

***ADULT NONMEDICAL ALCOHOLISM OR DRUG  
ABUSE RECOVERY OR TREATMENT FACILITY***

# **INITIAL LICENSING APPLICATION**



**STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY**

**DEPARTMENT OF HEALTH CARE SERVICES**

**SUBSTANCE USE DISORDER COMPLIANCE DIVISION**

**LICENSING AND CERTIFICATION BRANCH, MS 2600**

**PO Box 997413**

**SACRAMENTO, CA 95899-7413**

**(916) 322-2911 FAX (916) 322-2658 TTY (916) 445-1942**

## **INITIAL LICENSING APPLICATION**

### **Requirements for License**

Chapter 7.5, Part 2, Division 10.5 of the California Health and Safety Code states that "no person, firm, partnership, association, corporation, or local government entity shall operate, establish, manage, conduct, or maintain an alcoholism or drug abuse recovery or treatment facility in this state without obtaining a current, valid license pursuant to this chapter".

The code defines an alcoholism or drug abuse recovery, treatment, or detoxification facility as any facility, place or building which provides 24-hour residential nonmedical services in a group setting to adults. For the purpose of further defining whether licensure is required, alcoholism or drug abuse recovery or treatment services mean services which are designed to promote treatment and maintain recovery from alcohol or drug problems which include one or more of the following: detoxification, group sessions, individual sessions, educational sessions, and recovery or treatment planning. If you have questions regarding the need for your facility to be licensed or regarding the requirements for licensure, please call the Department of Health Care Services (DHCS) at **(916) 322-2911** and request to speak with a licensing analyst.

### **Procedure for Obtaining a License**

The Initial Licensing Application Section A and B documents must be completed and submitted to DHCS with a check or money order, made out to the Department of Health Care Services, to cover the \$2,773 initial application fee. **The application fee is non-refundable.** The review of the application cannot begin until all the necessary documents and fees have been received by DHCS. In addition, applicants must demonstrate a capability to meet the goals and objectives of an alcoholism or drug abuse recovery or treatment facility, **obtain a valid and appropriate fire clearance**, and pass an on-site inspection by a DHCS licensing analyst. Once an applicant has passed the on-site inspection, a biennial residential licensure fee, in the amount of \$147 per each treatment bed, will be assessed. When the appropriate biennial fee has been submitted, DHCS will issue a license, which will be valid for two (2) years.

This booklet details the requirements in three sections.

**Section A** – Contains the application forms which must be completed and submitted to the Division.

**Section B** – Identifies documents the applicant must develop or secure and submit to the Division as a part of the license application.

**Section C** – Identifies those areas that will be reviewed at the time the Division conducts its on-site review of the applicant's facility. Documents identified are not to be submitted to the Division prior to the review of the facility but must be readily available for review at all times.

### **License Application Processing**

The Section A and B documents must be submitted in the same sequence as they are in the application booklet. Do not bind the application documents or place them in a protective covering. **If the application packet is incomplete, in the wrong format or sequence, or submitted without the appropriate fee, DHCS will return the entire packet to you.** To prevent delays, be sure that all the required

documentation is completed, properly signed, with original signatures, dated, and submitted in the proper format and sequence, with the appropriate fee. It is recommended that you retain a copy of the completed application packet for your records.

The licensing process normally is completed within 120 days. ***The 120 days begins when an application packet is determined to be complete.***

Please mail a check or money order, made out to the Department of Health Care Services, to cover the appropriate initial application fee, the completed application forms contained in Section A and the documents required in Section B in one complete packet to:

**Department of Health Care Services  
Licensing and Certification Branch, MS 2600  
PO Box 997413  
Sacramento, CA 95899-7413**

### **Regulations**

The regulations that govern the licensing of the facility category covered by these application instructions are under the California Code of Regulations (CCR), Title 9, Division 4, Chapter 5. To assist applicants in supplying the detailed information needed in the licensing process, a copy of the regulations and amendments can be downloaded at <http://www.DHCS.ca.gov/Licensing/laws.shtml>

For information on purchasing regulations with an update service, contact:

Barclays West Group  
1-800-888-3600

### **Public Information**

Information provided by the applicant(s) for licensure can be made available for public review unless otherwise exempted by law (Inspection of Public Records, Chapter 3.5, Division 7, Government Code).

### **Application Fees**

On August 24, 2007, Chapter 177, Statutes of 2007, (Senate Bill 84), was enacted mandating the assessment of fees to all licensed and/or certified residential and certified outpatient Alcohol and Other Drug (AOD) recovery and treatment facilities regardless of the form of organization or ownership. For more information please refer to ADP Bulletin Number 07-11, entitled Assessment of Fees for Licensure and Certification of Residential and Outpatient Recovery and/or Treatment Facilities, issued on October 11, 2007, and posted on DHCS's website at [www.DHCS.ca.gov](http://www.DHCS.ca.gov)

**The following Residential Licensure Fees will be assessed by DHCS.**

<b>Residential Licensure Fees</b>	
Initial Residential Licensure Application Fee	\$ 2,773
Initial Biennial Residential Licensure Fee	\$ 147 (per bed)

**SECTION A – Checklist and Sequence for Submission****Application Forms**[Go To Forms Page](#)

For Internal Use Only

Applicant check off and initial when submitting	YES	NO	INC	N/A
<input type="checkbox"/> 1. Application for License (A-1)				
<input type="checkbox"/> 2. Administrator/Director Information (A-2)				
<input type="checkbox"/> 3. Administrative organization, Corporations (A-3A) Public Agency, Partnership, Sole Proprietor, or Other Association (A-3B)				
<input type="checkbox"/> 4. Designation of Administrative Responsibility (A-4)				
<input type="checkbox"/> 5. Weekly Activities Schedule (A-6)				

**Explanation of Section A****Forms to be submitted to the Department of Health Care Services  
to initiate the request for licensing.**[Go To Forms Page](#)

Facilities that have more than one property address may require completion of additional Section A portions of the application. If you have any questions regarding this issue call the Department of Health Care Services at (916) 322-2911 and ask to speak with a licensing analyst.

1. Application for License (A-1) - identifies the applicant(s), facility, and other required information for licensure. [Regulations Section 10516]
2. Administrator and/or Director Information (A-2) - identifies the Administrator and/or Director of the facility applying for licensure and verifies qualifications to operate a facility. [Regulations Section 10564]
3. Administrative Organization - identifies the entity applying for licensure, Corporation (A-3A) or Public Agency, Partnership, Sole Proprietor, or Other Association (A-3B). [Regulations Section 10516(a)(2)]
4. Designation of Administrative Responsibility (A-4) - identifies the person(s) authorized by the applicant to accept responsibility of facility in his/her absence. [Regulations Section 10564(a)(2)]
5. Weekly Activity Schedule (A-6) - indicates the weekly schedule for specific activities and recovery or

treatment services such as detoxification, group sessions, education, problem solving, counseling sessions, recreation, individual and family sessions, recovery or treatment planning, or other activities the facility is providing for the residents. [Regulations Sections 10501(a)(5) and 10574].

**SECTION B – Checklist and Sequence for Submission**

**Required Supportive Documents**  
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Applicant check off and initial when submitting	YES	NO	INC	N/A
<input type="checkbox"/> 1. Approved Fire Safety Inspection Request (Standard Form 850)				
<input type="checkbox"/> 2. Licensing Fees				
<input type="checkbox"/> 3. Plan of Operation				
<input type="checkbox"/> a. Statement of program goals and objectives				
<input type="checkbox"/> b. Outline of activities and services				
<input type="checkbox"/> c. Admission policies and procedures				
<input type="checkbox"/> d. Assurance of nondiscrimination in employment practices and provisions of benefits and services				
<input type="checkbox"/> e. A copy of the facility’s residential admission agreement				
<input type="checkbox"/> f. Table of administrative organization of the <u>facility</u>				
<input type="checkbox"/> g. Staffing plan, job descriptions, and minimum staff qualifications				
<input type="checkbox"/> h. A sketch of the grounds, showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas, and other space used by residents				
<input type="checkbox"/> i. Floor plans which describe the dwelling capacity, intended use, and dimensions of the rooms				
<input type="checkbox"/> j. Sample menus and schedule for one calendar week, indicating the times of day that meals are to be served				
<input type="checkbox"/> k. Consultant and community resources to be utilized by the facility as part of its program				
<input type="checkbox"/> 4. Provisions for Safeguarding Residents Property				
<input type="checkbox"/> 5. Bacteriological Analysis of Private Water Supply				

## Explanation of Section B

### Supportive Documents to be submitted to the Department of Health Care Services

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1. Fire Safety Inspection Request (Standard Form 850) – A valid and appropriate fire clearance issued from the fire authority having jurisdiction for the area in which the facility is located. The fire clearance shall include a determination of the number of beds for ambulatory residents and for non-ambulatory residents in the facility and any restrictions regarding non-ambulatory clearances. [Regulations Section 10517(a)(1)] The fire clearance shall include the number of dependent children allowed in the total capacity and the age range of the dependent children. If no number of dependent children is indicated, no dependent children are allowed.
  
2. Licensing Fees – All applicants for licensure are required to pay a licensing fee regardless of the form of organization or ownership. [Chapter 177, Statutes of 2007, (Senate Bill 84)]
  
3. Plan of Operation – Shall include, but not be limited to the following items [NOTE: Items a, b, and c should clearly demonstrate a relevance to the type of submitted application—alcohol , drug and/or combined alcohol and drug facility]:
  - a. Statement of program goals and objectives – written statement to include program goals (intent or the purpose of its existence) and objectives of the facility. [Regulations Section 10517(a)(2)(A)]
  
  - b. Outline of activities and services – written statement listing the activities and services being provided by the facility. [Regulations Section 10517(a)(2)(B)]
  
  - c. Admission policies and procedures – written statement of admission policies and procedures regarding acceptance of residents. [Regulations Section 10517 (a)(2)(C)]
  
  - d. Assurance of nondiscrimination in employment practices and provision of benefits and services – written assurance of nondiscrimination in employment practices, provision of benefits and services. [Regulations Section 10517(a)(2)(D)]
  
  - e. A copy of the facility’s residential admission agreement – a copy of the most current admission agreement used by the facility. [Regulations Section 10517(a)(2)(E)]. Pursuant to Title 9, California Code of Regulations, Section 10566, the admission agreement shall specify all of the following:
    - Services to be provided,
    - Payment provisions including (amount assessed and payment schedule),
    - Refund policy,
    - Those actions, circumstances or conditions which may result in resident eviction from the facility,
    - The consequences when a resident relapses and consumes alcohol and/or non-health sustaining drugs, and
    - Conditions under which the agreement may be terminated.

- f. Table of administrative organization of the facility – a chart that shows the governing board, advisory groups, including resident council when applicable, and both lines of authority (straight lines) and communications lines (broken lines) to all staff positions. [Regulations Section 10517(a)(2)(F)]
  - g. Staffing plan, job descriptions, and minimum staff qualifications – narrative description of staff needs (i.e., briefly describe staff composition, job description) for each position at facility (both paid and volunteer) which includes minimum staff qualifications for each position. [Regulations Section 10517(a)(2)(G)]
  - h. Sketch of Buildings and Grounds – sketch on an 8½ “ x 11” sheet of paper all building(s) to be occupied, including a floor plan of all rooms intended for resident’s use. A sketch of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreational area and other space to be used by residents. All sketches shall show dimensions but need not be to scale. The number of residents per bedroom, and the location and the number of beds for all residents, including the location of beds for infants and other non-ambulatory persons, must be identified. [Regulations Section 10517(a)(2)(H)&(I)]
  - i. Sample menus and schedule for one calendar week – menu(s) shall include times of food service, food provided for breakfast, lunch, and dinner for one week, and type and availability of snacks. [Regulations Section 10517(a)(2)(J)]
  - j. Consultant and community resources to be utilized by the facility as part of its program. Provide a copy of this inventory which shall be used as a resource for assisting participants in securing additional services to meet and maintain their person well-being while continuing to enhance personal development. [Regulations Section 10517(a)(2)(K)]
4. Provisions for Safeguarding Resident’s Property – describe the process for safeguarding of resident’s personal property accepted by the licensee for safekeeping, if it is the licensee’s policy to accept such valuables. [Regulations Section 10516(a)(8)]
  5. Bacteriological Analysis of Private Water Supply – a bacteriological water analysis is required for alcoholism or drug abuse recovery or treatment facilities that receive water from a non-municipal source. This shall be conducted by the local health department, the State Department of Health Services, or a licensed commercial laboratory. This analysis shall be done on an annual basis. [Regulations Section 10517(b)]

## SECTION C – SUPPORTIVE DOCUMENTS

### Explanation of Section C

**At the time of the on-site review the following items need to be ready and available for review by the licensing analyst.**

#### [Go To Forms Page](#)

1. Plan of Operation A written plan of operation must be maintained which includes, at minimum, all requirements listed in Regulation Section 10517(a)(2).
2. Personnel Records of all Paid and/or Volunteer Staff  
Personnel records must, at minimum, contain all of the requirements listed in Regulations Sections 10564, 10565 and 10572. The attached form Health Screening Report – Facility Personnel (C-3) may be used for Sections 10564(c) and 10565(b).
3. Resident Records  
Resident records must, at minimum, contain all requirements listed in regulations Sections 10566, 10567, 10568 10569 and 10572.
4. Telephones and Transportation  
Telephones, not including a cellular telephone, must be provided for emergency use to comply with Regulations Section 10570. Vehicles used to transport residents must comply with Regulation Section 10571.
5. Health Related Documents and Policies  
Health related documents and policies must contain all requirements listed in regulations Section 10572. The Centrally Stored Medication and Destruction Record (C-6A) may be used by the facility and Unusual Incident/Injury/Death Report (C-6B) shall be used by the facility. In addition, there shall be written rules and policies to prevent persons (except in detoxification programs) who have consumed alcohol or other drugs from being on the premises [Section 10572(e)].
6. Food Service – Documents and Storage  
Food Service department, food preparation areas, and storage areas will be reviewed to ensure compliance with Regulations Section 10573.
7. Physical Service – Documents and Storage  
The building will be inspected to ensure compliance with Regulations Section 10580 through 10584.
8. Federal Requirements  
A copy of the Code of Federal Regulations regarding confidentiality, (42 CFR) and the Code of Federal Regulations regarding nondiscrimination, (45 CFR), must be maintained at the facility and available for review in accordance with Regulations Sections 10517(a)(2)(D), 10564, 10568, and 10569. The attached form Personal Rights (C-9) may be used by the facility for convenience.

**APPLICATION FOR INITIAL LICENSE A-1**

<p><b>DIRECTIONS TO FACILITY</b> (applicant may include map)</p>	<p><b>FOR DEPARTMENTAL USE ONLY</b></p>
	<p>COUNTY:</p>
	<p>DATE:</p>
	<p>REVIEWED BY:</p>
	<p>ID NUMBER:</p>

**INITIAL APPLICATION**

**1. APPLICANT INFORMATION:**

\_\_\_\_\_  
 Name of Applicant (if Corporation, legal name of Corporation)

\_\_\_\_\_  
 (Mailing Address of Applicant)

\_\_\_\_\_  
 (City/State)

\_\_\_\_\_  
 (Zip)

\_\_\_\_\_  
 (Contact Person)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Telephone)

\_\_\_\_\_  
 (Fax)

\_\_\_\_\_  
 (E-mail Address)

**TYPE OF ORGANIZATION:**

For Profit

Nonprofit

Other, please explain \_\_\_\_\_

Partnerships, corporations, sole proprietors and other associations must complete form A-3A or A-3B.

**APPLICANT:**

Has the applicant ever been a licensee or co-licensee of an alcoholism or drug abuse recovery or treatment facility licensed by the Department of Alcohol and Drug Programs or a facility licensed by Department of Social Services – Community Care Licensing?

Yes

No

If yes, name of facility: \_\_\_\_\_

License Number: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_



be greater than the total occupancy shown in B above): \_\_\_\_\_

**D. MAXIMUM NUMBER AND AGE RANGE OF DEPENDENT CHILDREN WHO ARE SUPERVISED BY THEIR PARENT(S) IN THE FACILITY.** This includes temporary residing (i.e., overnight, weekend visits) of dependent children. (Since there must always be at least one adult being served, the maximum number of dependent children housed must be at least one less than the total occupancy, determined by the fire inspector, as shown in B above): \_\_\_\_\_

**E. DURATION OF USUAL RECOVERY OR TREATMENT PROGRAM IN FACILITY TO BE LICENSED (in days):** \_\_\_\_\_

**F. IS THE FACILITY/PROGRAM ACCESSIBLE TO INDIVIDUALS IN WHEELCHAIRS OR OTHER NONAMBULATORY CONDITIONS?**

Yes     No

**NOTE:** The Americans with Disabilities Act of 1990 (ADA) - Public Law 101-336, C42 U.S.C., Chapter 126 is a comprehensive federal anti-discrimination law for people with disabilities. The Department of Health Care Services reminds all providers of alcoholism or drug abuse recovery or treatment services that discrimination against persons with disabilities is prohibited. Further, the Department of Health Care Services encourages you to become familiar and comply with the ADA guidelines. Local governmental entities should be contacted for specific ADA requirements for your area.

**G. IS FACILITY/PROGRAM APPLYING FOR A WAIVER TO SERVE ADOLESCENTS?**

Yes     No

If yes, a proposal to serve adolescents must be submitted with the application (in accordance with Title 9, CCR, Subchapter 4, Article 1, commencing with Section 10598.

**H. POPULATION DEMOGRAPHICS**

Describe and check the demographics of the resident population to be served (age, race/ethnicity, and sex). [Title 9, CCR, Section 10516 (a)(5)]

- |                          |     |                             |                          |     |                                   |
|--------------------------|-----|-----------------------------|--------------------------|-----|-----------------------------------|
| <input type="checkbox"/> | 1.1 | General Population (co-ed)* | <input type="checkbox"/> | 1.4 | Dependent Children of Residents** |
| <input type="checkbox"/> | 1.2 | Men Only                    | <input type="checkbox"/> | 1.5 | Adolescents (14-17)*              |
| <input type="checkbox"/> | 1.3 | Women Only                  | <input type="checkbox"/> | 1.8 | Dual Diagnosis***                 |

\* **The applicant prior to serving this population must meet additional regulatory requirements. (Co-ed refer to Title 9, CCR, Section 10581(f)(1-3)) (Adolescents refer to Title 9, CCR Sections 10598-19631)**

\*\* **The approved fire clearance must address any dependent children of residents residing at the facility. This includes temporary residency (i.e., overnight weekend visits of dependent children).**

\*\*\* **Serving this population may require the applicant to obtain a license from another state agency. For example, the Department of Health Care Services does not have licensing authority over facilities in which staff provides assistance to residents with activities of daily living. This includes, but is not limited to, assistance in dressing, grooming, bathing, and other personal hygiene. CONTACT THE DEPARTMENT OF SOCIAL SERVICES – COMMUNITY CARE LICENSING at (916) 324-4031 or a regional office (identified in the government pages of a local phone book) if you have questions regarding the proper licensing department.**

## I. FACILITY DESCRIPTION:

1. Was the building currently under consideration previously licensed as a residential facility by the Department of Alcohol and Drug Programs, Department of Health Care Services, Department of Social Services or Department of Health Services?

Yes                       No                       Unknown

If yes, give former facility name, name of licensing agency, and license number:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Licensing Agency)

2. Total number of buildings to be included in the license \_\_\_\_\_
3. Are all buildings located on the same property or integral components of the same facility?

Yes                       No

4. Is major construction anticipated?     Yes                       No

If yes, give construction initiation and completion dates:

\_\_\_\_\_

(Initiation Date)

\_\_\_\_\_

(Anticipated Completion Date)

Please note: New construction and major renovations need to comply with ADA regulations.

5. Is water used for human consumption from a municipal water source?

Yes                       No

(a) If yes, give the name of the municipality \_\_\_\_\_

(b) If no, give source of water \_\_\_\_\_

**NOTE:** A bacteriological analysis is required for non-municipal water (Chapter 5, Division 4, of Title 9,

Section 10517(b), California Code of Regulations). The local health department, the State Department of Health Services, or a licensed commercial laboratory may conduct this. A copy of the analysis is to be submitted with the application and shall be updated annually and maintained at the facility.

**J. NONPROFIT APPLICANTS ONLY (any change to the information below must be reported to the Department of Health Care Services):**

Have you obtained tax-exempt status from the Internal Revenue Service under Internal Revenue Code 501(c)(3) **and** from the California Franchise Tax Board under Revenue and Taxation Code 23701d?

YES  NO

**IF YES:** What is your primary purpose (check one)?

Charitable  Religious  Educational

Other - Please Specify: \_\_\_\_\_

**IF NO:** Are you nonprofit based on another provision of the law?  YES  NO

**IF YES:** Specify the provision: \_\_\_\_\_

**K. RELIGIOUS ACTIVITIES:**

1. Do you **mandate** religious study or activities as part of your recovery, treatment, or detoxification services?  YES  NO

**IF YES:** The religious studies or activities must be reflected on the Weekly Activities Schedule and in the Admission Agreement.

2. Do you offer, on a voluntary basis, religious study or activities as part of your recovery, treatment, or detoxification services?  YES  NO

**IF YES:** Religious study or activities and distinct nonreligious activities for those not choosing the religious studies or activities must be reflected on the Weekly Activities Schedule and the Admission Agreement.

***IT IS IMPORTANT TO NOTE: PUBLIC FUNDS CANNOT BE USED TO SUPPORT RELIGIOUS STUDY OR ACTIVITIES.***

**L. PUBLIC FUNDING:**

(1) Do you have a county contract?  Yes  No

(2) Do you receive perinatal funds?  Yes  No

(3) Do you receive any funds from the Department of Corrections?  Yes  No

If yes, please provide source: \_\_\_\_\_

(4) Other public funding: \_\_\_\_\_

**M. PROPERTY OWNERSHIP:**

Own     Rent     Lease     Other (specify) \_\_\_\_\_

If renting or leasing, name, address and telephone number of property owner:

\_\_\_\_\_  
 (Name) (Telephone)

\_\_\_\_\_  
 (Address) (City/State) (Zip)

**N. RECORDS:** (Regulations Section 10568(a) requires resident records to be maintained at the facility site. However, Regulations Section 10565(c) allows personnel records to be maintained in a central location provided that they are readily available to the department at the facility site upon request). Are your personnel records maintained at the facility site?

YES     NO

If no, address where personnel records are maintained:

\_\_\_\_\_  
 \_\_\_\_\_

**O. EMPLOYEES:**

Total number of employees at facility to be licensed \_\_\_\_\_

Total number of employees of provider \_\_\_\_\_

**3. APPLICANT RESPONSIBILITIES:**

- A.** In addition to complying with the Health and Safety Code and regulations and the Alcohol and/or Other Drug Program Certification Standards concerning licensing, certification and fire safety, I/we understand that there is also an obligation to meet other state, federal, and/or local codes and regulations, such as *zoning, building, sanitation, labor, nondiscrimination, confidentiality, and Americans with Disabilities Act.*
- B.** Permission shall be obtained by the applicant from the Department of Health Care Services prior to making any changes that affect the terms of the license and/or certification.
- C.** The applicant may withdraw its application by submitting a written request to do so. Such withdrawal shall not constitute denial of the application. However, withdrawal does not prohibit the Department of Health Care Services from taking action to deny an application.

**4. AUTHORIZED SIGNATURE(S) OF APPLICANT:**

**THE UNDERSIGNED ASSURES THAT THE APPLICANT DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR, OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); SECTION 11135 OF CALIFORNIA GOVERNMENT CODE; AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800) DIVISION 4, TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS.**

- A. If the applicant is a sole proprietor, the application shall be signed by the proprietor [Title 9, CCR, Section 10516(b)]
- B. If the applicant is a partnership, the application shall be signed by each partner. [Title 9, CCR, Section 10516(b)(1)] [Standards Section 3030 a. 2. A.]
- C. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or the individual legally responsible for representing the agency. [Title 9, CCR, Section 10516(b)(2)]
- D. The applicant(s) affirms that the facts contained in this application and supporting documents are true and correct.

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(Signature) (Title) (Date)

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(Signature) (Title) (Date)

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(Signature) (Title) (Date)

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(Signature) (Title) (Date)