

MEDICAL FACILITIES LICENSING  
 150 N. 18<sup>th</sup> Avenue, Suite 450  
 Phoenix, Arizona 85007

HEALTH CARE INSTITUTION INITIAL APPLICATION AND LICENSE FEE REMITTANCE FORM				
PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE ADDRESS ABOVE				
FACILITY I.D. #:	LICENSE #:	LEVEL OF CARE OR SERVICES		
APPLICANT/ENTITY NAME:				
FACILITY NAME:				
STREET ADDRESS:			SUITE #:	
CITY:			STATE:	ZIP:
PHYSICAL ADDRESS:				
CITY:			STATE:	ZIP:
FEES				AMOUNT DUE
Application Fee (Please do not submit the application fee if the fee has already been paid.)				\$ 50.00
LICENSED CAPACITY				
Check One:	Licensed Capacity:	Base Fee:	Number of Beds x \$25.00 each:	Total base fee plus number of beds fee:
	None	\$ 100.00		
	1 to 59 beds	100.00		
	60 to 99 beds	200.00		
	100 to 149 beds	300.00		
	150 or more beds	500.00		
<b>TOTAL AMOUNT DUE</b>				\$
<b>Payment should be by cashier=s check, money order or business check made payable to:            ARIZONA DEPARTMENT OF HEALTH SERVICES</b>				
Write the Facility I.D. # on the check. Cash and personal checks are not accepted.				
<b>AMOUNT ENCLOSED</b>				\$

**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.