

**CITY OF GLENDALE
APPLICATION FOR PERMIT OR RENEWAL
TITLE 8, Glendale Municipal Code 1995**

HOME FOR THE AGED, MENTAL INSTITUTION

Home for the Aged (Section 8-28-010) _____ persons

Ambulatory persons: _____

Non-Ambulatory persons: _____

Mental Institution (Section 8-28-010) _____ persons

Ages: _____ to _____

Circle one: Male
Female
Both

At _____; in the City of Glendale
Address of Institution, Home

Previous experience as a caregiver:

What provisions will be made for medical supervision and care?

If applicable, number in applicant's family: Men _____ Women _____ Children _____

Do you have any roomers or boarders? Adults _____ Children _____

REFERENCES: (Please list three references with addresses)

1. _____

2. _____

3. _____

Applicant Signature _____ Date _____

***PLEASE SUBMIT A COPY OF YOUR CURRENT STATE LICENSE OR
AFFIDAVIT AND A COPY OF YOUR CURRENT COUNTY OF LOS ANGELES
PUBLIC HEALTH PERMIT/LICENSE**