

TRANSMITTAL FOR PROCESSING

TO: Processing Clerk Manager Licensing Supervisor Evaluator
FROM: **ACTION:** Send Letter Certified Expedite

DATE	FACILITY NO:
NAME OF FACILITY:	

OPEN FILE REQUEST FIRE CLEARANCE SECOND REQUEST

Total Capacity: _____ No. of Ambs: _____
No. of Non Ambs.: _____

Currently in Operation: Yes No

Age Ranges: _____

Number of Buildings: _____

Restraint: Yes No

SEND OVERCONCENTRATION

More than 300' Less than 300'

Within City Limits: Yes No

REQUEST CII CLEARANCE FOR: _____

REQUESTED CERTIFIED COPY OF JUDGMENT OF CONVICTION FOR:

From Which County: _____

SPECIAL INSTRUCTIONS:

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SPECIAL INSTRUCTIONS:

PREPARE LICENSE AND LETTER

Effective Date: _____

Expiration Date: _____

Facility Type: _____

Total Capacity: _____ No. of Ambs. _____ Non Ambs. _____

Age Ranges: _____

Client Group: _____

Special Limitations: _____

PROCESS WAIVER/EXCEPTION

CLOSE FILE EFFECTIVE: _____

Reason: _____

REVIEW: _____