

OFFICE OF BEHAVIORAL HEALTH LICENSING
 150 N. 18th Ave., Suite 410
 Phoenix, AZ 85007
 602-364-2595

| APPLICATION FEE REMITTANCE FORM | | |
|---|-------------|---|
| FILL IN COMPLETELY | | |
| APPLICANT NAME: | | |
| FACILITY NAME: | | |
| FACILITY ADDRESS: | SUITE | |
| CITY: | STATE: | ZIP: |
| | | |
| APPLICATION FEE.....\$50.00* | | |
| License and bed fees will be collected prior to license issuance. Fees are based on licensed capacity. DO NOT SUBMIT LICENSE AND BED FEES WITH INITIAL APPLICATION. | | |
| Capacity | License Fee | Bed Fee (Number of beds x \$94.00 each) |
| None | \$375 | |
| 1 to 59 beds | \$375 | |
| 60 to 99 beds | \$750 | |
| 100 to 149 beds | \$1125 | |
| 150 or more beds | \$1875 | |
| Submit by cashier's check, business check, or money order made payable to: ARIZONA DEPARTMENT OF HEALTH SERVICES Return this form and payment to the above address | | |
| Cash and personal checks are not accepted. | | |

*** ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405 (c), 36-882 (f) and 36-897.01 (c), except as provided in A.R.S. § 41-1077.**