



# City of Mesa Registration Application

## Community Residence, Assisted Living Facility, and Nursing and Convalescent Homes

### Facility Information

Facility Name: \_\_\_\_\_

#### Facility Type (select one):

- ☐ Family Community Residence      ☐ Transitional Community Residence      ☐ Assisted Living Home  
☐ Assisted Living Center      ☐ Nursing and Convalescent Home

Number of Residents: \_\_\_\_\_ Length of Tenancy (select one): ☐ One year or longer    ☐ Less than a year

### License/Certification Information

Issuing Agency: \_\_\_\_\_

License/Certification Type: \_\_\_\_\_

### Facility Contact Information

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Facility Email: \_\_\_\_\_

### Operator Information

Facility Operator Name: \_\_\_\_\_

Operator Phone Number: \_\_\_\_\_ Operator Email: \_\_\_\_\_

### Property Owner Information

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

Property Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_ Property Owner Email: \_\_\_\_\_

Property Owner Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Affirmation

The applicant affirms that they:

- ☐ Have read and understand all rules and regulations of the City of Mesa.
- ☐ Have physically inspected the site and verify compliance with all applicable city, state, and federal law.
- ☐ Are responsible for the accuracy of all information provided in this application.
- ☐ Understand that submitting erroneous information, or failure to disclose any requested information may result in denial of this application.
- ☐ Understand that errors found after processing this application may result in loss of provisional approval or registration, and removal of the facility location from the Mesa Map of Registered Community Residences.

### Applicant Certification

*I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_