



**CommunityTies**  
of America, Inc.

I hereby apply for a License to operate an adult day care center, in compliance with Chapter 17-1424, Licensing of Adult Day Care Centers, Hawaii Administrative Rules.

Date of Request: \_\_\_\_\_

Name of Center: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Sponsoring Agency: \_\_\_\_\_

Documents attached to this application:

1. A copy of the Center's statement of services and operating policies
2. Information on staff members and their duties
3. Two copies of the Center's floor plan and its location on the property

\* Note: Item 3 may be omitted if the application is for the renewal of a certificate of approval.

**PLEASE NOTE:** You are responsible for having copies of applicable county building and zoning codes, fire codes, and state sanitation requirements on site.

\_\_\_\_\_  
Signature of person preparing application

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Prepare 2 Copies  
Return Original to:

Community Ties of America, Inc.  
45-955 Kamehameha Hwy., Suite 300  
Kaneohe, HI 96744  
Phone: (808) 284-2761  
Toll Free: 877-236-5380  
Fax: (808) 234-5470

<b>For Official Use Only:</b>	
Date Application Provided:	_____
Date Application Returned:	_____