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## **Structured Sober Living Home License Application Packet**

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**~ IMPORTANT INFORMATION ~**  
**PLEASE REVIEW THIS PACKET THOROUGHLY BEFORE APPLYING**

1. Process Summary & Processing Time Frames
2. Laws
3. Application Checklist Items
4. Inspection Checklist Items
5. Zoning Check Form
6. Application & Application – Individual Information Page(s)

**IF AFTER REVIEWING THIS PACKET YOU HAVE ANY QUESTIONS  
PLEASE DO NOT HESITATE TO CONTACT LICENSE SERVICES**

Online: [www.phoenix.gov/licenseservices](http://www.phoenix.gov/licenseservices)

In Person: City Hall  
200 W. Washington St., 1<sup>st</sup> Floor  
Phoenix, AZ, 85003

Email: [licenseservices@phoenix.gov](mailto:licenseservices@phoenix.gov)

Phone: 602-262-4638 #4

## SECTION 1. APPLICATION PROCESS SUMMARY & PROCESSING TIME FRAMES

### Process Summary

- Zoning Check (recommended) – Prior to submitting an application to License Services, the applicant checks for any distance, registration or zoning requirements/restrictions with Planning & Development Department (PDD)
  - Fills out top portion of the Zoning Check Form (Section 5 of this packet)
  - Takes form to PDD - City Hall - 200 W. Washington St., **2nd Fl.**, Phoenix, AZ 85003
  - Reviews results on the bottom of Zoning Check Form prior to applying for a license with License Services to ensure location meets zoning requirements before a license can be approved
- Applicant reviews the laws related to Structured Sober Living Homes (Section 2 of this packet & listed resources)
- Application - Applicant submits application to License Services
  - Submits application form(s), fee(s), and all applicable checklist items
    - Forms available online at [www.phoenix.gov/licenseservices](http://www.phoenix.gov/licenseservices)
    - Application fees are due at the time of application, are non-refundable once the application is submitted (even if application is withdrawn or denied), and are not-transferable. Fees are paid at the City of Phoenix Payment Center (not the License Services Office). Other additional fees may apply if an applicant requires other permits or services from other City Departments or County/State Agencies. The payment of any such applicable fees are payable as stipulated by the corresponding issuing department/agency.
  - Submits the application 90 days in advance to allow for processing time
  - Submits application to License Services Office, City Hall - 200 W. Washington St., **1st Fl.**, Phoenix, AZ 85003
    - Application appointments are available by calling 602-262-4638 #4
    - Upon arrival, applicant signs-in on lobby computer for assistance – please have forms & items ready
    - New applicants should plan on arriving to the License Services Office before 4PM
- Fingerprints - Applicant gets fingerprinted at the time of application. Fingerprints are forwarded by License Services to AZ Dept. of Public Safety (DPS) for processing
- Department Reviews - License Services sends the application to the appropriate department(s) for review and recommendation. Departments may contact the applicant for more information or to schedule an inspection
- License Services Review
  - Pursuant to Arizona Revised Statutes (ARS) 9-835, License Services will conduct an administrative completeness review and substantive review of the application to determine whether any deficiencies exist. If deficiencies are found, the applicant will be notified of these through a Notice of Deficiency or Request for Correction(s) and the processing time will be suspended until the applicant submits the required correction(s) or remedy
- Application Results
  - Within the overall processing time frame, License Services takes action on the application (approves or denies the application)
    - If the application is approved, the license will be issued to the applicant
    - If the application is denied, a written Notice of Denial will be issued to the applicant containing the reasons for denial and information on the process to appeal and request a hearing with the License Appeal Board. For a list of reasons that could cause an application to be denied, refer to Phoenix City Code Chapter 10, Article XV

Overall Processing Time Frame: 90 days	
Administrative Completeness Review Time Frame	Substantive Review Time Frame
30 days	60 days

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## SECTION 2. LAWS

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### Basic Summary of Rules/Laws

(For a more complete list of rules, please refer to the listed online resources)

**Phoenix City Code (P.C.C.):** Chapter 10, Article XV. Online at: [www.phoenix.gov/licenseservices](http://www.phoenix.gov/licenseservices)

- **Structured Sober Living Home Definition:** Any premises, place or building that provides alcohol-free or drug-free housing, promotes independent living and life skill development and provides structured activities that are directed primarily toward recovery from substance use disorders in a supervised setting to a group of unrelated individuals who are recovering from drug or alcohol addiction and who are receiving outpatient behavioral health services for substance abuse or addiction treatment while living in the home. P.C.C. §10-175(G)
- **Qualified Manager:** Qualified manager means a person that: Is CPR certified and the certification is current. Holds a current Structured Sober Living Home Manager License issued by the City of Phoenix. Is at least 21 years of age. P.C.C. §10-175(F)
- **License Required:** A person violates the ordinance if a person operates a structured sober living home within the City of Phoenix without possessing a valid Structured Sober Living Home License. P.C.C. §10-176(A)
- **Licensed Manager Required:** A person violates the ordinance if a person acts as a manager of a structured sober living home without a valid Structured Sober Living Home Manager License issued by the City. P.C.C. §10-176(B)
- **Property Inspection Required:** The proposed structured sober living home must pass an inspection by the City of Phoenix as part of the application process and prior to the license being issued. Inspections are performed by the Neighborhood Services Department (NSD). Also, the property must pass inspection as part of the annual renewal process. P.C.C. §10-182
- **License is Not Transferable from Person to Person (natural or fictitious):** Each structured sober living home license is issued to a specific person/owner-operator and cannot be transferred to another person/owner-operator. Example: if a person applies as an individual and then decides to operate as a fictitious entity (LLC or Corporation), they will need to file a new application under the new ownership of the fictitious entity. The same rule applies if the original fictitious entity changes to a different fictitious entity - even if the members within the entity are the same. P.C.C. §10-189
- **License is Not Transferable from Location to Location:** Each structured sober living home license is issued to a specific location and cannot be transferred to another location. It is unlawful for any person to operate a structured sober living home at a location for which a person has not obtained a license. Example: If the same business owner operates at multiple locations, each location is required to have a separate license. P.C.C. §10-189
- **Minimum Operation & Supervision Standards:** Structured sober living homes are subject to City required minimum operation and supervision requirements outlined in P.C.C. §10-179.
- **Updates/Changes to Licensing Information:** Any changes/updates to the information originally submitted with the application must be reported to License Services on the *Structured Sober Living Home Information Update Form* at least 10 calendar days *prior* to the change. Example: change in business name (DBA). P.C.C. §10-177
- **Quarterly Random Drug Testing Log & Quarterly Home Safety Self-Assessment Checklist required** on a form provided by the City Clerk Department. Blank forms available at [www.phoenix.gov/licenseservices](http://www.phoenix.gov/licenseservices). P.C.C. §10-179

**Arizona Revised Statutes (A.R.S.):** Title 9, Chapter 4 & Title 32. Online at: [www.azleg.gov/](http://www.azleg.gov/)

- **Persons may receive clarification** on any interpretation or application of a statute, ordinance, code or authorized substantive policy statement affecting the procurement of this license/approval by providing a written request to License Services, Attn. Deputy City Clerk Elizabeth Martin Parker. The request must follow guidelines in [A.R.S. §9-839](#).
- **Prohibited acts by municipalities and employees (A.R.S. §9-834)**
  - A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
  - B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
  - C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.
  - D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.
  - E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.
  - F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.
  - G. This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.

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## SECTION 3. APPLICATION CHECKLIST

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### THE FOLLOWING ITEMS ARE REQUIRED AT THE TIME OF APPLICATION

P.C.C. §10-177

- A Structured Sober Living Home License Application (Section 6 of this packet)
- The following items for each owner as defined in P.C.C. §10-175(D):
  - Completed “Application - Individual Information Page”
  - Current government-issued photo ID for proof of age
  - Proof of lawful presence in the US A.R.S. §41-1080
  - Complete set of fingerprints
- A floor plan of the home, on one (1) page measuring 8½ inches by 11 inches, that includes:
  - Total square footage of the home
  - Layout, location, dimensions and square footage of each bedroom
  - Number of beds in each bedroom
  - Maximum number of residents proposed to occupy the home now and in the future
- A copy of the general liability insurance policy for the property showing the structured sober living home owner’s name and the structured sober living home address as covered
- A copy of the home’s rules and regulations that at minimum state each of the following:
  - Prohibit the use of alcohol
  - Prohibit the use of non-prescription drugs
  - Prohibit theft
  - Require cigarettes be disposed of in the home’s designated disposal container(s)
  - Resident’s rights and grievance procedures
  - Require the regular participation by residents in self-help meetings and to provide proof of attendance to those meetings to the qualified manager within 24 hours of attendance
  - Require residents to seek employment or be employed or provide volunteer services for at least 3 hours per day, unless exempted due to having been medically diagnosed as mentally ill or disabled (other than substance abuse or alcohol or drug addiction)
  - Require residents to be subject to random drug and alcohol testing
- A copy of the home’s written procedures for handling resident intake, meals (if provided), relapse and discharge
- A copy of the home’s good neighbor policy
- If the applicant is a corporate entity (corporation, LLC or partnership):
  - A copy of the entity’s organizational documents, including all applicable amendments
  - Registration and in good-standing with the Arizona Corporation Commission (authority to transact business in Arizona)
- If the applicant is not the property owner:
  - A copy of the lease or authorization to occupy the location that states that the property will be used as a structured sober living home
  - Evidence that the property is registered as a rental property with the Maricopa County Assessor
- Payment of application fee(s)

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## SECTION 4. INSPECTION CHECKLIST

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### THE FOLLOWING ITEMS ARE REQUIRED AT THE TIME OF INSPECTION

#### Phoenix City Code (P.C.C.) Section §10-179 including:

- Compliance with the minimum health and safety property standards listed in P.C.C. §10-179(F)
- The following written documents on premises and available for inspection:
  - Good Neighbor Policy
  - Evacuation maps and procedures
  - Procedures for:
    - resident intake
    - meals (if provided)
    - resident discharge
    - resident relapse
- Sign-in & sign-out sheets for all residents and registered guests
- Home rules & regulations that at minimum state each of the following:
  - Prohibit the use of alcohol
  - Prohibit the use of non-prescription drugs
  - Prohibit theft
  - Require cigarettes be disposed of in the home's designated disposal container(s)
  - Resident's rights and grievance procedures
  - Require the regular participation by residents in self-help meetings and to provide proof of attendance to those meetings to the qualified manager within 24 hours of attendance
  - Require residents to seek employment or be employed or provide volunteer services for at least 3 hours per day, unless exempted due to having been medically diagnosed as mentally ill or disabled (other than substance abuse or alcohol or drug addiction)
  - Require residents to be subject to random drug and alcohol testing
- Copies of the following documents posted in a conspicuous location in the home
  - Good Neighbor Policy
  - Home rules & regulations
  - Meal schedule or written procedures that ensure residents have knowledge of and access to meals, if meals are provided
  - Evacuation maps and procedures
  - Emergency contact information for the residents to contact the owner or qualified manager(s)
- Completed Quarterly Safety Self-Assessment Checklist(s) on the form provided by the City Clerk Department for this purpose – blank form available online at [www.phoenix.gov/licenseservices](http://www.phoenix.gov/licenseservices)
- All managers must be qualified (ability to show their City-issued manager license)

Additionally, once the home is in operation

- Proof of resident's attendance to self-help meetings for the last 3 months
- At least 1 manager must be on the premises when residents are on site, except on a limited basis a manager may be away from the premises for no more than 3 hours at a time to run errands
- Owner or manager must drug test each prospective new resident during intake process
- Owner or manager must provide each new resident with a copy of the home's rules and regulations, good neighbor policy, meal schedule or information about how to access meals (if meals are provided), location of the first aid kit, cigarette disposal containers, evacuation maps and procedures, and emergency contact information for the owner and qualified manager(s)
- Completed Quarterly Random Drug Testing Log(s) on the form provided by the City Clerk Department for this purpose - blank form available online at [www.phoenix.gov/licenseservices](http://www.phoenix.gov/licenseservices)

## SECTION 5. ZONING CHECK FORM

The purpose of this form is to identify any *obvious* location deficiencies in relation to a license application before the license application is submitted to License Services. (Deficiencies such as: Activity is not allowed in the zoning district, or activity is only allowed if a Use Permit is obtained, or activity is only allowed with restrictions, etc.)

**APPLICANT:** Complete questions 1-5 on this form and submit the completed form to the Planning and Development Department (PDD) for review and comments at: 200 W. Washington St., 2nd Fl. Once this form has been reviewed by PDD, take the form to License Services to discuss PDD's comments.

1. What type of license will you be applying for? \_\_\_\_\_
2. What is the address (location where the license will be used)?  
\_\_\_\_\_
3. Describe **all** proposed activities at the address including products to be bought, sold, traded, or exchanged, and all services to be provided:  
\_\_\_\_\_  
\_\_\_\_\_
4. Will you have any type of outdoor display(s) at the address? ☐ Yes ☐ No
5. Will you store any products outdoors at the address? ☐ Yes ☐ No

**This form does not constitute PDDs approval or final recommendation related to a license application and is subject to change once the license application is submitted to License Services and reviewed in its entirety.**

APPLICANT'S ACKNOWLEDGEMENT INITIALS: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – FOR PLANNING AND DEVELOPMENT DEPARTMENT STAFF USE ONLY
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- 1) Zoning District: \_\_\_\_\_
- 2) Is this location zoned properly for the proposed uses? (Add comments if needed)  
☐ Yes ☐ Yes, with a Use Permit ☐ Yes, as Accessory Use only ☐ No  
Comments: \_\_\_\_\_  
\_\_\_\_\_
- 3) Is outdoor display or storage of merchandise allowed? (Add comments if needed)  
☐ Yes ☐ No ☐ N/A  
Comments: \_\_\_\_\_  
\_\_\_\_\_
- 4) Additional Zoning District Regulations: (i.e. Square Footage Requirements, Setbacks, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Additional Information: (Non-Conformities, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- 6) For Structured Sober Living Homes : Is the home Registered with PDD? ☐ Yes ☐ No ☐ Not Required ☐ In process  
Does the home meet distance requirements? ☐ Yes ☐ No ☐ Not Required (Add comments if needed)  
\_\_\_\_\_  
\_\_\_\_\_

PDD Reviewer Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6. APPLICATION**

<b>F E E S</b>	<b>Application</b>	\$1,500 due at time of application. Non-refundable even if withdrawn/denied. P.C.C. §10-181(A)
	<b>Multiple Applications</b>	\$1,300 for each application, after the first, to be filed with License Services on the same day, for the same owner and for which a background check is not required. P.C.C. §10-181(C)
	<b>Renewal</b>	\$1,500 due before the license expires - twelve (12) months from date of issuance. P.C.C. §10-181(B)
	<b>Fingerprints</b>	\$22.00 due at time of application for each person, after the first person, required to be fingerprinted. P.C.C. §10-181(D)

**1) Structured Sober Living Home Information**

Full Name ("dba")	
Address (Include Apt/Suite #, City, State & Zip) <b>[CONFIDENTIAL] State Law prohibits disclosure</b>	
Email Address for Notices	
Phone Number	

**2) Applicant Information - Ownership Type & Name (pick 1)**

Each person listed must fill out an 'Application Individual Information Page' (pg. 8) &amp; submit ID &amp; fingerprints for a background check

<input type="checkbox"/>	Individual	<b>Name</b> (must match ID)	
<input type="checkbox"/>	Married	<b>Names</b> (must match ID)	
<input type="checkbox"/>	Partnership	<b>Names</b> (must match ID)	
<input type="checkbox"/>	Corporation	<b>Name</b> (must match organizational documents)	
<input type="checkbox"/>	LLC	<b>Name</b> (must match organizational documents)	
<input type="checkbox"/>	Other	<b>Name</b>	

**3) Property Owner Information (pick 1) Information will be verified on Maricopa County Assessor's Office web site**

<input type="checkbox"/>	Same as applicant listed in #2 -> Please provide the person's phone number: ( ) _____		
<input type="checkbox"/>	Name		
	Address (Include Apt/Suite #, City, State & Zip)		
	Phone #		
	Email		

**4) Mailing Address for City Notices/License Certificate Mailing (pick 1)**

<input type="checkbox"/>	Same as the home address listed in #1		
<input type="checkbox"/>	Address (Include Apt/Suite #, City, State & Zip)		

**5) If a Corporate Entity (if not, skip to next page) List names & addresses of all officers, members, general partners or directors & any individuals with a controlling interest in the entity. Attach more pages if needed.** ☐ Additional pages attached

Name		Name	
Title		Title	
Residential Address		Residential Address	

**6) If a Corporate Entity (if not, skip to next page) List name & address of Statutory or other agent for mail & service of process**

Name	
Address	

&lt;&lt;FOR STAFF USE ONLY&gt;&gt;

DEPT RESPONSE DUE DATE: \_\_\_\_\_

LS Staff Initials: \_\_\_\_\_

<b>Planning Recommendation</b>	<input type="checkbox"/> No basis for denial	<input type="checkbox"/> Denial w/ memo	Signature		Date	
<b>NSD Recommendation</b>	<input type="checkbox"/> No basis for denial	<input type="checkbox"/> Denial w/ memo	Signature		Date	
<b>Licensing Supervisor</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature		Date	



**SECTION 6 - APPLICATION - INDIVIDUAL INFORMATION PAGE**

<b>1) Individual Applicant Information</b>									
Name (must match ID submitted with app)									
All other names used in past 5 years (Include any shortened or maiden names)									
Height		Weight		Eye Color		Hair Color			
Place of Birth		Date of Birth		Type of ID attached	<input type="checkbox"/> DL <input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Other _____				
Residential Address (Include Apt/Suite #, City, State & Zip)									
Mailing Address (Include Apt/Suite #, City, State & Zip)					<input type="checkbox"/> Same as residential address OR list address:				
Email Address						Phone			
<b>2) Other Licenses/Homes Information</b> <i>Attach more pages if needed</i>									
Name(s) of all other businesses under which you operate or have operated a structured sober living home					<input type="checkbox"/> None OR list name(s):  <input type="checkbox"/> Additional pages attached				
List any license or permit issued to you that relates to operating a structured sober living home					<input type="checkbox"/> None OR list name of issuing jurisdiction & effective dates for each license/permit:  <input type="checkbox"/> Additional pages attached				
Have you ever had a license or permit relating to operating a structured sober living home denied, revoked or suspended?					If yes, list name of jurisdiction, date, & reason(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional pages attached				
<b>3) Background Information - Reasons for denial listed in the Phoenix City Code – Ch.10, Sect. 10-180</b> <i>Attach more pages if needed</i>									
Have you been convicted of, or entered a plea of guilty or “no contest” within the past 5 years OR are you on probation or parole, for any criminal offense described in PCC 10-180(A)(8), in this State or any other State?					If yes, list name of jurisdiction, date, & disposition: <input type="checkbox"/> Yes <input type="checkbox"/> No  Offenses listed in PCC 10-180(A)(8): (I) Any sex offense for which the person is required to register as a sex offender. (II) Any arson offense (III) Any violent felony that involved doing bodily harm to another person (IV) Any felony fraud (or similar). <input type="checkbox"/> Additional pages attached				
Have you ever entered into a Consent Agreement under Chapter 10, Article XV with the City of Phoenix City Clerk Department?					If yes, list date of the consent agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4) Acknowledgements/Affirmations</b> <b>Please read &amp; initial each acknowledgement/affirmation listed below.</b>									
Initial _____	Only residents (other than the owner or managers) who have the disability of addiction to drugs or alcohol as defined by State and Federal law and who are in recovery are eligible to reside at the structured sober living home and the home will not admit persons who pose a direct threat to the health and safety of others.								
Initial _____	I have thoroughly reviewed this City of Phoenix license application packet prior to submitting this application. I understand that my application fees are not refundable, even if the application is withdrawn or denied.								
Initial _____	I declare under penalty of perjury that I have read the forgoing application and that all the information and statements made herein are true and correct. I understand and acknowledge that by signing below if any information contained in this application is false, that the application will be denied or if a license has been issued, that the disclosure of false information shall be grounds for revocation pursuant to Phoenix City Code, Section §10-186(B)(1)								
<b>5) Applicant's Name, Signature &amp; Date</b>									
Applicant's Name (PRINT)									
Applicant's Signature						Date			

&lt;&lt;FOR STAFF USE ONLY&gt;&gt;

DEPT RESPONSE DUE DATE: \_\_\_\_\_

LS Staff Initials: \_\_\_\_\_

<b>Police Recommendation</b>	<input type="checkbox"/> No basis for denial	<input type="checkbox"/> Denial w/ memo	Signature	Date
<b>Licensing Supervisor</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature	Date