Print Form

Georgia Department of Community Health

HEALTHCARE FACILITY REGULATION DIVISION

NEW APPLICATION AND INITIAL LICENSE FEE PAYMENT COUPON

Select the type of facility for which you are applying. The dollar amount after the comma is the initial license fee. Both the initial license fee and the $300 application fee must be submitted at the same time.	Enter Facility Type:
Enter Contact Information	First Name: Last Name: Phone Number: Email:
Enter facility name	
Enter your physical facility address	Address 1: Address 2: City: State: GA Zip: -
Total fee owed (initial license fee plus application fee)	Application Fee $ 0 + $ 0 = **$ 0** **Total Fee Due**
Please enter the amount of the enclosed check.	

1. Complete and print this license payment coupon.

2. Write your check for the total fee due and make it payable to:

   Healthcare Facility Regulation Division

3. Mail your check and this license payment coupon to:

Healthcare Facility Regulation Division
P.O. Box 741328, Atlanta, GA 30374-1328

DO NOT MAIL DETAILED PROVIDER APPLICATIONS OR OTHER CORRESPONDENCE TO THE ABOVE P.O. BOX!

Your detailed application form and other correspondence should be sent to the address referenced in your application packet.

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