

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on Pages 4 and 5)*

FOR DEPARTMENT USE ONLY		REPLY TO:		
District:				
County:	Facility Number:			
Date:	Action Type:			
Reviewed By:	Facility Type:			

1. Applicant(s) Name(s): _____ _____ _____	2. Requested Action <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> A. Initial Application B. Change of Capacity C. Change of Location D. Change of Facility Type E. Change of Facility Name F. Change of Ownership </div> <div style="width: 35%;"> G. Add/Change Management Company H. Change Within Corporation I. Change of AMB/NON AMB Bedridden Status J. Other (Specify): _____ </div> </div>			
3. Applicant Mailing Address:	City:	State:	Zip Code:	Area Code/ Telephone:

4. Type of Agency or Facility: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Adoption Agencies Adult Day Programs Adult Residential Facilities Adult Residential Facilities — Special Health Care Needs Community Crisis Homes Crisis Nurseries </div> <div style="width: 35%;"> Enhanced Behavioral Support Homes Foster Family Agencies Group Homes Residential Facilities — Chronically Ill Residential Facilities — Elderly </div> <div style="width: 30%;"> Short Term Residential Therapeutic Programs Small Family Homes Social Rehabilitation Facilities Transitional Housing Placement Providers Other (Specify): _____ </div> </div>		
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5. APPLICATION FILED BY:	A. Individual B. Partnership C. Non-Profit Corp.	D. Profit Corp. E. County F. Other Public Agency	G. Limited Liability Company
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6. Facility or Agency Name:	7. Facility Email Address:		8. Facility Area Code/ Telephone:
9. Facility Street Address:	City:	County:	Zip Code: Alternative Public Phone Number:
10. Facility Mailing Address:	City:	State:	Zip Code:

11. Administrator or Person in Charge of Facility:		Title:	
12. Total Requested Capacity:	12A. Number of Non-Ambulatory (If Any):	12B. Number of Bedridden Unable to Turn or Reposition in Bed (If Any):	
13. For Children's Facility Only: Number of Infants/Children (Ages 0 Through 5): _____ Children (Ages 6 Through 17): _____ Non-Minor Dependents (NMD) (Ages 18 Until 21): _____			
14. Days and Hours of Operation:		15. Property Ownership: Own Rent/Lease Other (Specify): _____	
15A. Name and Address and Phone Number of Property Owner, If Renting or Leasing:			
16. Was Facility Previously Licensed? Yes No		If Yes, Facility Name and Number:	Licensing Agency Name:
17. Is Major Construction Required? Yes No		Date Construction to Begin: _____ Date to be Completed: _____	18. Source of Water for Human Consumption: Public Private
19. Enter the Information Below for Any Residential Care or Health Care Facility Previously or Currently Operated. Refer to Instructions. Facility Name and Number: _____ Licensing Agency Name: _____ A. _____ B. _____			
20. Applicant(s)/Licensee(s) Responsibilities: A. In addition to complying with the Health and Safety Codes and regulations applicable to licensing and fire safety, I/we understand that there may be other state, federal and/or local laws, which are not enforced by this agency, that may need to be met such as: zoning, building, sanitation and labor requirements. B. I/We have read and understand the statutes and regulations which pertain to my/our licensing category prior to the issuance of my/our license. C. I/We shall ensure that all persons subject to fingerprint requirements shall have a Department of Justice clearance or a criminal record exemption prior to employment, residence or initial presence in the facility as required. D. If I/We operate a facility which provides care and supervision to children. I/We shall ensure that a Child Abuse Index Check Form for each person subject to fingerprint requirements is submitted to the Department of Justice as required. E. I/We shall obtain approval from the licensing agency prior to making any change(s) that affect the terms of the license. 21. I/We understand that I/we have the right to appeal any decision regarding the disposition of this application. 22. I/We declare under penalty of perjury that the statements on this application and on the accompanying attachments are true and correct to the best of my/our knowledge.			

23. I/We am/are authorized to sign this application on behalf of the named applicant.

I acknowledge that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

Signed:	Title:	County Where Signed:	Date:
Signed:	Title:	County Where Signed:	Date:

INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE

Type or print clearly. Prepare application in duplicate. Return the original and maintain a copy for your records. Attach to this application form, a copy of all requested forms and documents including those underlined below

1. Applicant(s): Enter the names of the person(s) or organization legally responsible for the facility. Enter full names. Individuals enter first, middle and last name. If joint application, all applicants must sign this application. Individuals, each general partner, and chief executive officer or authorized representative of a firm, association, corporation, county, city, public agency, or governmental entity must complete Applicant Information (LIC 215). Corporations, Partnerships, Public Agencies and Limited Liability Companies must also complete Administrative Organization (LIC 309) and update it each time there is a change in partners, officers, or changes in the corporation or Limited Liability Company.
2. Requested Action: Check appropriate box.
3. Applicant Mailing Address: Enter residence and mailing address of individual(s) and headquarters mailing address of corporations. Major partner enters principal business mailing address. Other partner(s) enter principal business mailing address(es) on Applicant Information (LIC 215). Enter area code with telephone number.
4. Type of Agency or Facility: Check the appropriate box for type of facility as defined in California Code of Regulations, Title 22, Interim Licensing Standards, and/or Health and Safety Code. If unknown, enter the name commonly used to identify such a facility in space marked "other".
5. Application Filed By: Check appropriate box.
6. Facility or Agency Name: Enter the name used to designate the single facility under application. If an agency, fill in the name of the agency which provides the services.
7. Facility Email: Enter facility email address. Health and Safety Code sections 1509.56, 1568.023, and 1569.15, respectively, require that all adult community care facilities, Residential Care Facilities for Persons with Chronic Life-Threatening Illness, or Residential Care Facilities for the Elderly provide and maintain an active email address with the Department.
8. Facility Telephone Number: Enter facility telephone number with area code. If applicable, enter an alternative public telephone number with area code.
9. Facility Street Address: Enter the physical location of the facility. If the applicant has more than one facility, a separate application must be completed for each facility.
10. Facility Mailing Address: Enter the address where all mail for the facility from the department/licensing agency should be sent.
11. Administrator or Person in Charge of Facility: Enter the name and title of person who will directly supervise the facility. If not yet employed enter "unknown".
12. Requested Capacity: Enter the maximum number of persons for whom care will be provided at any one time.
- 12A. If applicable, enter the number of beds available for non-ambulatory, unable to independently transfer but who do not need assistance in turning and repositioning in bed.
- 12B. If applicable, enter the number of beds available for bedridden, unable to independently turn or reposition in bed.
13. For Children's Facilities Only: Applicants for children's residential facilities enter the number of infants/children (ages 0 through 5), number of children (ages 6 through 17), and the number of nonminor

INSTRUCTIONS FOR APPLICATION FOR FACILITY LICENSE (CONT.)

dependents, as defined in Welfare and Institutions Code section 11400, subsection (v), (ages 18 until 21) to be served.

14. Days and Hours of Operation: Enter days and hours of facility operation.
15. Property Ownership: Check the appropriate box.
- 15A. Control of Property: If applicant(s) is leasing or renting, enter name and address and phone number of owner of facility premises.
16. Was Facility Previously Licensed?: Check YES or NO. If yes, enter the facility name, number and name of agency that issued license(s).
17. Is Major Construction Required?: Indicate whether or not the facility is to be constructed or requires major structural improvements. If yes, enter dates construction is to begin and be completed.
18. Source of Water for Human Consumption?: Check PUBLIC or PRIVATE water source.
19. Other Facilities Health and Safety Code sections 1520(d), 1568.04(b) and 1569.15(d) require that an applicant disclose prior or present service as an administrator, general partner, corporate officer or director of, or as a person who has held or holds a beneficial ownership of 10 percent or more in any community care facility, Residential Care Facility for the Chronically Ill, Residential Care Facility for the Elderly, or health care facility (attach separate sheet of paper for additional facilities).
- 20., 21., and 22. Statement of applicant(s)/licensee(s) responsibilities of compliance with all applicable laws and regulations.
23. SIGNATURES OF ALL APPLICANTS OR AUTHORIZED PERSON(S) (I.E., GENERAL PARTNERS OF A PARTNERSHIP AND CHIEF EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE FOR ALL CORPORATIONS, PUBLIC AGENCIES, ETC.)