

**LICENSE APPLICATION
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LICENSING**

195 North 1950 West
Salt Lake City, Utah 84116
801-538-4242
Fax – 801-538-4553
Web Site: www.hslic.utah.gov

USE A SEPARATE APPLICATION FOR EACH LICENSE REQUESTED

ORGANIZATIONAL INFORMATION

LICENSED PROGRAM INFORMATION

(if different from parent organization)

Name of Organization, or Parent Company

Site Name – Name to Appear on License

Street Address

Site Location Street Address

City, State, Zip

City, Zip

Administrator

Telephone Number

Local Contact

Telephone Number

Fax Number

E-mail address

Fax Number

E-mail address

TOTAL LICENSED CAPACITY _____

CURRENT NUMBER ENROLLED _____

Is the program under contract with the Department? [] Yes [] No

If Yes, which Division(s) _____

Licensors (if renewing) _____

TYPE OF PROGRAM AND FEES (Make check payable to *Department of Human Services, Office of Licensing*)

These fees are effective July 1, 2003. (* - per licensed capacity)

New Program \$300

Renewal

Adult Day Care (50 or fewer) \$100 + \$3.00 plc *

Adult Day Care (51 or more) \$200 + \$3.00 plc *

Adult Foster Care No Fee

Child Placing \$250

Day Treatment \$150

Life Safety Pre-inspection \$200

Outdoor Youth \$300 + \$5.00 plc *

Outpatient Treatment \$100

Social Detoxification \$200

Residential Support \$100

Residential Treatment \$200 + \$3.00 plc *

Intermediate Secure Care \$250 + \$3.00 plc *

Therapeutic School \$200 + \$3.00 plc *

Basic Fee: _____

Capacity: _____ x fee _____ = _____

TOTAL: _____ Fee Enclosed? [] Yes [] No

Applicant Signature

Date

Office of Licensing Approval:

Date Fee Received

Fee Amount

Check Number