## State of New Mexico CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ GOVERNOR

JOHN SANCHEZ LIEUTENANT GOVERNOR



YOLANDA BERUMEN-DEINES CABINET SECRETARY DESIGNATE

### CHILDREN'S BEHAVIORAL HEALTH SERVICES BUREAU LICENSE APPLICATION

( ) INITIAL APPLICATION (	) CHANGE OF OWNERSHIP		
FEE-\$30.00 AMOUNT ENCLOSED: \$_	CAPACITY REQUESTED:		
PLEASE SUBMIT THE FOLLOWING: ( ) ZONING APPROVAL (	) BUILDING/CERTIFICATE OF OCCUPANC	CY APPROVAL ( ) FIRE INSPECTION ( ) EID	
PLEASE CHECK THE FOLLOWING:			
	) REMODEL ( ) ALTERATION ADDIT		
IF REMODELED OR AN ADDITION, THE PI	ANS NEED TO INDICATE EXISTING AND NE	W CONSTRUCTION PLANS.	
( ) ANNUAL RENEWAL APPLICATION	LICENSE NUMBER:	<b>EXPIRATION DATE:</b> ///	
FEE-\$30.00 AMOUNT ENCLOSED: \$			
( ) AMENDED APPLICATION Fee \$20.00	<ul> <li>( ) CHANGE OF DIRECTOR</li> <li>( ) RESUME</li> <li>( ) CRIMINAL RECORDS</li> <li>( ) TB TEST</li> </ul>	<ul> <li>( ) CHANGE OF CAPACITY</li> <li>( ) FIRE INSPECTION</li> </ul>	
NAME OF SERVICE:			
TYPE OF SERVICE:	TELEPHONE NO: (505)		
ADDRESS:		NM	
(STREET)	(CITY)	(ZIP)	
MAILING ADDRESS:		NM	
(STREET)	(CITY)	(ZIP)	
OWNERSHIP: (Please check one)	<ul><li>( ) INDIVIDUAL</li><li>( ) NON-PROFIT</li></ul>	<ul><li>( ) PARTNERSHIP</li><li>( ) CORPORATION</li></ul>	

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).

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

(APPLICANT'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE METHIS \_\_\_\_\_ DAY OF \_\_\_\_\_200\_\_\_.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_

ALL <u>INITIAL AND AMENDED</u> 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 <u>INTIAL APPLICATIONS</u> MUST BE ACCOMPANIED WITH DOCUEMENTS MENTIONED IN THE REGULATIONS AS RELATED TO THE SERVICE APPLIED FOR.

ALL <u>INITIAL AND ANNUAL RENEWAL APPLICATIONS</u> 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 <u>AMENDED APPLICATIONS</u> MUST BE ACCOMPANIED BY THE REQUESTED FEE OF <u>\$20.00</u> 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