

**GROUP HOME BUSINESS LICENSE  
SUPPLEMENTAL APPLICATION**

Name of Business: \_\_\_\_\_

-Has this Business, by the name stated or any other, previously been licensed for a group home or other similar facility by Wellsville City or any where else?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

\_\_\_\_\_ Residential Facility for Person with a Disability; or

\_\_\_\_\_ Residential Facility for Elderly Persons

-Maximum Number of residents to be served: \_\_\_\_\_

-Nature of disabilities in general: \_\_\_\_\_  
(if applicable)

-Number of staff present on site:  
Day-(8:00a.m. to 6:00 p.m.) \_\_\_\_\_  
Night - (6:00 p.m. to 8:00 a.m.) \_\_\_\_\_

Does any prospective or current resident present a direct threat or substantial risk to the health or safety of others or the property of others, in the proposed home or immediate vicinity of the proposed home, as determined or demonstrated by present or prior behavior, actions and/or criminal convictions? <sup>1</sup> (Such residents are not allowed in Group homes within Wellsville City.) Complete sworn affidavit regarding this and other requirements.

Please provide a copy of ALL licenses from regulatory Agencies.

Contact information for State or Federal Contract or License. (Attach separate sheet if necessary.)

— Are any accommodations requested with this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, please describe such requested accommodations.

<sup>1</sup> An Affirmation of the absence of direct threat or substantial risk must be completed every six (6) months and filed with the business license official at the City.