

**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 = _____	\$ _____
<b>TOTAL AMOUNT DUE</b>			\$ _____
<b>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</b>			
FEES			AMOUNT DUE
Application Fee (due when application is submitted)			\$50
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$94 each:	Total License Fee + Number of Beds Fee:
No licensed capacity	\$375	N/A	\$375
1 to 59 beds	\$375	_____ x \$94 = _____	\$ _____
60 to 99 beds	\$750	_____ x \$94 = _____	\$ _____
100 to 149 beds	\$1125	_____ x \$94 = _____	\$ _____
150 or more beds	\$1875	_____ x \$94 = _____	\$ _____
<b>TOTAL AMOUNT DUE</b>			\$ _____
<b>Payment may only be submitted in the form of a cashiers' check, money order or business check made payable to "AZ DEPT OF HEALTH SERVICES". Cash and personal checks are not accepted.</b>			

**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.