

Residential Care Facility



[] RENEWAL APPLICATION
[] RE-LICENCE APPLICATION

Please complete all areas of the form and forward to Residential Care Licensing.

Any questions relating to the completion of this application should be directed to the attention of the
Coordinator of Facilities Inspections, Residential Care Licensing.

CONTACT PERSON _____ TELEPHONE NUMBER _____

ADDRESS _____ POSTAL CODE _____

APPLICANT

<input type="checkbox"/> NON-PROFIT CORPORATION	<input type="checkbox"/> PROFIT CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PRIVATE OPERATOR
<input type="checkbox"/> OTHER (Specify) _____			
Full Name			Telephone Number
Full Address			Postal Code

FACILITY

Full Name	License Number	Telephone Number
Full Address		Postal Code
TYPE:		
OCCUPANCY: MAXIMUM NUMBER _____ AGE GROUP _____ SEX _____		
PERSONS(S) IN CHARGE OF HOME _____		
DOES THIS PERSON WORK OUTSIDE OF THIS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Legal Owner of Building		Telephone Number
Address		Postal Code

Describe any changes that have occurred in the past 12 month period, or will occur in the next 12 month period, concerning the physical structure, program, staffing, or the population served. (Attach additional sheets if more space is required.) If there has been any physical changes, please complete Physical Structure Report. If no changes, please disregard.

ADDITIONAL INFORMATION OR COMMENTS BY APPLICANT PERTINENT TO THIS APPLICATION

I certify the above to be true and accurate to the best of my knowledge, and I have not intentionally neglected to divulge any information which may be essential in assessing this application.

I understand in making this application there is no guarantee by the Department to refer persons to this facility, and furthermore, I acknowledge that if a license is granted, said license is in effect for one year from date of issue and is subject to suspension or revocation at any time if required standards are not maintained.

By my signature, I herewith authorized the Licensing Authority to conduct any investigation or enquiry deemed necessary in assessing this application.

SIGNED _____
Applicant

Spouse (if applicable)

WITNESS _____

DATE _____

POSITION _____

ADDRESS _____