

OFFICE USE ONLY	
Project Number	

Facility Information

Date	Facility Name	Facility E-mail Address	
Street Address		City	Zip Code
Harris County Appraisal District (HCAD) Account #		Facility Type	
		<input type="checkbox"/> Boarding Home Facility (Complete Affidavits)	<input type="checkbox"/> Lodging Facility
Phone Number	HCAD Legal Description of the tract of land on which the facility is located		

Owner s/Principal s Information

Owner's/Principal's Name	Phone Number		Owner's Status Application	
			<input type="checkbox"/> First-Time	<input type="checkbox"/> Renewal
Street Address (Matches Driver License)	City	State	County	Zip Code
Mailing Address (If Different)	City	State	County	Zip Code
Owner's E-mail Address				

Fee Schedule	Administrative Fee	Annual Permit Fee
	\$29.64	\$81.00

DECLARATION IN SUPPORT OF APPLICATION FOR CITY OF HOUSTON RESIDENTIAL FACILITY ANNUAL APPLICATION

My name is _____, my date of birth is _____ and my address is _____

(First, Middle, Last Name) (MM/DD/YYYY)

_____ and _____

(Street, City, State, and Zip Code) (County)

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license, permit or certificate does not excuse or approve any violation of deed restrictions or city, state or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

I understand that this application is an official government record. I understand that knowingly making a false entry or omitting required information in one or more of the above fields could result in criminal charges and the denial/revocation of my license.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(Month) (Year)

(Declarant Signature)

ADDENDUM to the Residential Facility Annual Permit Application

#	✓	Check what applies and provide corresponding documentation	Yes No		
1	<input type="checkbox"/>	Has the Annual Inspection for this facility been paid for and approved?	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	Is this Residential Facility operating under an Assumed Name? If yes, attach copy of the Assumed Name Certificate filed in compliance with the Assumed Name Business or Professional Name Act (Texas Business and Commerce Code, Chapter 71).	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	Are you the owner of the tract of land on which the Residential Facility is situated? If yes , attach a certified copy of recorded deed. If no , attach a certified copy of the documents showing proof you have been given the legally enforceable right to use and possess this tract of land for operation of the boarding home.	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	Is this Residential Facility a Texas Corporation? If yes , attach a certified copy of the valid Articles of Incorporation with all amendments.	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	Is this Residential Facility a Foreign Corporation? If yes , attach a certified copy of the valid Certificate of Authority to Transact business in Texas.	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	Is this Residential Facility a Limited Partnership formed under Texas law? If yes, attach a certified valid copy of the Certificate of Limited Partnership with all amendments filed in the office of the Secretary of State under Texas Business Organizations Code Chapter 153 or its successor statute.	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	Is this Residential Facility a Foreign Limited Partnership? If yes , attach a certified valid copy of the Certificate of Limited Partnership and the qualification documents with all amendments filed in the office of the Secretary of State under Texas Business Organizations Code Chapter 153 or its successor statute.	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	Does this facility provide assistance with self-administration of medication?	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	Is this facility in full compliance with Chapter 325 of the Texas Health and Safety Code?	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	Have you ever been arrested, charged, or convicted for any criminal offense in this state or any other state or country?	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	Give the date on which you acquired the Residential Facility.	Month	Day	Year
12	<input type="checkbox"/>	Give the date on which the Residential Facility began operations.	Month	Day	Year
13	<input type="checkbox"/>	If you have not begun operations, THEN give the expected start-up date.	Month	Day	Year
14	<input type="checkbox"/>	What is the maximum number of beds provided at the facility?			
15	<input type="checkbox"/>	Describe the services you provide to residents at the facility. <input type="checkbox"/> Community Meals (Number of meals per day _____) <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Transportation <input type="checkbox"/> Money Management <input type="checkbox"/> Light Housework <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Laundry Services			
16	<input type="checkbox"/>	Describe the type of security and resident monitoring system currently used <hr/> <hr/> <hr/> <hr/>			
17	<input type="checkbox"/>	Complete the deed restriction declaration on Page 1 of this application.			