

**DEPARTMENT OF SOCIAL SERVICES**  
**BUREAU OF RESIDENTIAL LICENSING**  
**P. O. BOX 91303, BATON ROUGE, LA 70821**  
**627 N. FOURTH STREET, 8TH FLOOR, BATON ROUGE, LA 70802**  
**PHONE: (225) 342-9471 or (225) 342-9734      FAX: (225) 342-9483**

## APPLICATION FOR LICENSE

### 1. IMPORTANT NOTES

**For All Initials or Change of Location Licenses:** A license is required **PRIOR** to opening. An initial application fee of **\$25.00** is required. Additional licensure fees, if any, are due after initial survey and prior to issuance of a license.

**For All Change of Ownerships:** The total license fee and completed application forms are required prior to the act of sale

**For All License Renewals:** Each provider is solely responsible for obtaining required forms to apply for the renewal of your license. The total license fee and completed application forms are required at least 30 days prior to anniversary date of the current license. Application forms can be downloaded at <http://www.dss.state.la.us/departments/os/Licensing.html>

**Payment of All Fees:** All fees are to be paid by **CERTIFIED CHECK OR MONEY ORDER** made payable to the **Department of Social Services**. **Do NOT** send cash, business or personal checks. Fees are **NON-REFUNDABLE**.

### 2. CENTER INFORMATION

**Center Name:**

**Location Address:**

Street City State Zip Code

**Mailing Address:**

Street/P.O. Box City State Zip Code

**Center Phone No.:**

(     )

**Office Phone No.:**

(     )

**FAX No.:**

(     )

**Parish:**

**Center E-Mail Address:**

### 3. TYPE OF LICENSE

**(Check One Only)**

- Initial Application
- Renewal Application

**(Check One Only if Applicable)**

- Class "A"
- Class "B"

**(Check All Appropriate)**

- Change of Ownership
- Change of Location
- Change in Director
- Other Changes to License:  
Please specify (capacity, name, etc.):



