

State of New Mexico

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

BILL RICHARDSON
GOVERNOR

DIANE DENISH
LIEUTENANT GOVERNOR



DORIAN DODSON
CABINET SECRETARY

BILL DUNBAR
DEPUTY CABINET SECRETARY

MARISOL ATKINS
DEPUTY CABINET SECRETARY

CHILDREN'S BEHAVIORAL HEALTH SERVICES BUREAU LICENSE APPLICATION

<input type="checkbox"/> INITIAL APPLICATION		<input type="checkbox"/> CHANGE OF OWNERSHIP	
FEE-\$30.00 AMOUNT ENCLOSED: \$ _____		CAPACITY REQUESTED: _____	
PLEASE SUBMIT THE FOLLOWING:			
<input type="checkbox"/> ZONING APPROVAL		<input type="checkbox"/> BUILDING/CERTIFICATE OF OCCUPANCY APPROVAL	
		<input type="checkbox"/> FIRE INSPECTION	
		<input type="checkbox"/> EID	
PLEASE CHECK THE FOLLOWING:			
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> REMODEL	
		<input type="checkbox"/> ALTERATION ADDITION	
IF REMODELED OR AN ADDITION, THE PLANS NEED TO INDICATE EXISTING AND NEW CONSTRUCTION PLANS.			
<input type="checkbox"/> ANNUAL RENEWAL APPLICATION		LICENSE NUMBER: _____	
		EXPIRATION DATE: ____/____/____	
FEE-\$30.00 AMOUNT ENCLOSED: \$ _____			
<input type="checkbox"/> AMENDED APPLICATION		<input type="checkbox"/> CHANGE OF DIRECTOR	
		<input type="checkbox"/> CHANGE OF CAPACITY	
		<input type="checkbox"/> RESUME	
		<input type="checkbox"/> FIRE INSPECTION	
		<input type="checkbox"/> CRIMINAL RECORDS	
		<input type="checkbox"/> TB TEST	

NAME OF SERVICE: _____

TYPE OF SERVICE: _____ TELEPHONE NO: (505) _____

ADDRESS: _____ NM _____
(STREET) (CITY) (ZIP)

MAILING ADDRESS: _____ NM _____
(STREET) (CITY) (ZIP)

OWNERSHIP: (Please check one) INDIVIDUAL PARTNERSHIP
 NON-PROFIT CORPORATION

OPERATED BY: _____
FOR PARTNERSHIP, CORPORATION OR NON- PROFIT ASSOCIATION, (PLEASE LIST DIRECTORS)

LICENSEE: (PLEASE LIST THE PERSON IN WHOSE NAME THE LICENSE IS TO BE ISSUED. (THIS INDIVIDUAL SHALL BE THE LICENSEE AND WILL BE RESPONSIBLE FOR COMPLIANCE WITH THE REGULATIONS GOVERNING THE SERVICES).

NAME: _____ Telephone No: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

I _____ HEREBY CERTIFY THAT I HAVE NEVER HAD AN ARREST OR SUBSTANTIATED REFERRAL TO A CHILD PROTECTIVE SERVICE AGENCY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR THE SERVICE FOR WHICH I HAVE APPLIED. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE FACILITY FOR WHICH LICENSE IS REQUESTED. I UNDERSTAND THAT MY REFERENCES WILL BE CHECKED AND I WILL BE RESPONSIBLE FOR THE FACILITY COMPLYING WITH CURRENT LICENSING REGULATIONS.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT LICENSING REGULATIONS MAY RESULT IN DENIAL OR REVOCATION OF THE LICENSE TO OPERATE. I AM OVER TWENTY-ONE YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION FOR A LICENSE TO OPERATE THE SERVICE FOR WHICH I HAVE APPLIED FOR A PERIOD NOT TO EXCEED ONE CALENDAR YEAR.

AFIDAVIT

STATE OF NEW MEXICO COUNTY OF: _____
BEING DULY SWORN ACCORDING TO LAW DEPOSES AND SAYS THAT THE FACTS SET FORTH IN THE FORGOING APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____ 200__.

(APPLICANT'S SIGNATURE)

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

ALL INITIAL AND AMENDED APPLICATIONS MUST BE ACCOMPANIED WITH THE LICENSEE'S RESUME, COPY OF DEGREE AND A LIST OF THREE CHARACTER REFERENCES OF INDIVIDUALS NOT RELATED TO THE INDIVIDUAL. (DO NOT INCLUDE EMPLOYEES.)

ALL INITIAL APPLICATIONS MUST BE ACCOMPANIED WITH DOCUMENTS MENTIONED IN THE REGULATIONS AS RELATED TO THE SERVICE APPLIED FOR.

ALL INITIAL AND ANNUAL RENEWAL APPLICATIONS MUST BE ACCOMPANIED BY THE REQUESTED FEE OF **\$30.00** IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE STATE OF NEW MEXICO.

ALL AMENDED APPLICATIONS MUST BE ACCOMPANIED BY THE REQUESTED FEE OF **\$20.00** IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE STATE OF NEW MEXICO. (INCLUDING CHANGE OF OWNERSHIP, LICENSEE, CHANGE OF CAPACITY OR NAME OF BUSINESS.)

**ALL APPLICATIONS MUST BE NOTARIZED
FEES ARE NON-REFUNDABLE**

PLEASE RETURN APPLICATION TO:
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
CHILDREN'S BEHAVIORAL HEALTH AND COMMUNITY SERVICES BUREAU
LICENSING AND CERTIFICATION UNIT
1920 FIFTH ST
SANTA FE, NEW MEXICO 87505-5160
TELEPHONE NO: (505) 827-5889



Licappl-0/06