



## Florida Substance Abuse Licensure Application Checklist

### RELOCATION APPLICATION

(No Change in Service)

#### Licensed Provider or Component

The checklist below provides applicants with a simple list of important documents and information which are required for licensure.

**Note:** Applications for licensure must be submitted initially and annually along with a licensing fee via the Provider Licensure and Designation System (PLADS) or the C&F-SA Form 4024. To facilitate the application process, complete all items on the application and be certain to upload or include all the required documents, as appropriate. Please note, the department has up to 30 days to notify providers regarding the status of their application(s).

A completed application must be submitted to the Department at least 30 days prior to relocation.

*Note: Page one of the C&F-SA Form 4024 refers to the agency's main headquarters. Pages 2 - 4 refer to the specific location and program component seeking licensure. (For Day and Night with Community Housing please list the housing addresses on the last page of the application).*

<p><b>1. <input type="checkbox"/> Agency Information:</b> Provide name and address of the applicant service provider and its director, owner, corporate officers, board members, and shareholders.</p>	
<p><b>2. <input type="checkbox"/> Fire &amp; Safety:</b> Provide documents showing proof of compliance with local fire and safety codes, for each location.</p> <p>Note: If a private organization is used, the inspector must be licensed by State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites, please use addendum listing addresses and corresponding expiration dates).</p>	
<p><b>3. <input type="checkbox"/> Health (Facility &amp; Food) Inspections:</b> Provide documentation of compliance with health codes.</p> <p>Note: Health inspections apply to residential and intensive inpatient. For Day or Night with Community Housing, a health inspection is required unless the local Health Department issues a letter stating it is not required.</p>	



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<p>4. <input type="checkbox"/> <b>Local Zoning Compliance:</b> Provide documents showing proof of compliance with local zoning codes for each address, excluding community housing.</p> <p>Note: Inmate programs operated within the Department of Corrections' facilities or contracted to the Department of Management Services, are exempt from this requirement.</p>	
<p>5. <input type="checkbox"/> <b>Business Tax Receipt:</b> Provide the Business Tax Receipt if required in your county or municipality for each address, excluding community housing.</p> <p>Note: If your organization is exempt from paying a business tax receipt, include documentation from the jurisdiction providing the exemption. Inmate programs operated within Department of Corrections' facilities, or contracted to the Department of Management Services, are exempt from this requirement.</p>	
<p>6. <input type="checkbox"/> <b>Current Insurance Coverage</b> Provide documentation demonstrating professional and property liability insurance coverage. Add expiration date on each application. Agencies with multiple sites please use addendum listing addresses and corresponding expiration dates.</p> <p>Note: Inmate Programs operated directly by the Department of Corrections are exempt from this requirement.</p>	
<p>7. <input type="checkbox"/> <b>Application Fee:</b> Include the license fee. See Chapter 65D-30.003(5) for the fee schedule.</p> <p>Note: Please paperclip to the first page of the application packet.</p>	
<p>8. <input type="checkbox"/> <b>Application for Licensing:</b> C&amp;F-SA Form 4024, dated August 24, 2012.</p>	