

## RENEWAL APPLICATION

Full Legal Name of Facility/Organization:	Facility ID: <b>SLH-</b>
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Pursuant to Arizona Revised Statutes Title 36, Chapter 18, Article 4 and Arizona Administrative Code Title 9, Chapter 12, **all requirements** listed below must be submitted before a license can be issued by the Department. An inspection of the home is also required if it is not currently certified by a Department-recognized certifying organization. Missing items or blank fields on the application will result in a request for the missing information and delay processing of the application.

APPLICATION CHECKLIST		ADHS Review
<b>Application with <u>all</u> applicable fields complete</b>		
A copy of the applicant's current certificate as a sober living home from a Department-approved certifying organization, if applicable ( <b>AzRHA/NARR Certificate</b> )		
A licensing fee of \$500 + \$100 times the maximum number of residents of the proposed sober living home. <ul style="list-style-type: none"> <li>Total Licensing Fee:\$_____ (Manager is not calculated )</li> </ul> Please make <b>Cashier's check or money order</b> payable to the Arizona Department of Health Services		
If applicable, <b>late payment fee for \$250 if application is submitted within 30 days after the expiration</b> of the licenses. Late renewal applications can only be accepted within 30 calendar days after the expiration of the license. If you fail to submit a renewal application, you will need to submit an initial application. <ul style="list-style-type: none"> <li>Late Fee:\$_____</li> </ul> Please make <b>Cashier's check or money order</b> payable to the Arizona Department of Health Services		

You may drop off or mail your application & payment to:  
Arizona Department of Health Services  
150 N 18th Avenue, Suite 410,  
Phoenix, AZ 85007  
OR contact us at our email: [BSLFacilities@AzDHS.gov](mailto:BSLFacilities@AzDHS.gov)

**Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):** B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this sections. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

## APPLICANT INFORMATION

Full Legal Name of Applicant (Individual or business organization requesting a license)		Facility ID: <b>SLH-</b>
Email Address	Phone Number (XXX) XXX-XXXX	
Street Mailing Address		Apt, Unit, etc. #
City	State	Zip Code

## SOBER LIVING HOME INFORMATION

Name of Sober Living Home, if applicable	Expiring Date of Current Az DHS License:	
Street Address of Sober Living Home		
City	State	Zip Code
Phone Number of Sober Living Home (XXX) XXX-XXXX		
Name of Manager for Sober Living Home		Maximum Number of Residents: (exclude Manager)
Manager's Email Address	Manager's Telephone Number (XXX) XXX-XXXX	

## OTHER APPROVED CERTIFICATION

Is the facility currently certified by another organization ? <b>Yes      No</b>	If yes, List name of approved certifying organization (No AzDHS License)
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## SUPPLEMENTAL REQUESTS FOR INFORMATION

Do you authorize the Department to submit supplemental requests for information under R9-12-106(C)(3) if necessary to complete the application?

Yes     No

## APPLICANT ATTESTATION

I, \_\_\_\_\_ attest that all information submitted as part of this application is true and accurate.

\_\_\_\_\_  
Signature of Applicant (Actual Signature or E-Signatures Accepted / No Typing)

\_\_\_\_\_  
Date Signed