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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