

DATE _____

Expiration Date _____

PLEASE PRINT

Name of Recovery House: _____

Yes, Recovery House is operated under an Assumed Name. (*Attach copy of the Assumed Name Certificate filed in compliance with TEX. BUS. & COMM. CODE, Ch. 36, the Assumed Name Business or Professional Name Act.*)

No, this Recovery House is not operated under an Assumed Name.

Recovery House Address: _____

(Street Number/Street Name) (City) (State) (Zip Code)

Legal Description of the tract of land on which the recovery house is located (*Lot, Block, Subdivision, et al.*):

County Appraisal District (HCAD/FBCAD) number: _____

Recovery House's Registered Agent's Address: _____

(PO Box or Street Number/Street Name) (City) (State) (Zip Code)

Recovery House Office Ph. No.: _____ Operator's Cell Ph. No.: _____

Operator's E-mail address: _____

Driver's License Number of Operator: _____ State: _____

Name of Property Owner: _____ Prop. Owner's Cell Ph. No.: _____

Property Owner's Street Address: _____

(Street Number/Street Name) (City) (State) (Zip Code)

Property Owner's Mailing Address: _____

(PO Box or Street Number/Street Name) (City) (State)(Zip Code)



Check what applies and provide corresponding documentation:

- Yes, I am the owner of the tract of land on which the Recovery House is situated. (*Attach copy of recorded deed.*)
- No, I am not the owner. I have been given the legally enforceable right to use and/or possess this tract of land for operation of the Recovery House. (*Attach a copy of the Declaration in Support of Registration of Recovery Home.*)
- Yes, this Recovery House is a Foreign Limited Partnership. (*Attach a certified copy of valid Certificate of Limited Partnership and any qualification documents filed in the Office of the Secretary of State.*)
- Yes, this Recovery House is accredited through (*check one of the below if applicable*):
- National Alliance for Recovery Residence (NARR)
 - Oxford House

1. Date current Operator of the Recovery House commenced operating: _____ / _____ / _____
Month Day Year

2. Date on which the Recovery House began operations: _____ / _____ / _____
Month Day Year

3. If operations have not commenced, expected start-up date: _____ / _____ / _____
Month Day Year

4. What is the maximum number of beds to be provided at the Recovery House?

5. How many beds are currently assigned to residents at the Recovery House?

6. Describe the services you provide to residents at the recovery house

a. Community meals e. Grocery shopping

(Number of meals per day: _____)

b. Meal preparation f. Money management

c. Light Housework g. Laundry services

d. Transportation h. Other: _____

7. Is this home in full compliance with Chapter 325 of the Texas Health and Safety Code? Yes No

I, _____, do hereby state that all matters stated in the application and the accompanying attachments are true and correct.

(Printed Name of Individual Submitting Application)

(Signature of Individual Submitting Application)

Subscribed and sworn to before me, on this _____ day of _____ 20_____.

Notary Public in and for the State of Texas

My Commission expires: _____