## APPLICATION FOR RESIDENTIAL FACILITY – OKALOOSA COUNTY

Facility ID #

Name	of Facility						
Locat	ion						
	Street	City		Sta	ate	Zip	
Owne	rs Name						
Owne	rs Address						
	Street	City		Sta	ate Zi	р	
Mailin	g Address						
	Street		City		State	Zip	
Owners Phone				Business		'	
Type o	of Residential Facility – Ple	ase Choose One					
	Adult Day Care		Assisted Living Facility		Intermediate Care Facility		
	Public School	Hospice				Family Day Care	
	Private School	Adult Far	nily Car	e Home	Other		
		Other Re	sidentia	I Facility			
Numbe	er of Authorized Capacity of Student Capacity	of your Facility – F	lease in		ers Number of Ac	lulte	
	Authorized Number of Children			Other	Number of Ac	iuits	
	Maximum Number of Beds			Other			
	Maximum Number of C						
	Maximum rambor or o						
Comm	nents/Special Instructions						
(New f	y Fees, If Applicable facility or Changes made)				spection Prior		
descri	ndersigned owner/owner's bed this application in acc iistrative Code for your pa	ordance with the	•	•		•	
Signature, Owner/Owner's Representative				Date			
Signature, Environmental Health				Date			