



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

Adult Day Care	Assisted Living Facility	Inter Care Facility
Public School	Hospice	Family Day Care
Private School	Adult Family Care Home	Other
	Other Residential Facility	

Number of Authorized Capacity of your Facility – Please indicate numbers

Student Capacity	Authorized Number of Adults
Authorized Number of Children	Other
Maximum Number of Beds	
Maximum Number of Clients	

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 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