

FACILITY REQUIREMENTS

License Number	Licensee
Site Address	
Facility Description:	
Facility Dimensions (include waiting, counseling, dispensing, storage areas, etc.):	
Describe the relationship of the narcotic treatment program to the total facility (if applicable):	
List days and hours for medication dispensing services:	
List days and hours for other narcotic treatment program services:	
If the facility is used for purposes other than a narcotic treatment program, list the type of service(s) provided and the hours of use:	
Detail the projected rate of intake and factors controlling the projected intake:	