

APPLICATION FOR
RESIDENTIAL CARE FACILITY LICENSE

The undersigned submits the following information to support an application for a Residential Care or Adult Foster Care Facility License:

Name of Business _____ Phone _____

Address _____ City _____ State _____ Zip _____

Owner of Business _____ DOB _____ Phone _____

Owner Address _____ City _____ State _____ Zip _____

Typical Number of residents to be housed: _____

REQUIRED ATTACHMENTS: (NEW APPLICANT ONLY):

1. Statement of goals and objectives for the organization
2. Letters of reference from public service agencies
3. Copy of By-Laws and Articles of Incorporation
4. Sources of Funding
5. IRS status (proof of 501(c) (3) or other non-profit designation)

Note: This application must be approved by Building Inspector.

I do hereby affirm that the above information is correct to the best of my knowledge.

Date

Applicant Signature