ANNUAL LICENSE FEE NOTICE

LICENSEE NAME AND MAILING ADDRESS:

Facility Number:

The Department of Social Services is required to charge an annual license fee. Please indicate any changes to the information specified below by drawing a line through the incorrect information and writing in the correct information. This form must be signed, dated and returned with the payment to complete the annual fee process.

FACILITY NAME	
LICENSED CAPACITY	FACILITY TYPE
FACILITY ADDRESS	
FACILITY MAILING ADDRESS, IF DIFFERENT	
PHONE NUMBER ( )	NAME OF ADMINISTRATOR/DIRECTOR
CHECK BOX IF APPROPRIATE AND RETURN TO THE ADDRESS BELOW: ☐ I am no longer providing care and supervision to residents/clients and wish to surrender my license.	
LICENSEE SIGNATURE	DATE

The annual fee must be received 30 days prior to the anniversary date of your current license. Payment of this annual fee is due · Failure to make the payment on time may result in the forfeiture of your license.

Your annual fee is and is nonrefundable. This fee is based on your licensed capacity. If you have fewer residents/clients than your licensed capacity, you must still pay the full fee. If you plan to increase or decrease your licensed capacity, contact your local Licensing Office.

When making payment, send a **CHECK** or **MONEY ORDER** made payable to the Department of Social Services. Write your Facility Number on the front, lower left corner of the check or money order and return the pink and yellow copies of this form with your payment to the licensing office listed below. Retain the white copy of this form for your records. Your cancelled check or money order will be your receipt.

The licensing office address and telephone number are:

LICENSING OFFICE USE ONLY:

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SIGNATURE OF PERSON RECEIVING PAYMENT	**UNIT CODE**	**CALSTARS NO.**	**AMOUNT**	**DATE**	**EVALUATOR**