



PLANNING & INSPECTIONS DEPARTMENT

HOME OCCUPATION - ADULT FOSTER CARE LICENSE APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY BLANK FIELDS.

Adult Foster Care Facility Information (Project Name)	
Name of Adult Foster Care Facility:	Phone #:
Facility Address:	Zip Code:

Adult Foster Care Owner/Operator (Applicant)	
Name of Owner/Operator (Individual, Partnership, Corporation, LLC):	
Trade Name/DBA (if applicable, a copy of the Assumed Name Certificate must be attached):	
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Type of Application: <input type="checkbox"/> New License <input type="checkbox"/> Renewal License	
If a renewal, what year did you first open facility? (Supporting documentation may be required.)	If a renewal, how many Disabled/Elderly Residents did you have last year? (Supporting documentation may be required.)
Street Address:	
City:	State:
Zip Code:	
Phone #:	Fax #:
Email:	

Authorized Officer or Agent (Representative, if applicable):	
Name (First, Middle, Last, Suffix):	
Street Address:	
City:	State:
Zip Code:	
Phone #:	Fax #:
Email:	

Property Owner (if not the same as the Adult Foster Care Owner/Operator):		
Name (First, Middle, Last, Suffix):		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Emergency Contact (if more than one, attach additional contacts to this application):		
Name (First, Middle, Last, Suffix):		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Adult Foster Care Facility Operations:			
Total Number of Buildings in the Facility and the Square Footage of Each:			
Building 1:	Building 2:	Building 3:	Building 4:
<u>Minimum</u> Number of Disabled/Elderly Residents (for this address ONLY):		<u>Maximum</u> Number of Disabled/Elderly Residents (for this address ONLY):	
<i>Note: Should you wish to increase the maximum number of disabled/elderly residents housed at this address, additional zoning conditions may apply.</i>			
Total Number of Residents in Household: (include employees, operators, disabled residents, and other residents such as children)		Number of Off-Street Parking Spaces Provided: (minimum of 2 spaces required)	

Services Provided (whether provided directly or coordinated through other entities):		
<input type="checkbox"/> Bathing	<input type="checkbox"/> Eating	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Dressing	<input type="checkbox"/> Medical Management	<input type="checkbox"/> Transportation
<input type="checkbox"/> Toileting	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Laundry
<input type="checkbox"/> Transferring	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Other _____

Application Checklist (all of the following must be submitted before the application can be processed):

Please note that the application fee will not be refunded if the application is denied.

<input type="checkbox"/> Complete Application (signed and notarized)	<input type="checkbox"/> Homeowner's Affidavit for Home Occupation & Boarding Home Licenses (applicable to rental properties only)
<input type="checkbox"/> Copy of Owner/Operator's Driver's License or Representative (must reside at site address)	<input type="checkbox"/> Proof of Payment of Nonrefundable Application Fee
<input type="checkbox"/> Copy of DBA or Articles of Incorporation (if applicable)	

Notice:

- I understand that if at any time the maximum number of desired Disabled/Elderly Residents for which license was originally sought changes, it is my responsibility to notify the City of El Paso for possible modifications to the license issued and that additional zoning restrictions may apply.
- I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. I further agree to immediately report any changes of facts of this application to the City of El Paso's business licensing division.
- I understand that the granting of a Home Occupation – Adult Foster Care Facility license does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
- I acknowledge that my project may be subject to the requirements of the Fair Housing Act (FHA) and the Americans with Disabilities Act (ADA), the Texas Accessibility Standards (TAS), and Section 504 of the Rehabilitation Act of 1973. It is my responsibility to ensure my project complies with those requirements. I affirm that for information, I will contact: 1-800-949-4323 for ADA, 1-800-767-7468 for FHA, or 1-800-803-9202 for TAS.

Signature (Owner/Operator)*:

Name (Print):	
Signature:	Date:
Title:	

Signature (Representative, if applicable):

Name (Print):	
Signature:	Date:
Title:	

*Either the owner/operator or agent (representative) of the owner/operator must sign.

STATE OF TEXAS
COUNTY OF EL PASO

This instrument was acknowledged before me this _____ day of _____, 20_____

by

Printed Name of Applicant / Authorized Agent

Signature of Applicant / Authorized Agent

STATE OF TEXAS NOTARY PUBLIC, Signature

Notary Stamp



PLANNING & INSPECTIONS DEPARTMENT

HOMEOWNER'S AFFIDAVIT FOR HOME OCCUPATION & BOARDING HOME LICENSES/PERMITS

Name of Renter:		
Street Address:		
City:	State:	Zip Code:
Type of Facility: <input type="checkbox"/> Child Care <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Boarding Home		
Name of Property Owner:		Phone Number:

I am the property owner of the home at the above mentioned address. I have no objections to my home, which is presently being rented, to be used for the mentioned Home Occupation or as a Boarding Home facility.

STATE OF TEXAS
COUNTY OF EL PASO

This instrument was acknowledged before me this _____ day of _____, 20_____

by _____
Print Name of Property Owner

Signature of Property Owner

STATE OF TEXAS NOTARY PUBLIC, Signature

Notary Stamp