



LICENSE APPLICATION CHECKLIST - RESIDENTIAL SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1551 (2-2023)

Agency

REQUIREMENTS	DATE SUBMITTED
Articles of Incorporation/By-laws	
Certificate of Occupancy/Zoning Clearance	
Criminal Offense Conviction Statement	
Financial Disclosure Statements	
Fire Inspection Certification	
Governance Statement	
Insurance Coverage Statement	
License Application	
Accreditation	
Certification	
Organizational Status	
Property Ownership	
Line Drawing(s)	
Physical Standards Checklist	
Policies/Procedures Checklist	
Sanitation Inspection Certification	
Tax Status	

Reviewed By