

OFFICE OF BEHAVIORAL HEALTH LICENSING
 150 N. 18th Ave., Suite 410
 Phoenix, AZ 85027
 602-364-2595

INITIAL 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 \$25.00 each)
None	\$100	
1 to 59 beds	\$100	
60 to 99 beds	\$200	
100 to 149 beds	\$300	
150 or more beds	\$500	
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.**