



Louisville – Jefferson County Metro Government

CONSTRUCTION REVIEW DIVISION

DEPARTMENT OF CODES AND REGULATIONS

444 S. 5th Street – Louisville, KY 40202

Phone: 502.574.3321 Web: louisvilleky.gov/construction-review/

HOMELESS SHELTER, REHABILITATION HOME, AND TRANSITIONAL HOUSING LICENSE APPLICATION

A complete and notarized application with all required attachments must be submitted to the Construction Review Division. If the applicant does not own the property then a copy of the lease must be provided with the application. The lease must include the property owners name, address and must state that the property owner authorizes the use of the property as a Homeless Shelter, Rehabilitation Home, or Transitional Housing. The lease must run through the entire license period. A non-refundable application fee of \$100 or \$150 for Homeless Shelter Campus's must be paid on submission.

Signature of Owner or Agent

Date

Address of _____

(select one) [] Boarding House [] Rehabilitation Home [] Transitional Housing

City: _____ State: _____ Zip: _____

Revenue #: _____

Number of Occupants: _____

Number of Bedrooms: _____

Property Owner of record is Applicant: Yes No

Sex Offenders Accepted: YES / NO

Convicted Felon Accepted: YES / NO

Children Permitted: Yes No

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Principal Officers/Employees

If there are additional officers or employees please provide their information on a separate Attachment.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registered Office/Officer

Each Boarding House must provide a registered office and registered agent who regularly works at the registered office. The office must be located in Jefferson County, Kentucky. The registered agent shall be the representative for the service of process or notice.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

No application will be accepted without the below documentation

- Complete and Notarized application with required non-refundable application.
- Names, Addresses, and copies of government issued Identification cards of all employees as of the date of application.
- Statement that facility maintains on site the social security number or a complete set of fingerprints for all owners, officers, and employees along with a current list of its board of directors with their mailing address and other contact information.
- Criminal Record Check performed for every Owner, Officer, Director and Employee that may have direct contact with a child.
- Notarized Statement from all owners, officers, directors, and employees that have direct contact with a child that each does not have a criminal record involving a felony violation of any crime against a minor, or an equivalent law of another jurisdiction within ten years preceding the date of application, or any violation of this ordinance.
- Provide copy of the available educational materials about tuberculosis.
- Provide copy of the available education materials regarding communicable diseases and precautions.
- Provide copy of the written first aid and cardiopulmonary resuscitation (CPR) policy.
- Provide name and evidence of each trained and currently certified in first aid and CPR employee that is on duty each shift.
- Provide written policies and procedures on the handling of prescription or over-the-counter drugs, including controls/limitations on access to such drugs.
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Applicant, _____ (print name)

states Pursuant to LMCO 115.03 that I affirm and certify that all information required for application are included, complete and correct to the best of my knowledge and belief.

WITNESS, the signature of Affiant this _____ day of _____ 20 _____

Affiant/Applicant Signature _____

Subscribed and sworn to before me by _____

Applicant/Affiant, on this _____ day of _____ 20_____

My Commission Expires: _____

Notary Public
State at Large Kentucky

You may not operate a Homeless Shelter, Rehabilitation Home, or Transitional Housing without a license and must continue to operate in conformity with the provisions detailed in LMCO Chapter 115.002. Licenses automatically expire on September 1st, regardless of when the License was issued. Boarding locations shall be reinspected prior to any license being renewed.

Each separate Homeless Shelter, Rehabilitation Home, or Transitional Housing shall be in compliance with the entirety of LMCO Chapter 115.001-115.999 any currently applicable laws and regulations of the federal, state, or local governments, as may be amended from time to time including but not limited to, laws or regulations on nondiscrimination, zoning, building, safety, property maintenance, food sanitation, health and sanitation, fire, electrical, plumbing, mechanical, reporting the dependency, abuse or neglect of minor children, and other applicable laws.

Homeless Shelter, Rehabilitation Home, or Transitional Housing houses within Jefferson County must provide services to all individuals free of discrimination because of race, color, religion, national origin, familial status, age, disability, sex, gender, or sexual orientation.

Homeless Shelter, Rehabilitation Home, or Transitional Housing house licenses are not transferrable between owners without written approval from the Codes and Regulations Director.

Please be aware that you may be required to obtain additional permits, board reviews, hearings, or other agency requirements; before your application can be licensed.