

**North Carolina  
Department of Health and Human Services  
Women's and Children's Health  
Child and Adult Care Food Program**

LICENSING CERTIFICATION – SPONSORING ORGANIZATIONS

[To be completed in lieu of re-submitting copy of licensure or approval documentation.]

\_\_\_\_\_ [print name of Sponsoring  
Organization] has previously submitted to the State Agency a copy of an approved license  
(or if applicable, other relevant approval documentation) for the renewing facilities under its  
sponsorship. I, \_\_\_\_\_ [print your name],  
understand that an updated license (or approval documentation) must be submitted to the  
State Agency in the event of any change affecting the license (or approval documentation). I  
certify that there has been no change affecting the previously-submitted license (or approval  
documentation) since the time of last submission to the State Agency. The facilities covered  
by this certification are listed on the attached schedule.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Schedule for Facility Certifications**  
(Use additional sheets as necessary)

NAME OF Facility	STREET ADDRESS, CITY, STATE & ZIP CODE
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