

APPLICATION DOCUMENTS
FOR
ALCOHOL AND DRUG TREATMENT FACILITIES (ADA)
INITIAL/CHOW APPLICATION

DATE RECEIVED	DOCUMENT	REFERENCE
	CERTIFICATION OF PROGRAM BY SAPTA (Substance Abuse Prevention Treatment Agency)	NRS 449.00455
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
	FEE OF \$782.00 + FEE PER BED OF \$190.00	NAC 449.016
	EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION	NAC 449.011(4)(e) NRS 449.040(10)
	CERTIFICATE OF INSURANCE	NAC 449.105
	LEASE AGREEMENT (if applicable)	NAC 449.011(4)(f)
	PARTNERSHIP AGREEMENT (if applicable)	NAC 49.011(4)(a)(4)
	ARTICLES OF INCORPORATION (for corporations only) ARTICLES OF ORGANIZATION (for LLC's only)	NAC 449.011(4)(g)
	GOVERNING BODY BYLAWS (for corporations only) OPERATING AGREEMENT (for LLC's only)	NAC 449.011(4)(g)
	3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	FINANCIAL STATUS INFORMATION or STATEMENT	NAC 449.011(3)
	RESUME FOR ADMINISTRATOR	NRS 449.085(4)(a)
	3 LETTERS OF REFERENCE FOR ADMINISTRATOR	NAC 449.011(3)
	*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL (DPBH will send a facility/agency inspection request to the State Fire Marshall (SFM) after the application and fee are submitted. After the SFM office completes their inspection, they will notify DPBH of the facility/agency's compliance)	NRS 449.150(1)
	*APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) FOR ANY ALCOHOL & DRUG ABUSE TREATMENT FACILITY THAT PROVIDES RESIDENTIAL SERVICES TO CHILDREN - THIS INCLUDES ALL CORPORATE OFFICERS (DPBH will send notice to the applicant/licensee regarding the process for obtaining criminal history reports from DPS after the application and fee are submitted. Once completed, new applicant/licensee background check reports are sent to DPBH directly from DPS. Also refer to the DPBH website and application packet for instructions regarding fingerprinting)	NRS 449.122
	FLOOR PLAN WITH DIMENSIONS	NRS 449.040(7)
	MEDICAL LABS ATTESTATION	NRS 652.080
	PLAN REVIEW APPLICATION Approval Letter Received From Reviewer (for initial applicants and new construction or remodeling)	NAC 449.081(1)
	PERMIT FOR KITCHEN – PLEASE CONTACT LICENSE PROCESSOR FOR FURTHER INFORMATION	NAC 449.123(2)
	BILL OF SALE (for CHOW only)	NRS 449.040(7)
	8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION	NRS 449.040 (7)
	RENEWAL ATTESTATION	

When submitting your application packets you **MUST** turn in all of the required documents on this checklist with your application packet or your application will be considered incomplete and returned to you.