

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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Leonard Provider

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Licenses/Certifications Provider Actions Pending Change Requests Pending Applications Visits More

[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 Minnesota Department of Human Services website. The top navigation bar includes the 'DEPARTMENT OF HUMAN SERVICES' logo, a search bar, and a user profile for 'Leonard Provider'. Below the navigation, a secondary menu bar has 'Apply for License or Certification' underlined. The main content area is titled 'Application Type' and contains a question: '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 is a question marked with an asterisk: '*Which type of license or certification are you applying for?'. Two options are listed: 'Certified Child Care Center' and 'Licensed Child Care Center', with the 'Licensed Child Care Center' option highlighted by a red box. At the bottom right of the content area is a blue 'Continue to Step 3' button.

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Application Type

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](#).

*Which type of license or certification are you applying for?

Certified Child Care Center

Licensed Child Care Center

[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

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.

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Ownership Documents

Proof Of Worker's Compensation

* Organization Chart

* Articles of Organization

Save for later

Previous Next

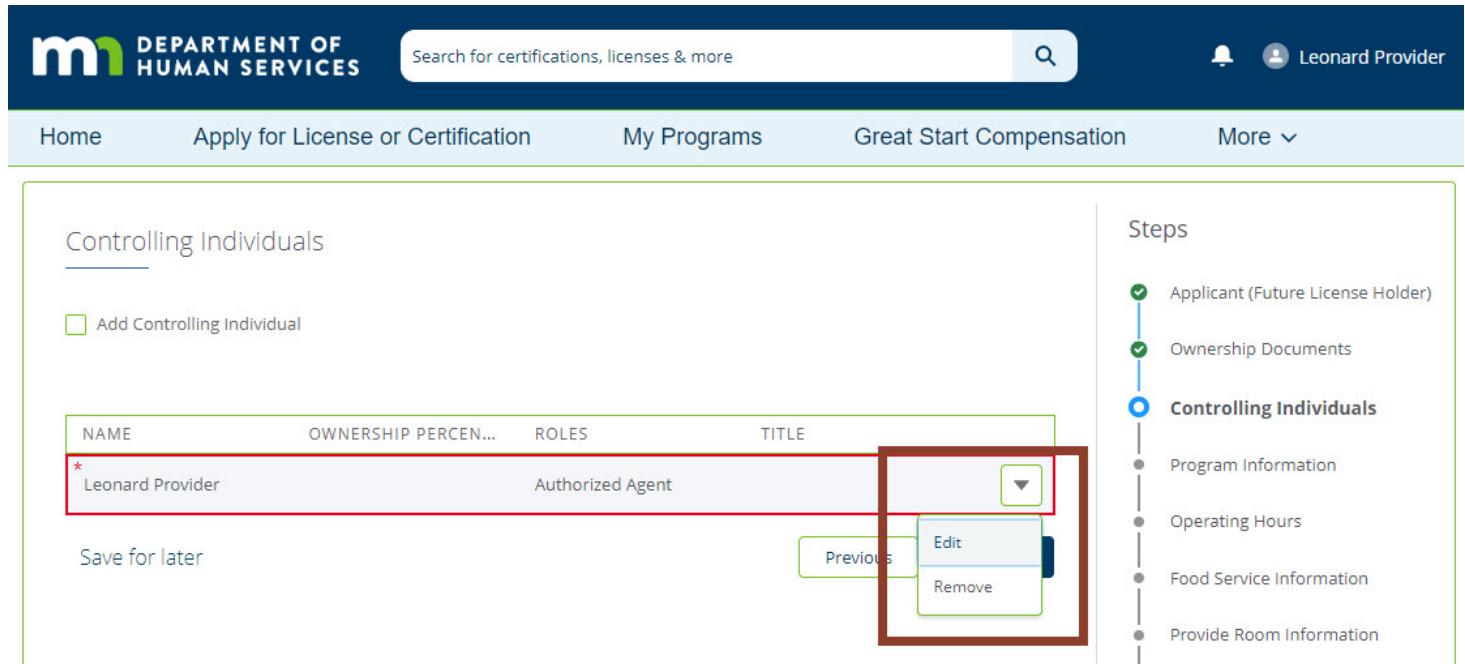
Step

✓	A
○	C
●	C
●	F
●	C
●	F
●	F
●	F
●	F
●	A

[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.



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

Controlling Individuals

Add Controlling Individual

NAME	OWNERSHIP PERCENTAGE	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 Official 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**.

The screenshot shows the Minnesota Department of Human Services (DHS) LCC Apply for License Phase 1 application interface. The top navigation bar includes the DHS logo, a search bar, and a user profile for Leonard Provider. Below the navigation, there are links for Home, Apply for License or Certification, My Programs, Great Start Compensation, and More. The main content area is titled 'Controlling Individuals' and contains a table with one row. The table columns are NAME, OWNERSHIP PERCENT..., ROLES, and TITLE. The row data is: Leonard Provider, 100.00, Authorized Agent:Cont..., Director. Below the table are 'Save for later' and navigation buttons for 'Previous' and 'Next'. To the right, a sidebar titled 'Steps' shows a vertical list of application steps: Applicant (Future License Holder), Ownership Documents, **Controlling Individuals** (highlighted in blue), Program Information, Operating Hours, Food Service Information, Provide Room Information, and Policies and Procedures for Staff.

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

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 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

Address Search



* Phone Number

Alternate Phone

* Public Email Address

* Written Language Preference



* Spoken Language Preference



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](#)

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](#)

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](#)

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

[Add](#) [Delete](#)*** Day**

Monday

*** Start Time**

07:00 am

*** End Time**

06:00 pm

Daily Schedule 2

[Add](#) [Delete](#)*** Day**

Tuesday

*** Start Time**

07:00 am

*** End Time**

06:00 pm

Daily Schedule 3

[Add](#) [Delete](#)*** Day**

Wednesday

*** Start Time**

07:00 am

*** End Time**

06:00 pm

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

Step 8: Food Service Information

- 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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Food Service Information

Meals Served (select all that apply):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Dinner / Supper
- Evening Snack

Site of Preparation (Select all that apply):

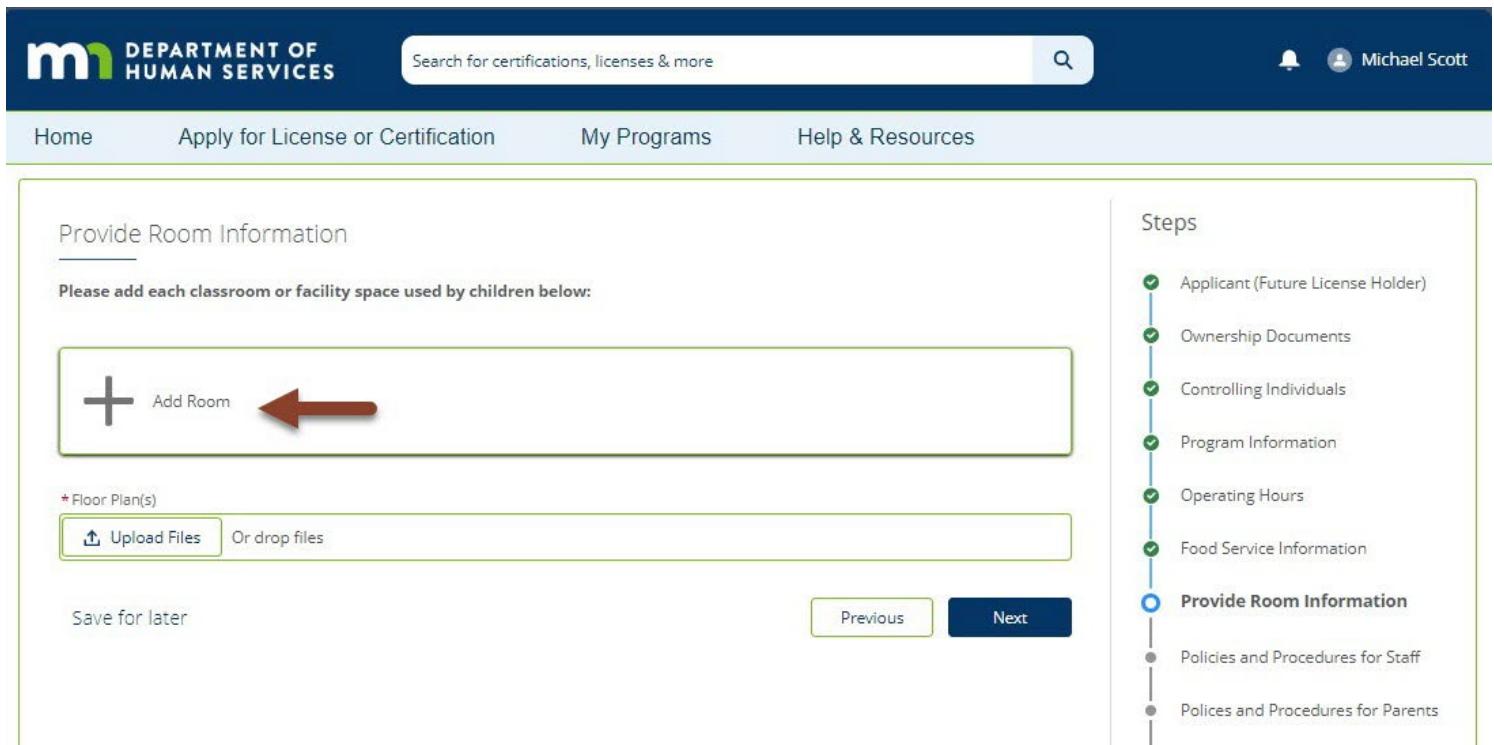
- On-site
- Catered
- Provided by Parent / Guardian

Save for later

Previous **Next**

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 Minnesota Department of Human Services (DHS) website for license applications. The top navigation bar includes links for Home, Apply for License or Certification, My Programs, and Help & Resources. A search bar and a user profile for Michael Scott are also present. The main content area is titled 'Provide Room Information' and instructs the user to add each classroom or facility space used by children. A large button labeled '+ Add Room' is highlighted with a red arrow. Below this button is a section for 'Floor Plan(s)' with options to upload files or drop files. Navigation buttons for 'Previous' and 'Next' are visible. To the right, a vertical 'Steps' list shows the progression of the application process, with 'Provide Room Information' currently selected.

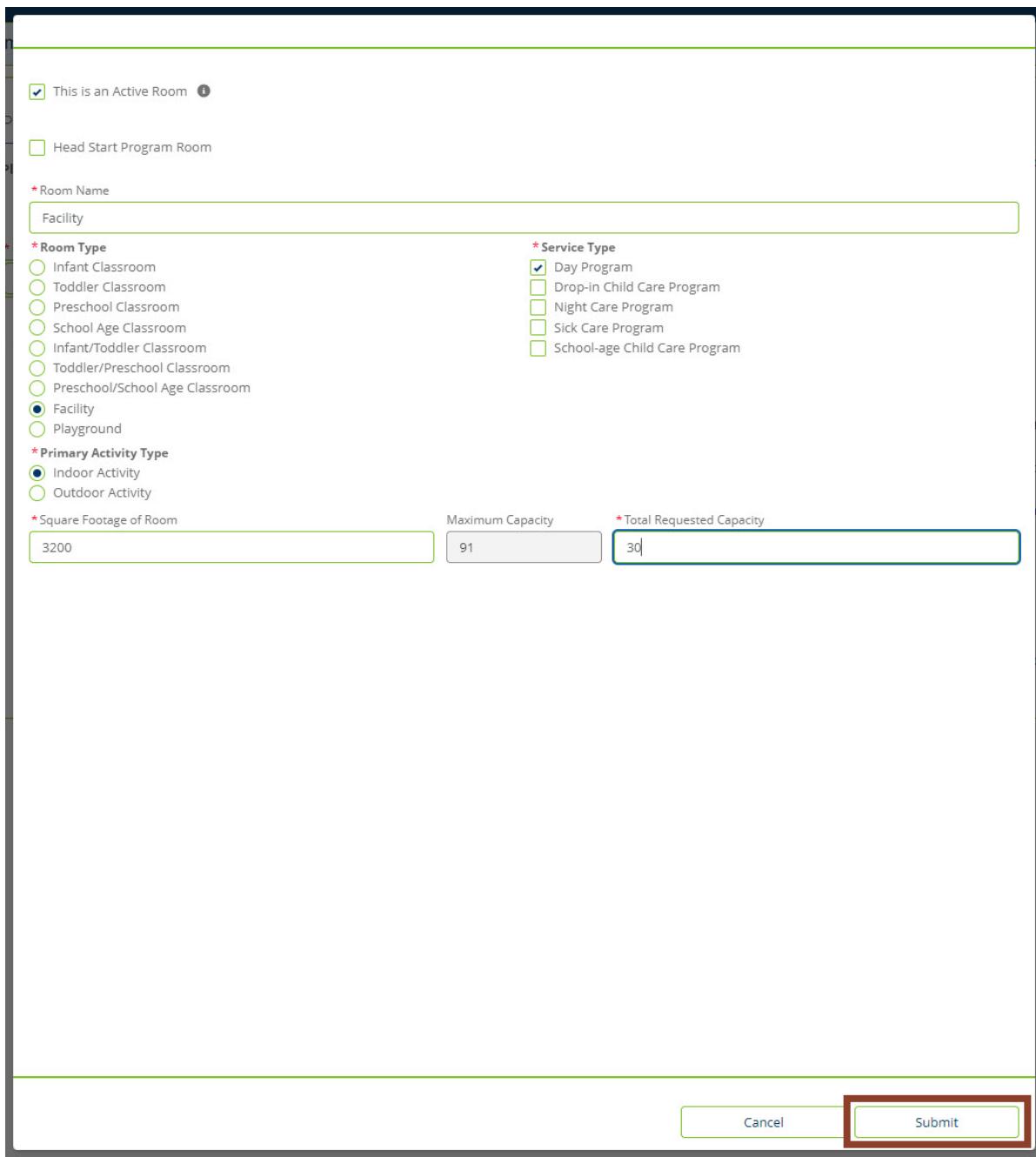
Steps
✓ Applicant (Future License Holder)
✓ Ownership Documents
✓ Controlling Individuals
✓ Program Information
✓ Operating Hours
✓ Food Service Information
Provide Room Information
● Policies and Procedures for Staff
● Policies and Procedures for Parents

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 screenshot shows a web-based form for room submission. The form is divided into several sections:

- Checkboxes:**
 - This is an Active Room (i)
 - Head Start Program Room
- Text Input:** *Room Name (Facility)
- List:** *Room Type (with radio buttons)
 - Infant Classroom
 - Toddler Classroom
 - Preschool Classroom
 - School Age Classroom
 - Infant/Toddler Classroom
 - Toddler/Preschool Classroom
 - Preschool/School Age Classroom
 - Facility
 - Playground
- List:** *Service Type (with checkboxes)
 - Day Program
 - Drop-in Child Care Program
 - Night Care Program
 - Sick Care Program
 - School-age Child Care Program
- Text Input:** *Square Footage of Room (3200)
- Text Input:** Maximum Capacity (91)
- Text Input:** *Total Requested Capacity (30)
- Buttons:**
 - Cancel
 - Submit

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

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

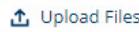
Health Policy.docx

* 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.d...

Save for later

[Previous](#)

[Next](#)

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](#)

Policies 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](#)

Step 12: Applicant Privacy Notice

You will see the Applicant Privacy Notice next.

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

The screenshot shows the Minnesota Department of Human Services website. At the top, there is a navigation bar with links for Home, Apply for License or Certification, My Programs, Great Start Compensation, and More. The "Apply for License or Certification" link is highlighted. The main content area is titled "Applicant Privacy Notice". It contains several sections: "What information is public?", "How is information made available?", "Will information I give be shared with anyone else?", and "What if I refuse or withhold information?". Below these sections are "Save for later", "Previous", and "Next" buttons. To the right, a vertical "Steps" list shows the progression of the application process, with "Applicant Privacy Notice" highlighted in blue. 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 (highlighted), Generate Document, Upload Applicant Agreement, Acknowledgement, and Verification Form.

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](#)

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. The signature must be made in the presence of a notary public. 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, Leonard Provider state that I am the Authorized Agent for Big Bang Kids. 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 Big Bang Kids will be made to me, in accordance with Minnesota Statutes, section 245A.04, subd 1.

Authorized Agent Signature (Sign in the presence of notary public)

Date

Notary Public:

State of Minnesota, county of _____

Signed or attested before me on _____

Signature of Notary Public

Commission of Notary Public Stamp

[Email PDF](#)

[Save for later](#)

[Previous](#)

[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**.

DEPARTMENT OF HUMAN SERVICES

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Leonard Provider

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

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.

Regulatory Transaction Fee
FEE-000000672

Account	Parent Record	Total Fee Amount	Status	Due Date
Big Bang Kids	2000349	\$550.00	Due	

Regulatory Transaction Fee

Regulatory Transaction Fee Id FEE-000000672	Total Fee Amount \$550.00
Parent Record 2000349	Due Date
Payment Status Due	Paid Date
License Number	Past Due <input type="checkbox"/>
Payment Method	

Make Payment

Regulatory Transaction Fee Items (2)	
Name	Fee Amount
Application Fee	\$500.00
Fire Inspection	\$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.

The screenshot shows a web page titled "Payments" from the "DEPARTMENT OF HUMAN SERVICES". The page is titled "Confirmation". It displays payment details, payment method, and billing address. At the bottom, there are links for Customer Service, Help, Privacy Policy, and Security.

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

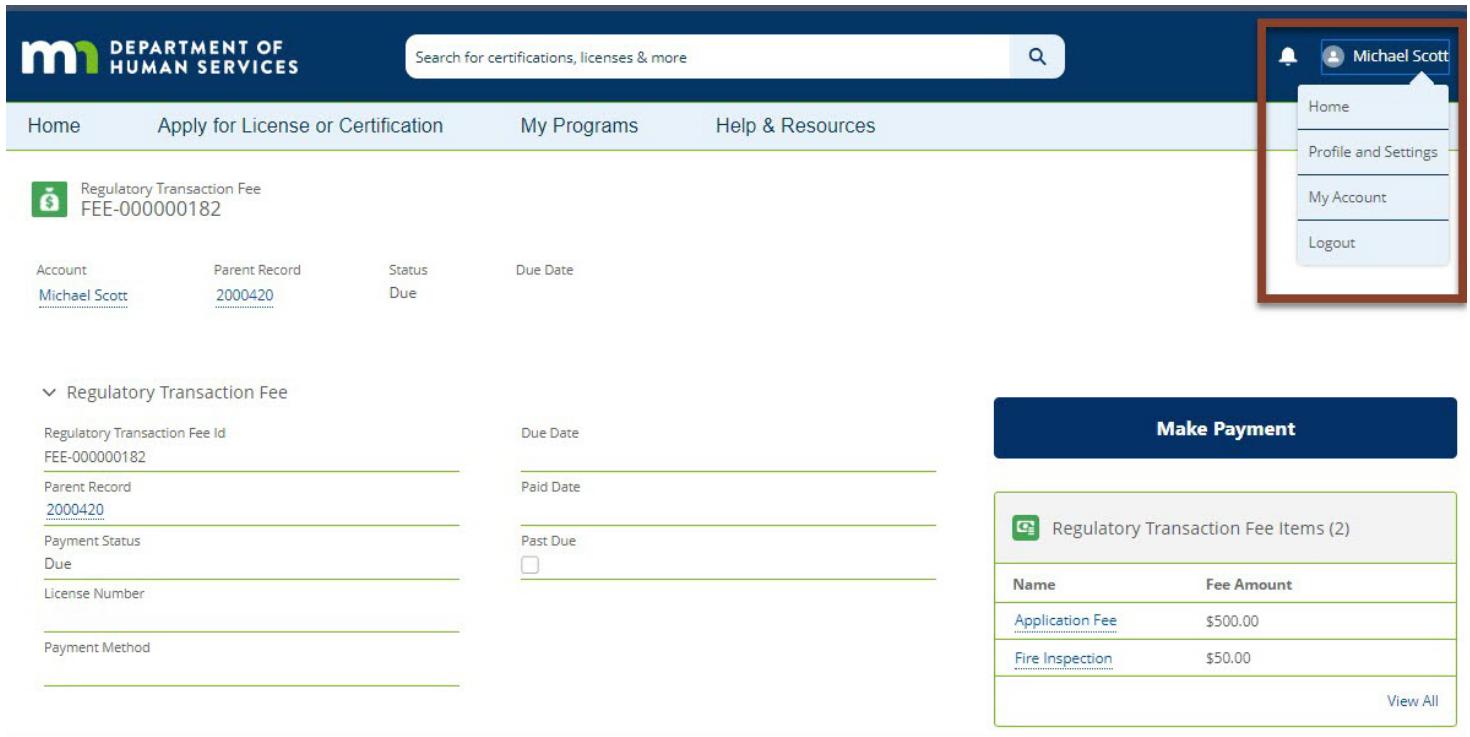
Address 1	401 Robert St N
City	St Paul
State	MN
Zip Code	55101

[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**.



The screenshot shows the Minnesota Department of Human Services Provider Hub. At the top, there is a navigation bar with links for Home, Apply for License or Certification, My Programs, and Help & Resources. A search bar is also present. On the right side, a user profile dropdown menu is open, showing options: Home, Profile and Settings, My Account, and Logout. The 'Logout' option is highlighted with a red box. The main content area displays a 'Regulatory Transaction Fee' record with ID FEE-000000182. The record includes fields for Account (Michael Scott), Parent Record (2000420), Status (Due), and Due Date. Below this, a section for 'Regulatory Transaction Fee' is expanded, showing fields for Due Date, Paid Date, and Past Due status. A 'Make Payment' button is visible. To the right, a table lists 'Regulatory Transaction Fee Items (2)' with two entries: Application Fee (\$500.00) and Fire Inspection (\$50.00). A 'View All' link is at the bottom of the table.

Name	Fee Amount
Application Fee	\$500.00
Fire Inspection	\$50.00

Need Assistance?

Your team of specialists are ready to help.

Individual Application

Step 1: Start Application

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

DEPARTMENT OF HUMAN SERVICES

Search for certifications, licenses & more

Michael Scott

Home **Apply for License or Certification** My Programs Help & Resources

Manage your child care license or certification.

Licenses/Certifications Provider Actions Pending Change Requests Pending Applications Visits More

[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.

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Search for certifications, licenses & more

Michael Scott

Home Apply for License or Certification My Programs Help & Resources

Application Type

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.

*Which type of license or certification are you applying for?

Certified Child Care Center

Licensed Child Care Center

Next

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.

LCC Apply for License Phase 1_QG_v1.0_FINAL_ml

The content in this presentation is current as of the date presented; DHS reserves the right to update or revise as applicable.

8/19/2024

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

■ Select **Next**.



🔍

[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** Michael **Middle Name** *** Last Name** 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** (612) 123-4567 **Alternate Phone**

*** 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) ⓘ

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

Steps

1

2

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100

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 Minnesota Department of Human Services (DHS) license application portal. The top navigation bar includes the DHS logo, a search bar, and a user profile for Michael Scott. Below the navigation is a menu with links for Home, Apply for License or Certification, My Programs, and Help & Resources. The main content area is titled 'Ownership Documents'. It contains two sections: 'Proof Of Worker's Compensation' and 'Organization Chart'. Each section has an 'Upload Files' button and a file preview area. A red arrow points to the 'Upload Files' button in the 'Organization Chart' section. The right side of the screen features a vertical 'Steps' sidebar with a list of application requirements, where 'Ownership Documents' is currently selected. At the bottom of the page are 'Previous' and 'Next' buttons.

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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Search for certifications, licenses & more

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
- Or
- Cr
- Pr
- Oj
- Fc
- Pr
- Pc
- Pc
- Af
- Gr
- Uj
- ar

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**.

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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...

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

Step



*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](#)[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](#)

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




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](#)

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**.

DEPARTMENT OF
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Search for certifications, licenses & more

Home Apply for License or Certification My Programs Great Start Compensation Enrollment & A

Food Service Information

Meals Served (select all that apply):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Dinner / Supper
- Evening Snack

Site of Preparation (Select all that apply):

- On-site
- Catered
- Provided by Parent / Guardian

Save for later

Previous

Next

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 Step 9

[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.

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Michael Scott

Home Apply for License or Certification My Programs Help & Resources

Provide Room Information

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

+ Add Room

* Floor Plan(s)

Upload Files Or drop files

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

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.**

The screenshot shows a form for a Head Start Program Room. The fields are as follows:

- Is this room in use?**: Yes (radio button selected)
- Room Name**: Facility
- Room Type**: Facility (radio button selected)
- Service Type**: Day Program (checkbox selected)
- Primary Activity Type**: Indoor Activity (radio button selected)
- Square Footage of Room**: 3200
- Maximum Capacity**: 91
- Total Requested Capacity**: 30

At the bottom right are **Cancel** and **Save** buttons.

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 Help & 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.

Policies and Procedures for Staff

* Behavior Guidance Policy * Allergy Prevention and Response Policy

Upload Files Or drop files **Upload Files** Or drop files

test file.docx test file.docx

* Emergencies and Accidents Policy * Handling Disposal of Bodily Fluids Policy

Upload Files Or drop files **Upload Files** Or drop files

test file.docx test file.docx

* Emergency Preparedness Plan * Health Policies

Upload Files Or drop files **Upload Files** Or drop files

test file.docx test file.docx

* Food and Water Policy * Risk Reduction Plan

Upload Files Or drop files **Upload Files** Or drop files

test file.docx test file.docx

* Child Care Program Plan * Nap and Rest Policy

Upload Files Or drop files **Upload Files** Or drop files

test file.docx test file.docx

* Program Drug and Alcohol Policy * Maltreatment of Minors Mandated Reporting Policy

Upload Files Or drop files **Upload Files** Or drop files

test file.docx 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 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](#)

Policies and Procedures for Parents

Nap and Rest Policy

 Or drop files Use Nap and Rest Policy from Staff Policies

Maltreatment of Minors Mandated Reporting Policy

 Or drop files Use Maltreatment of Minors Mandated Reporting Policy from Staff Policies

* Program Grievance Policy

 Or drop files

test file.docx



* Parent Handbook

 Or drop files

test file.docx



Save for later

Steps

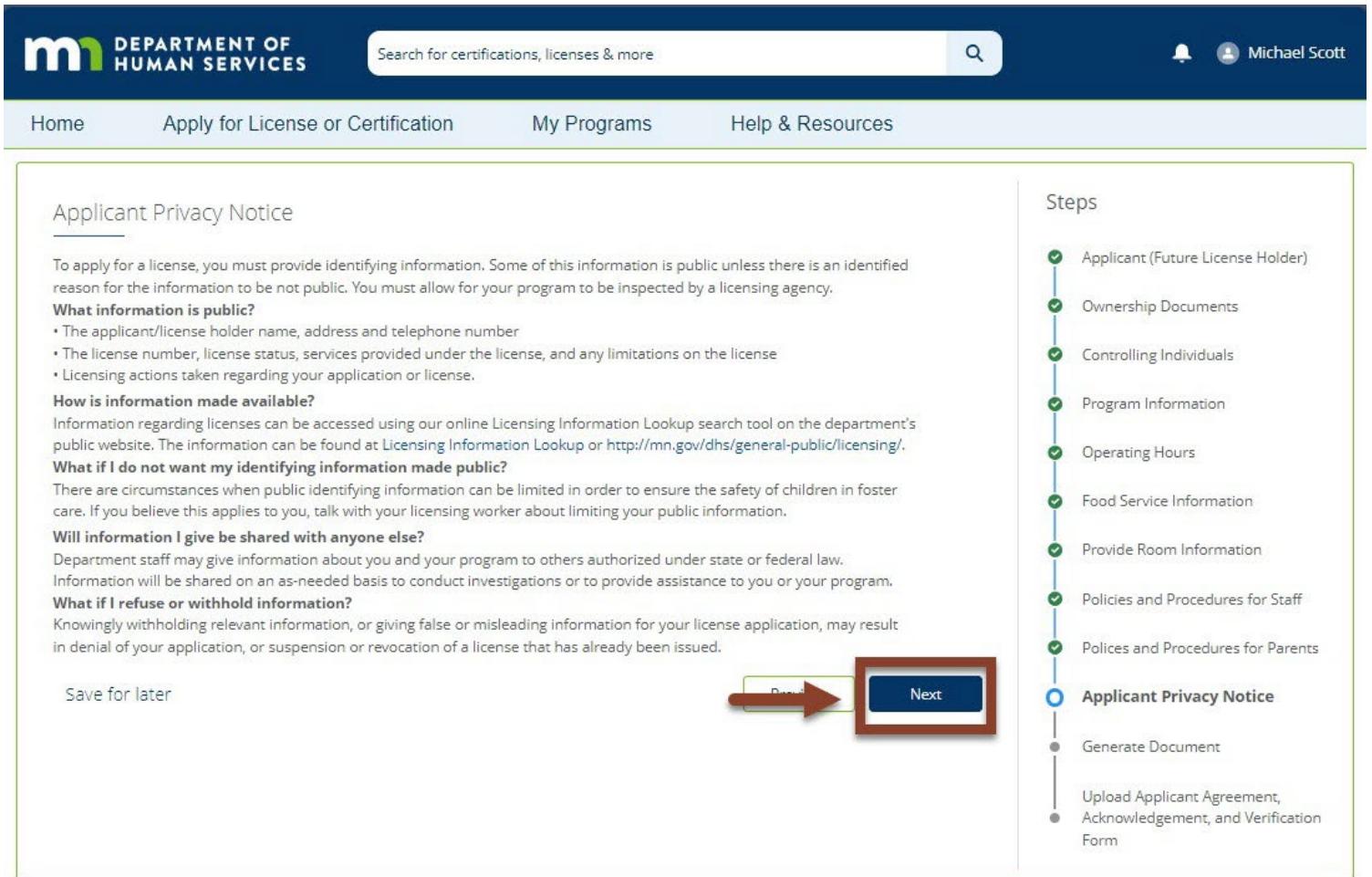
- Applicant (Future License Holder)
- Ownership Documents
- Controlling Individuals
- Program Information
- Operating Hours
- Food Service Information
- Provide Room Information
- Policies and Procedures for Staff
- Polices and Procedures for Parents**
- Applicant Privacy Notice
- Generate Document
-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



DEPARTMENT OF HUMAN SERVICES

Search for certifications, licenses & more

Michael Scott

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 Print 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

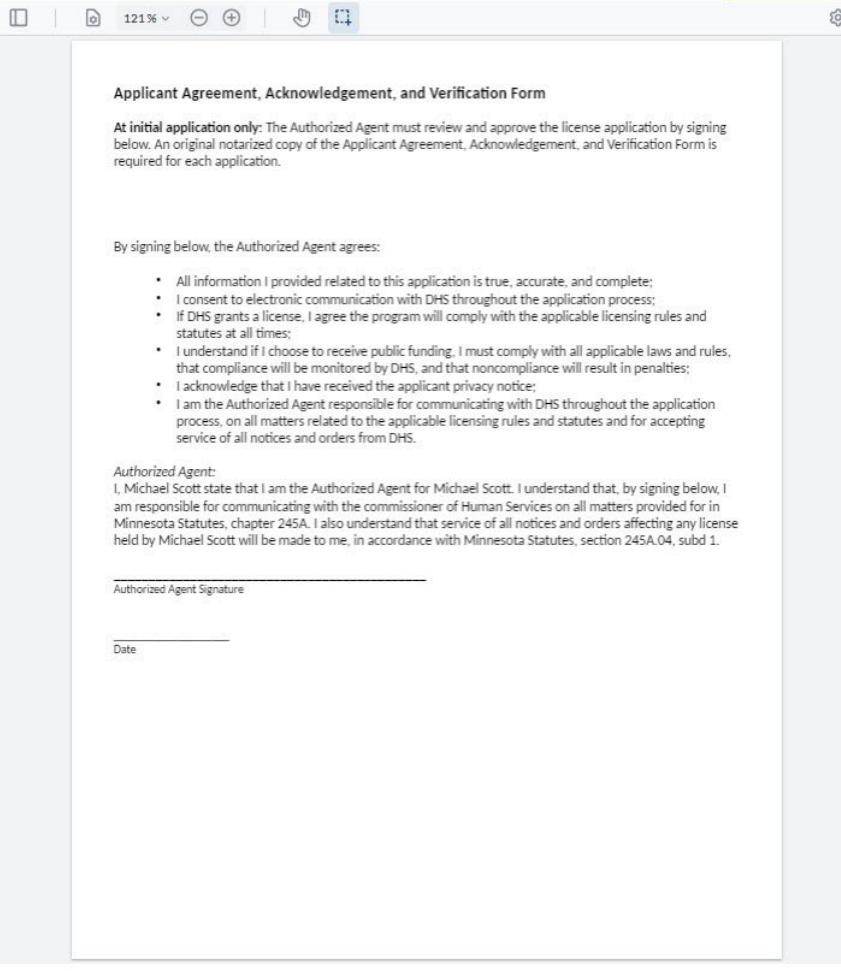
The Authorized Agent must take the **Applicant Agreement, Acknowledgement, and Verification Form** to be **signed and notarized**.

- 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](#)

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

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

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

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Search for certifications, licenses & more

Michael Scott

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

Or drop files

test file.docx

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

[Continue to Step 14](#)

Step 14: Payment

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

The screenshot shows the Minnesota Department of Human Services (DHS) website. At the top, there is a navigation bar with the DHS logo, a search bar, and a user profile for "Leonard Provider". Below the navigation bar, there are links for "Home", "Apply for License or Certification", "My Programs", "Great Start Compensation", and "More".

In the main content area, there is a section titled "Regulatory Transaction Fee" with the ID "FEE-000000672". Below this, a table shows the fee details:

Account	Parent Record	Total Fee Amount	Status	Due Date
Big Bang Kids	2000349	\$550.00	Due	

On the left, there is a form for "Regulatory Transaction Fee" with fields for "Regulatory Transaction Fee Id" (FEE-000000672), "Parent Record" (2000349), "Payment Status" (Due), "License Number", and "Payment Method".

On the right, there is a "Make Payment" button and a table titled "Regulatory Transaction Fee Items (2)" showing two items:

Name	Fee Amount
Application Fee	\$500.00
Fire Inspection	\$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.

mn DEPARTMENT OF HUMAN SERVICES

Payments

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](#)

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

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

Search for certifications, licenses & more

Michael Scott

Home Apply for License or Certification My Programs Help & Resources

Regulatory Transaction Fee
FEE-000000182

Account	Parent Record	Status	Due Date
Michael Scott	2000420	Due	

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
Application Fee	\$500.00
Fire Inspection	\$50.00

[View All](#)

Need Assistance?

Your team of specialists are ready to help.