APPLICATION FOR LICENSURE

County_____ License Number _____	FOR DHCS USE ONLY Received by: _____ Analyst: _____ Renewal Issued: _____

APPLICATION INFORMATION

Applicant(s) Name:_____ Telephone: _____

Application Filed By:
☐ Individual Ownership ☐ Corporation ☐ County Operated ☐ Other _____
☐ Partnership ☐ Non Profit ☐ Profit _____

Applicant Mailing Address:

Applicant Email Address:

City:_____ State:_____ Zip Code: _____

Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years:

PROGRAM INFORMATION

Program Type(s): ☐ Wet Reckless ☐ First Offender ☐ 6-Month
☐ 9-Month ☐ 18-Month ☐ 30-Month

Program Name:

Program Address:

City: State: Zip Code:

Program Director: Telephone:

Note any fee, program, staff or other changes since last application submission.

Signed:	Date: