

APPLICATION FOR LICENSURE

To: Georgia Department of Human Services
 Office of Inspector General
 Residential Child Care Licensing
 Application Section
 2 Peachtree Street, NW, Suite 30-246
 Atlanta, Georgia 30303-3142

OFFICE USE ONLY

Date Received: _____

SECTION A: IDENTIFICATION

Name of Organization:	
Name of Administrator and/or Designated Contact Person:	
Phone Number:	Fax Number:
Facility Address (Street, Suite#, City, Zip Code, County):	
Mailing Address (Street, Suite#, City, Zip Code, County):	
Organization Email Address:	

SECTION B: TYPE OF OWNERSHIP (If applicable, attach copy of the Certificate of Incorporation)

Circle only one:		
Proprietary	Non-Profit	For Profit
	Individual	Partnership

Name of Legal Governing Body:

Name of Officers and Governing Board (Attach Notarized Acceptance Letters)	
Full Name	Title

Under the provision of the Official Code of Georgia, Chapter 49-5, application is hereby made for license to conduct the following child welfare program:

() Child Caring Institution

() Outdoor Child Caring Programs

SECTION C: CLIENTS

1. Do you currently have clients () Yes () No

a. If "Yes", how many clients? _____

b. If "No", have you had any clients within the past 12 months? () Yes () No

SECTION D: STATEMENT OF COMPLIANCE

I certify that the above information is true and correct to the best of my knowledge

Signature of Executive Director

Date

Signature of Board President

Date

Name of Applicant

Name of Proposed Location

Mailing Address

Facility Address

City, State, Zip code

City, State, Zip code, County

Telephone number

Fax number

Email address

Ages of Children