



APPLICATION FOR RESIDENTIAL OR GROUP CARE FACILITY

Centrax # _____

Name of Facility _____

Location _____

Street City State Zip

Owners Name _____

Owners Address _____

Street City State Zip

Mailing Address _____

Street City State Zip

Owners Phone _____

Business Phone _____

Type of Residential/Group Care Facility – Please Choose One

<input type="checkbox"/>	Adult Day Care	<input type="checkbox"/>	Assisted Living Facility	<input type="checkbox"/>	Inter Care Facility
<input type="checkbox"/>	Public School	<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Family Day Care
<input type="checkbox"/>	Private School	<input type="checkbox"/>	Adult Family Care Home	<input type="checkbox"/>	Other
<input type="checkbox"/>	ACLF	<input type="checkbox"/>	Other Residential Facility	<input type="checkbox"/>	

Number of Authorized Capacity of your Facility – Please indicate numbers

<input type="text"/>	Student Capacity	<input type="text"/>	Authorized Number of Adults
<input type="text"/>	Authorized Number of Children	<input type="text"/>	Other
<input type="text"/>	Maximum Number of Beds	<input type="text"/>	
<input type="text"/>	Maximum Number of Clients	<input type="text"/>	
<input type="text"/>		<input type="text"/>	

Comments/Special Instructions _____

Fee If Applicable _____ Plan Review & Inspection Prior to opening (New facility or Changes made)

The undersigned owner/owner's representative, hereby agrees to operate this facility as described the this application in accordance with the applicable Florida Statutes and Florida Administrative Code for your particular facility.

Signature, Owner/Owner's Representative

Date

Signature, Environmental Health

Date