

## DEVELOPMENTAL DISABILITIES ADMINISTRATION ADDENDUM APPLICATION FOR A CURRENT LICENSEE

Licensure is required for all sites serving individuals with developmental disabilities in Maryland,  
 regardless of the funding source(s).

### 1. GENERAL INFORMATION

LEGAL AGENCY NAME			TRADING NAME (DBA)		
BUSINESS ADDRESS (physical location): NUMBER, STREET			MAILING ADDRESS (if different): NUMBER, STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
COUNTY			PHONE NUMBER	FAX NUMBER	
EXECUTIVE DIRECTOR (Last, First, Middle Initial)			E-MAIL ADDRESS		

### 2. SITE INFORMATION

SERVICE MODEL (check applicable source)

DH     GH     CCS     VOC     OTHER (Specify)

NAME OF RESPONSIBLE PERSON ON LEASE OR DEED	CAPACITY	SITE PHONE NUMBER	COUNTY		
NUMBER, STREET		CITY	STATE	ZIP	
CONTACT PERSON FOR SITE OPENING		PHONE NUMBER	E-MAIL ADDRESS		
DATE SITE IS READY TO BE SEEN		PROPOSED DATE OF OCCUPANCY			
IF THIS NEW SITE REPLACES AN EXISTING SITE THAT IS CLOSING, GIVE ADDRESS OF SITE THAT WILL BE CLOSED: NUMBER, STREET		CITY	STATE	ZIP	

Please contact the OHCQ License Coordinator to determine if a fire inspection is required.