

PUBLIC HEALTH LICENSING SERVICES
Bureau of Behavioral Health Facilities Licensing
150 N. 18th Avenue, Ste. 420
Phoenix, AZ 85007

APPLICATION AND LICENSE FEE REMITTANCE FORM			
PLEASE RETURN THIS FORM WITH PAYMENT TO ABOVE ADDRESS			
FACILITY ID #: (office use ONLY)			
FACILITY NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
SOBER LIVING HOME			
FEES			AMOUNT DUE
Application Fee (due when application is submitted)			N/A
Licensed Capacity (due when application is submitted)			
Licensed Capacity:	License Fee:	# of Beds x \$100 each:	Total License Fee + Number of Beds Fee:
No licensed capacity	N/A	N/A	N/A
1 or more beds	\$500	_____ x \$100 = _____	\$ _____
TOTAL AMOUNT DUE			\$ _____
BEHAVIORAL HEALTH RESIDENTIAL FACILITY, SECURE BEHAVIORAL HEALTH RESIDENTIAL FACILITY, ADULT RESIDENTIAL CARE INSTITUTION, ADULT BEHAVIORAL HEALTH THERAPEUTIC HOME, COUNSELING FACILITY OR BEHAVIORAL HEALTH RESPITE HOME			
FEES			AMOUNT DUE
Application Fee (due when application is submitted)			\$50
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$132 each:	Total License Fee + Number of Beds Fee:
No licensed capacity	\$495	N/A	\$495
1 to 59 beds	\$495	_____ x \$132 = _____	\$ _____
60 to 99 beds	\$990	_____ x \$132 = _____	\$ _____
100 to 149 beds	\$1,485	_____ x \$132 = _____	\$ _____
150 or more beds	\$2,475	_____ x \$132 = _____	\$ _____
TOTAL AMOUNT DUE			\$ _____
Payment may only be submitted on the Licensing Management System Portal. Cashiers' checks, money orders, or business checks are not accepted.			

APPLICATION AND LICENSING FEES ARE NON-REFUNDABLE pursuant to A.R.S. 36-405(B)(5) and A.A.C. R9-10-106(G), except as provided in A.R.S. 41-1077.

NOTE: Pursuant to A.R.S. 36-405(F), application and licensing fees do not apply to a health care institution operated by a State agency pursuant to state or federal law or to adult foster care settings.