



City of Keene, NH

Congregate Living & Social Services License Application

For Office Use Only:

Case No. _____

Date Filled _____

Rec'd By _____

Page _____ of _____

Tax Map# _____

Zoning District: _____

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keeneh.gov

SECTION 1: LICENSE TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Fraternity/Sorority | <input type="checkbox"/> Group Resource Center | <input type="checkbox"/> Lodging House |
| <input type="checkbox"/> Group Home, Large | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input type="checkbox"/> Residential Care Facility |

SECTION 2: PROPERTY LOCATION

ADDRESS:

SECTION 3: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER

APPLICANT

NAME/COMPANY:

NAME/COMPANY:

MAILING ADDRESS:

MAILING ADDRESS:

PHONE:

PHONE:

EMAIL:

EMAIL:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

PRINTED NAME:

TITLE:

PRINTED NAME:

TITLE:

AUTHORIZED AGENT

(if different than Owner/Applicant)

OPERATOR / MANAGER

(Point of 24-hour contact, if different than Owner/Applicant)

Same as owner

NAME/COMPANY:

NAME/COMPANY:

MAILING ADDRESS:

MAILING ADDRESS:

PHONE:

PHONE:

EMAIL:

EMAIL:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

PRINTED NAME:

TITLE:

PRINTED NAME:

TITLE:

SUBMITTAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with “CLSS License Application” in the subject line
 - **Mail / Hand Deliver:**
 Community Development (4th Floor)
 Keene City Hall,
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the [City of Keene Code of Ordinances](#).

Note: Additional information may be requested to complete the review of the application.

| | |
|---|---|
| <p>PROPERTY OWNER: <i>Name, phone number and address</i></p> | <p>POINT OF 24 HOUR CONTACT: <i>Name, phone number, and address of person acting as the operator, if not owner</i> Same as owner</p> |
| <p>REQUIRED DOCUMENTATION: <i>Provide all required state or federal licenses, permits and certifications</i></p> | <p>WRITTEN NARRATIVE: <i>Provide necessary information to the submittal requirements</i></p> |
| <p>PROPERTY INFORMATION: <i>Description of the property location including street address and tax map parcel number</i></p> | <p>APPLICABLE FEES: \$165.00 application <i>(checks made payable to City of Keene)</i></p> |
| <p>COMPLETED INSPECTION: _____ or <i>Inspection date:</i> _____</p> | <p>SCHEDULED INSPECTION: <i>Inspection date:</i> _____</p> |
| <p>OPERATIONS AND MANAGEMENT PLAN: Plan based on the industry standard “Best Management Practices” to include:</p> <ul style="list-style-type: none"> ◇ Security Plan ◇ Life Safety Plan ◇ Staff Training and Procedures Plan ◇ Health and Safety Plan ◇ Emergency Response Plan ◇ Neighborhood Relations Plan ◇ Building and Site Maintenance Procedures <p>In addition, Homeless Shelters will provide:</p> <ul style="list-style-type: none"> ◇ Rules of Conduct, Registration System and Screening Procedures ◇ Access Policies and Procedures | <p>LOCATION MAP:</p> |

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS CONTINUED

Using additional sheets if needed, briefly describe your responses to each criteria:

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.