

# 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, GA 30303-3142

OFFICE USE ONLY

Date received \_\_\_\_\_

## SECTION A: IDENTIFICATION

Name of Organization				
Street	City	Zip Code	County	
Phone Number		Fax Number		
E-Mail Address				
Mailing address if different from street address	City	State	County	Zip Code
Name of Administrator and/or Designated Contact Person				

## SECTION B: TYPE OF OWNERSHIP

Proprietary	NON-PROFIT	FOR PROFIT (Circle only one)	Individual	Partnership (Attach copy of Certificate of Incorporation)
Name of Legal Governing Body				

Name of Officers and Governing Board (Attach Notarized Acceptance letters)	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  
\_\_\_\_ Foster Home Care Services

Outdoor Child Caring Programs

**SECTION C: CLIENTS**

1. Do you currently have clients <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "No", have you had any clients within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION D: STATEMENT OF COMPLIANCE**

I certify that the above information is true and correct to the best of my knowledge	
_____	_____
<b>Signature of Executive Director</b>	<b>Date</b>
_____	_____
<b>Signature of Board President</b>	<b>Date</b>

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Proposed Location

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
Telephone number    \_\_\_\_\_  
Fax number

\_\_\_\_\_  
County

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Ages of Children