

Program License Application

Please submit this form and accompanying fee to: DHS Office of Licensing, 195 North 1950, West Salt Lake City, UT 84116
Office: 801-538-4242 Fax: 801-538-4553 Website: www.hslic.utah.gov

USE A SEPARATE APPLICATION FOR EACH SITE REQUESTED

Licensed Program Information

Organization/Parent Company

Site Name – Name to Appear on License

Organization/Parent Company Name (if applicable)

Site Street Address of License

Organization Street Address (if different from site)

Site City, State, Zip

City, State, Zip

Primary Site Contact

Additional Administrative Contact Phone Number

Primary Site Telephone Number

Primary Administrative Email Address

Total Licensed Capacity # Requested

Current Licensor Name (If renewing)

Is the program under contract with the Department of Human Services? Yes No

➤ If Yes, please check which Division(s): DCFS JJS DSPD DSAMH

Type of License & Fees

Check all that apply. Each initial license requires its own fee. Checks are payable to DHS, Office of Licensing.

Please note that a fee shall not be transferred, prorated, reduced, waived, or refunded. R501-1-4-1.a

Category:	Initial:	Renewal: (including relocation and/or increase max capacity)
Adult Day Care (50 or fewer)	<input type="checkbox"/> \$900	<input type="checkbox"/> \$300 + \$9.00 plc*
Adult Day Care (51 or more)	<input type="checkbox"/> \$900	<input type="checkbox"/> \$600 + \$9.00 plc*
Child Placing	<input type="checkbox"/> \$300	<input type="checkbox"/> \$250
Day Treatment	<input type="checkbox"/> \$900	<input type="checkbox"/> \$450
Intermediate Secure Care	<input type="checkbox"/> \$900	<input type="checkbox"/> \$750 + \$9.00 plc*
Outdoor Youth	<input type="checkbox"/> \$1,408	<input type="checkbox"/> \$1,408
Outpatient Treatment	<input type="checkbox"/> \$900	<input type="checkbox"/> \$300
Recovery Residence	<input type="checkbox"/> \$1,295	<input type="checkbox"/> \$1,295
Residential Support	<input type="checkbox"/> \$900	<input type="checkbox"/> \$300
Residential Treatment	<input type="checkbox"/> \$900	<input type="checkbox"/> \$600 + \$9.00 plc*
Social Detoxification	<input type="checkbox"/> \$900	<input type="checkbox"/> \$600
Therapeutic School	<input type="checkbox"/> \$900	<input type="checkbox"/> \$600 + \$9.00 plc*
Life Safety Pre-Inspection	<input type="checkbox"/> \$600	

*per licensed capacity--applies only upon renewal and relocation

License/fee(s) _____ + (Licensed Capacity # _____ x Capacity fee \$ _____) = Total: _____

Applicant Signature _____

Date _____

Office of Licensing Approval: _____

Date fee received

Fee amount

Check number

Check date