

CHILD CARE LICENSING PAYMENT FORM

Provider's Name _____ Phone # _____
(Please Print)

Write check or money order, NO CASH PLEASE, payable to: **Carver County Health & Human Services**

Fee enclosed: _____ **\$100 License Fee payment for 2-yr Re-license Fee** Check # _____

All payments are Non-refundable!

Please attach to payment and send to:

**Carver County Child Care Licensing
602 East 4th Street
Chaska, MN 55318**