



LICENSE APPLICATION CHECKLIST - DAY SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1552 (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	
Organizational Status	
Property Ownership	
Line Drawing(s)	
Policies/Procedures Checklist	
Safety Inspection Report	
Sanitation Inspection Certification	
Sub-Minimum Wage Payment Certification	
Tax Status	

Reviewed By