Documents**

Proof Of Worker's Compensation

Upload Files Or drop files

test file.docx

\* Organization Chart

Upload Files Or drop files

test file.docx

Save for later

Previous Next


**Steps**

- Applicant (Future License Holder)
- Ownership Documents**
- Controlling Individuals
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information
- Policies and Procedures for Staff
- Policies and Procedures for Parents

[Continue to Step 5](#)

## Step 5: Controlling Individuals

- Enter each Controlling Individual.
  - Select the **Add Controlling Individual** checkbox. More fields will appear.
  - Enter the **First Name, Last Name, Email, Title, Ownership Percentage**, and all applicable **Roles** for one controlling individual.
  - Select the **Address Search** field. Enter the address and select the correct address from the drop-down list that appears.
  - Select **Add Controlling Individual to List**.



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[Home](#) [Apply for License or Certification](#) [My Programs](#) [Help & Resources](#)

### Controlling Individuals

☒ Add Controlling Individual  
☐ Search for Individual  
☒ Individual not found, create new  
☐ Enter Organization Information

▼ Add Controlling Individual

\* First Name

Micheal

Middle Name

\* Last Name

Scott

\* Email

michaelscottdaycare@gmail.com

\* Title

Director

\* Ownership Percentage

100.00

\* Role(s)

☒ Authorized Agent ☐ CEO ☐ CFO ☐ Compliance Official ☒ Controlling Individual ☐ Government Entity ☒ License Holder  
☐ Managerial Official ☐ Office ☐ President ☐ Treasurer ☐ Other Official

Address Search

401 Robert St N, Saint Paul, MN 55101

Add Controlling Individual to List

Clear Values

Save for later

Previous

Next

Steps

✓ Af

✓ OI

○ CI

● Pr

● OI

● Fc

● Pr

● Pc

● Pc

● Af

● Gt

● UJ

ar

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### Step 5b: Controlling Individuals

- A system confirmation will show that the Controlling Individual was added to the system.
- If you have an additional Controlling Individual, repeat this process, starting with the **Add Controlling Individual** checkbox, to enter their information.
- When all Controlling Individuals are listed, select **Next**.

DEPARTMENT OF HUMAN SERVICES

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Michael Scott

Home Apply for License or Certification My Programs Help & Resources

### Controlling Individuals

☐ Add Controlling Individual

NAME	TITLE	OWNERSHIP PERCENTA...	ROLES
Michael Scott	Director	100	Authorized Agent; Control... <span>▼</span>

Save for later

**Next**

### Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- **Controlling Individuals**
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information
- Policies and Procedures for Staff

[Continue to Step 6](#)

## Step 6: Program Information

- Enter the program information.
  - **Program Name**
  - **Address:** Select the Address Search field. Enter the address and select the correct address from the drop-down list that appears.
  - **Phone Number**
  - **Public Email Address**
  - **Written Language Preference**
  - **Spoken Language Preference**
  - **Head Start Program:** Select this if your program is a Head Start Program.
  - **Service(s) Provided:** Select all that apply.
- Select **Next**.

[Continue to Image](#)

## Program Information

\* Program Name

The Office Kids

Address Search

401 Robert St N, Saint Paul, MN 55101

\* Phone Number

(612) 123-4567

Alternate Phone

\* Public Email Address

theofficekids@gmail.com

\* Written Language Preference

English

\* Spoken Language Preference

English

☐ Head Start Program

\* Service(s) Provided

- ☒ Day Program
- ☐ Drop-in Child Care Program
- ☐ Night Care Program
- ☐ Sick Care Program
- ☐ School-age Child Care Program

Save for later

Previous

Next

Step

[Continue to Step 7](#)



## Step 7: Operating Hours

- Enter each different **Operating Schedule**. Note: If your hours of operation change during the year, you need to capture those changes. For example, if your holiday hours or summer hours are different from normal, enter an additional operating schedule for that season.
  - Enter the **Service Type(s)**. This should match the Service(s) Provided you entered in Step 6: Program Information.
  - Enter the Start Date.
  - Enter the **Description** of the schedule.
  - Enter the **Daily Schedule**: Include the **Day**, **Start Time**, and **End Time** for each day of the week you are open.
  - Select **Add** across from Daily Schedule to add more days.
  - If you need more than one operating schedule, select **Add** at the top right of the screen.
- When all operating schedules are entered, select **Next**.

[Continue to Image](#)

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Home

Apply for License or Certification

My Programs

Help & Resources

Operating Hours

Operating Schedule

\* Service Type

☒ Day Program

☐ Drop-in Child Care Program

☐ Night Care Program

☐ Sick Care Program

☐ School-age Child Care Program

\* Start Date

06-01-2024

End Date

\* Description (Ex. Full Year, School Year, Summer)

Full Year

Daily Schedule

\* Day

Monday

\* Start Time

07:00 am

\* End Time

05:00 pm

Daily Schedule 2

\* Day

Tuesday

\* Start Time

07:00 am

\* End Time

05:00 pm

Save for later

Previous

Next

Steps

☒ Applicant (Future License Holder)

☒ Ownership Documents

☒ Controlling Individuals

☒ Program Information

☒ Operating Hours

☐ Food Service Information

☐ Provide Room Information

☐ Policies and Procedures for Staff

☐ Policies and Procedures for Parents

☐ Applicant Privacy Notice

☐ Generate Document

☐ Upload Applicant Agreement, Acknowledgement, and Verification Form

[Continue to Step 8](#)

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## Step 8: Food Service Information

- Enter the Food Service Information.
  - Select all **Meals Served** that apply.
  - Select all **Site(s) of Preparation** that apply for each meal.
- Select **Next**.



[Home](#) [Apply for License or Certification](#) [My Programs](#) [Great Start Compensation](#) [Enrollment & /](#)

### Food Service Information

Meals Served (select all that apply):	Site of Preparation (Select all that apply):
<input checked="" type="checkbox"/> Breakfast	* <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Catered <input type="checkbox"/> Provided by Parent / Guardian
<input checked="" type="checkbox"/> Morning Snack	* <input type="checkbox"/> On-site <input type="checkbox"/> Catered <input checked="" type="checkbox"/> Provided by Parent / Guardian
<input checked="" type="checkbox"/> Lunch	* <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Catered <input type="checkbox"/> Provided by Parent / Guardian
<input checked="" type="checkbox"/> Afternoon Snack	* <input type="checkbox"/> On-site <input type="checkbox"/> Catered <input checked="" type="checkbox"/> Provided by Parent / Guardian
<input type="checkbox"/> Dinner / Supper	<input type="checkbox"/> On-site <input type="checkbox"/> Catered <input type="checkbox"/> Provided by Parent / Guardian
<input type="checkbox"/> Evening Snack	<input type="checkbox"/> On-site <input type="checkbox"/> Catered <input type="checkbox"/> Provided by Parent / Guardian

[Save for later](#)

[Previous](#) [Next](#)

Step 8

1 2 3 4 5 6 7 8 9 10 11 12

[Continue to Step 9](#)

## Step 9: Room Information

- Enter the room information.
  - You will need to add the facility as a whole.
  - You will also need to add information for **every room** that will be used..
  - Select **+ Add Room** to add a facility and rooms.

The screenshot shows the 'Provide Room Information' form in the Minnesota Department of Human Services portal. The header includes the DHS logo, a search bar, and the user's name 'Michael Scott'. The navigation bar has links for Home, Apply for License or Certification, My Programs, and Help & Resources. The main content area is titled 'Provide Room Information' and includes the instruction 'Please add each classroom or facility space used by children below:'. A large button labeled '+ Add Room' is highlighted with a red arrow. Below this is a section for 'Floor Plan(s)' with an 'Upload Files' button and a text input for 'Or drop files'. At the bottom left is a 'Save for later' link, and at the bottom right are 'Previous' and 'Next' buttons. On the right side, a 'Steps' sidebar lists the application process: Applicant (Future License Holder), Ownership Documents, Controlling Individuals, Program Information, Operating Hours, Food Service Information, **Provide Room Information** (current step), Policies and Procedures for Staff, and Policies and Procedures for Parents.

### Step 9b: Room Information

- A new window will pop up. Enter the information for **each room**:
  - **Is the Room in use**
  - **Head Start Program Room** – check this box if you are using it for Head Start.
  - **Room Name**
  - **Room Type**

- **Service Type**
- **Primary Activity Type**
- **Square Footage**
- **Total Requested Capacity**

- **Select Save.**

**\* Is this room in use?**  
☒ Yes ☐ No

☐ Head Start Program Room

**\* Room Name**

**\* Room Type**

- ☐ Infant Classroom
- ☐ Toddler Classroom
- ☐ Preschool Classroom
- ☐ School Age Classroom
- ☐ Infant/Toddler Classroom
- ☐ Toddler/Preschool Classroom
- ☐ Preschool/School Age Classroom
- ☒ Facility
- ☐ Playground

**\* Service Type**

- ☒ Day Program
- ☐ Drop-in Child Care Program
- ☐ Night Care Program
- ☐ Sick Care Program
- ☐ School-age Child Care Program

**\* Primary Activity Type**

- ☒ Indoor Activity
- ☐ Outdoor Activity

**\* Square Footage of Room**  **Maximum Capacity**  **\* Total Requested Capacity**

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### Step 9c: Room Information

- Repeat this process to enter information for the facility as a whole and for each of the rooms that will be in use. After you have entered all rooms:
  - Select Upload Files to upload your **Floor Plan** for the facility.
  - Select **Next**.




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HomeApply for License or CertificationMy ProgramsHelp & Resources

#### Provide Room Information


Please add each classroom or facility space used by children below:




Facility  
Room Status: Active  
Facility




Infant Room  
Room Status: Active  
Infant Classroom



Toddler Classroom  
Room Status: Active  
Toddler Classroom



Preschool/School Age Room  
Room Status: Active  
Preschool/School Age Classroom



Add Room

\* Floor Plan(s)

Upload Files

Or drop files

test file.docx

Save for later

Previous

Next

#### Steps

- Applicant (Future License Holder)
- Ownership Documents
- Controlling Individuals
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information**
- Policies and Procedures for Staff
- Policies and Procedures for Parents
- Applicant Privacy Notice
- Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form

## Step 10: Policies and Procedures for Staff

- Upload the **Policies and Procedures for Staff**.
  - These should be 12 separate files saved in an accepted format. Accepted formats include PDF (.pdf), Microsoft Word (.doc/.docx), Microsoft PowerPoint (.ppt/.pptx), Microsoft Excel (.xls/.xlsx), PNG (.png), JPEG (.jpg/.jpeg/.jpe), and text files (.txt).
  - There should be a different file for each of the policies.
  - Make sure to upload the correct file to the correct area.
- Select **Next**.

The screenshot displays the Minnesota Department of Human Services (DHS) portal interface. At the top, the DHS logo is on the left, a search bar in the center, and a user profile for 'Michael Scott' on the right. Below the header is a navigation bar with links: Home, Apply for License or Certification, My Programs, and Help & Resources.

The main content area is titled 'Policies and Procedures for Staff'. It features a grid of 12 upload boxes, each corresponding to a specific policy. Each box contains an 'Upload Files' button, a text input field (currently showing 'test file.docx'), and a trash icon. The policies listed are:

- \* Behavior Guidance Policy
- \* Allergy Prevention and Response Policy
- \* Emergencies and Accidents Policy
- \* Handling Disposal of Bodily Fluids Policy
- \* Emergency Preparedness Plan
- \* Health Policies
- \* Food and Water Policy
- \* Risk Reduction Plan
- \* Child Care Program Plan
- \* Nap and Rest Policy
- \* Program Drug and Alcohol Policy
- \* Maltreatment of Minors Mandated Reporting Policy

At the bottom of the grid, there is a 'Save for later' link and two buttons: 'Previous' and 'Next'.

On the right side of the main content area is a 'Steps' sidebar. It lists 12 steps in a vertical sequence, each with a green checkmark indicating completion. The steps are:

- Applicant (Future License Holder)
- Ownership Documents
- Controlling Individuals
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information
- Policies and Procedures for Staff** (highlighted with a blue circle)
- Polices and Procedures for Parents
- Applicant Privacy Notice
- Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form

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## Step 11: Policies and Procedures for Parents

- Upload the files for the **Policies and Procedures for Parents**. These should be separate and different files for each one.
  - These should all be separate files saved in an accepted format.
  - There should be a different file for each of the policies.
  - Make sure to upload the correct file to the correct area.
- **Nap and Rest Policy**
  - Select the box that says **Use Nap and Rest Policy from Staff Policies** if the policy is the same as the staff policy.
  - If it is not the same, select **Upload Files** to upload your new file.
- **Maltreatment of Minors Mandated Reporting Policy**
  - Select the box that says **Use Maltreatment of Minors Mandated Reporting Policy from Staff Policies** if the policy is the same as the staff policy.
  - If it is not the same, select **Upload Files** to upload your new file.
- Select Upload Files to upload the **Program Grievance Policy** and **Parent Handbook**.
- Select **Next**.

[Continue to Image](#)



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[Home](#) [Apply for License or Certification](#) [My Programs](#) [Help & Resources](#)

### Polices and Procedures for Parents

Nap and Rest Policy

Upload Files

Or drop files

☒ Use Nap and Rest Policy from Staff Policies

Maltreatment of Minors Mandated Reporting Policy

Upload Files

Or drop files

☒ Use Maltreatment of Minors Mandated Reporting Policy from Staff Policies

\* Program Grievance Policy

Upload Files

Or drop files

test file.docx

\* Parent Handbook

Upload Files

Or drop files

test file.docx

Save for later

Previous

Next

#### Steps

☒ Applicant (Future License Holder)

☒ Ownership Documents

☒ Controlling Individuals

☒ Program Information

☒ Operating Hours

☒ Food Service Information

☒ Provide Room Information

☒ Policies and Procedures for Staff

☒ **Polices and Procedures for Parents**

☐ Applicant Privacy Notice

☐ Generate Document

☐ Upload Applicant Agreement, Acknowledgement, and Verification Form

[Continue to Step 12](#)

## Step 12: Applicant Privacy Notice

You will see the Applicant Privacy Notice next.

- Read this information.
- Select **Next**.

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Home Apply for License or Certification My Programs Help & Resources

### Applicant Privacy Notice

To apply for a license, you must provide identifying information. Some of this information is public unless there is an identified reason for the information to be not public. You must allow for your program to be inspected by a licensing agency.

**What information is public?**

- The applicant/license holder name, address and telephone number
- The license number, license status, services provided under the license, and any limitations on the license
- Licensing actions taken regarding your application or license.

**How is information made available?**

Information regarding licenses can be accessed using our online Licensing Information Lookup search tool on the department's public website. The information can be found at Licensing Information Lookup or <http://mn.gov/dhs/general-public/licensing/>.

**What if I do not want my identifying information made public?**

There are circumstances when public identifying information can be limited in order to ensure the safety of children in foster care. If you believe this applies to you, talk with your licensing worker about limiting your public information.

**Will information I give be shared with anyone else?**

Department staff may give information about you and your program to others authorized under state or federal law. Information will be shared on an as-needed basis to conduct investigations or to provide assistance to you or your program.

**What if I refuse or withhold information?**

Knowingly withholding relevant information, or giving false or misleading information for your license application, may result in denial of your application, or suspension or revocation of a license that has already been issued.

Save for later

**Next**

### Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- ✓ Controlling Individuals
- ✓ Program Information
- ✓ Operating Hours
- ✓ Food Service Information
- ✓ Provide Room Information
- ✓ Policies and Procedures for Staff
- ✓ Policies and Procedures for Parents
- Applicant Privacy Notice**
- Generate Document
- Upload Applicant Agreement, Acknowledgement, and Verification Form


[Continue to 13](#)

### Step 13: Applicant Agreement, Acknowledgement, and Verification Form


The Authorized Agent must take the **Applicant Agreement, Acknowledgement, and Verification Form** to be **signed and notarized**.



- If you did this as part of your Application Preparation, select the **Next** button.
- If you did not do this yet, you will need to do one of two things:
  - A. Select the **Download PDF** button and follow the instructions to download.
  - B. Select the **Email PDF** button and a PDF copy will be emailed to you.
    - Select **Save for Later** at the bottom of the screen.
    - Print the file and have the Authorized Agent take it to be notarized.

[Continue to Image](#)



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Home


Apply for License or Certification


My Programs

Help & Resources

Generate Document

Applicant Agreement, Acknowledgement, and Verification Form.pdf

 Download PDF



**Applicant Agreement, Acknowledgement, and Verification Form**

**At initial application only:** The Authorized Agent must review and approve the license application by signing below. An original notarized copy of the Applicant Agreement, Acknowledgement, and Verification Form is required for each application.

By signing below, the Authorized Agent agrees:

- All information I provided related to this application is true, accurate, and complete;
- I consent to electronic communication with DHS throughout the application process;
- If DHS grants a license, I agree the program will comply with the applicable licensing rules and statutes at all times;
- I understand if I choose to receive public funding, I must comply with all applicable laws and rules, that compliance will be monitored by DHS, and that noncompliance will result in penalties;
- I acknowledge that I have received the applicant privacy notice;
- I am the Authorized Agent responsible for communicating with DHS throughout the application process, on all matters related to the applicable licensing rules and statutes and for accepting service of all notices and orders from DHS.

*Authorized Agent:*  
I, Michael Scott state that I am the Authorized Agent for Michael Scott. I understand that, by signing below, I am responsible for communicating with the commissioner of Human Services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by Michael Scott will be made to me, in accordance with Minnesota Statutes, section 245A.04, subd 1.

Authorized Agent Signature

Date


Email PDF


Save for later


Previous


Next


Steps


 Applicant (Future License Holder)


 Ownership Documents


 Controlling Individuals


 Program Information


 Operating Hours


 Food Service Information


 Provide Room Information

 Policies and Procedures for Staff

 Policies and Procedures for Parents

 Applicant Privacy Notice

 **Generate Document**

 Upload Applicant Agreement, Acknowledgement, and Verification Form

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### Step 13b: Applicant Agreement, Acknowledgement, and Verification Form

- Upload the **signed and notarized** Applicant Agreement, Acknowledgement, and Verification Form.
- Select **Next**.

The screenshot shows the Minnesota Department of Human Services (DHS) application portal. The header includes the DHS logo, a search bar, and the user's name, Michael Scott. The navigation bar has links for Home, Apply for License or Certification, My Programs, and Help & Resources. The main content area is titled "Upload Applicant Agreement, Acknowledgement, and Verification Form". It instructs the user to upload their completed form. A red asterisk indicates a required field. There is an "Upload Files" button and a text input field containing "test file.docx". Below the input field is a "Save for later" link. To the right of the main content is a "Steps" sidebar with a vertical list of steps: Applicant (Future License Holder), Ownership Documents, Controlling Individuals, Program Information, Operating Hours, Food Service Information, Provide Room Information, and Policies and Procedures for Staff. The "Next" button is highlighted in blue.

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Home Apply for License or Certification My Programs Help & Resources

### Upload Applicant Agreement, Acknowledgement, and Verification Form

Upload your completed Applicant Agreement, Acknowledgement, and Verification Form. This is required to finalize the application.

\* Completed Agreement, Acknowledgement, and Verification Form

Upload Files Or drop files

test file.docx

Save for later

Previous Next





#### Steps

- ✓ Applicant (Future License Holder)
- ✓ Ownership Documents
- ✓ Controlling Individuals
- ✓ Program Information
- ✓ Operating Hours
- ✓ Food Service Information
- ✓ Provide Room Information
- ✓ Policies and Procedures for Staff


[Continue to Step 14](#)

## Step 14: Payment

- You must pay the license fee before your application can be processed.
  - Select **Make Payment**.

     Leonard Provider

Home   Apply for License or Certification   My Programs   Great Start Compensation   More ▾

 Regulatory Transaction Fee  
FEE-000000672

Account	Parent Record	Total Fee Amount	Status	Due Date
<a href="#">Big Bang Kids</a>	<a href="#">2000349</a>	\$550.00	Due	

Regulatory Transaction Fee

Regulatory Transaction Fee Id  
FEE-000000672

Parent Record  
[2000349](#)

Payment Status  
Due

License Number

Payment Method


Total Fee Amount  
\$550.00

Due Date

Paid Date

Past Due  
☐

**Make Payment**

 Regulatory Transaction Fee Items (2)

Name	Fee Amount
<a href="#">Application Fee</a>	\$500.00
<a href="#">Fire Inspection</a>	\$50.00

[View All](#)

[Continue to Step 14b](#)

### Step 14b: Payment

- A new window will open. Fill out the following fields:
  - **First Name, Last Name**
  - **Address 1, City, State, and Zip Code**
  - **Phone Number**
  - **Email Address**
  - **Payment Method** and related fields (image below shows a credit card payment)
- Select **Continue**.

[Continue to Image](#)

## Make a Payment

### My Payment

**Licensing**

**Amount Due** \$550.00

### Payment Information

**Frequency** One Time

**Payment Amount** \$550.00

**Payment Date** Pay Now

### Contact Information

**First Name** Michael

**Last Name** Scott

**Company (Optional)**

**Address 1** 1234 The Office Lane

**Address 2 (Optional)**

**City** St. Paul

**State** MN

**Zip Code** 55112

**Zip Code Extension (Optional)**

**Phone Number** 6121234567

**Email Address** theofficedaycare@gmail.com

[Become a Registered User](#)

### Payment Method

**Payment Method** Credit/Debit Card

**Card Number** 4111111111111111

**Expiration Date** 02 2026

**Card Security Code** 111

**Card Billing Address** ☒ Use my contact information address  
☐ Use a different address

**Continue**

[Cancel](#)



## Step 14b: Payment

- Review your Payment.
- Select the **Confirm** button.

### Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

#### Payment Details

**Description** MN DHS  
Licensing  
<http://mn.gov/dhs/>  
**Payment Amount** \$550.00  
**Payment Date** 05/23/2024

#### Payment Method

**Payer Name** Michael Scott  
**Card Number** \*1111  
**Expiration Date** Feb-2026  
**Card Type** Visa  
**Confirmation Email** theofficedaycare@gmail.com

#### Billing Address

**Address 1** 1234 The Office Lane  
**City** St. Paul  
**State** MN  
**Zip Code** 55112

#### Contact Information

**First Name** Michael  
**Last Name** Scott  
**Address 1** 1234 The Office Lane  
**City** St. Paul  
**State** MN  
**Zip Code** 55112  
**Phone Number** 6121234567  
**Email Address** theofficedaycare@gmail.com

[Confirm](#) [Back](#)

### Step 14c: Payment

- The Confirmation Page will appear.
- **Close the browser window** to go back to the Provider Hub.

#### Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **MN2DHT003946697**

##### Payment Details

**Description** MN DHS  
Licensing  
<http://mn.gov/dhs/>  
**Payment Amount** \$550.00  
**Payment Date** 05/23/2024  
**Status** PROCESSED

##### Payment Method

**Payer Name** Michael Scott  
**Card Number** \*1111  
**Card Type** Visa  
**Confirmation Email** theofficedaycare@gmail.com


##### Billing Address

**Address 1** 1234 The Office Lane  
**City** St. Paul  
**State** MN  
**Zip Code** 55112


[Customer Servi](#)

## Step 15: Log out of Provider Hub


- Select your name at the top of the screen.
- Select **Logout**.

 **DEPARTMENT OF  
HUMAN SERVICES**

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 Regulatory Transaction Fee  
FEE-000000182

Account	Parent Record	Status	Due Date
<a href="#">Michael Scott</a>	<a href="#">2000420</a>	Due	

Regulatory Transaction Fee

Regulatory Transaction Fee Id  
FEE-000000182

Parent Record  
[2000420](#)

Payment Status  
Due

License Number


Payment Method

Due Date

Paid Date

Past Due  
☐

Make Payment

 Regulatory Transaction Fee Items (2)

Name	Fee Amount
<a href="#">Application Fee</a>	\$500.00
<a href="#">Fire Inspection</a>	\$50.00

[View All](#)

Michael Scott

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[My Account](#)  
[Logout](#)

### Need Assistance?

Your team of specialists are ready to help.