

**Application for License to Operate an
Alcohol or Other Drug Abuse
Prevention Agency (ADP)**

FOR ADMINISTRATIVE USE ONLY:

Date Received _____

Amount Received _____

I. IDENTIFICATION

Name _____

Address _____

City/State/Zip/County _____

Telephone number _____

Director _____

Date ADP began operation at current address _____

Date ADP began operation under current owner _____

II. CONTROL

Name and address of individual owner, partners or corporation

If owned by a corporation, attach a separate sheet listing the names and titles of the governing body of the corporation.

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time.

I agree that this service and all aspects of its operation shall be open during the hours of operation to inspection and surveillance by all state agency licensure personnel.

I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Signature of Authorized Representative

Title

Date

III. Fees

The initial licensure fee for an Alcohol and Other Drug Abuse Prevention Agency is \$155.00.

The renewal licensure fee for an Alcohol and Other Drug Abuse Prevention Agency is \$80.00.

The fee for a name change of an Alcohol and Other Drug Abuse Prevention Agency is \$25.00.

The fee for a change in location of an Alcohol and Other Drug Abuse Prevention Agency is \$80.00.

The fee for a change in ownership of an Alcohol and Other Drug Abuse Prevention Agency is \$80.00.

Make check payable to Kentucky State Treasurer. **DO NOT SEND CASH.**

Return Application and Fee To:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

L&R 243
2/2000