



## Group Home License Application

150 Mary Street  
Milton, ON L9T 6Z5  
905-878-7252 ext. 2133

### Group Home Type 1, Group Home Type 2, and Correctional Group Home Town of Milton By-law 111-2004 as amended

**Type of Group Home:**

- Group Home Type 1                       Group Home Type 2
- Correctional Group Home

**Name of Group Home:** \_\_\_\_\_

**When was Group Home Established?** \_\_\_\_\_

**Owner/Service Provider of Group Home:**

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

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

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

**Name and Type of Program:** \_\_\_\_\_

**Number of Occupants:** \_\_\_\_\_

**Ministry Contacts:**

Please provide the following information regarding the Ministry or Government Agency staff who will be overseeing the group home program:

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

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

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

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

- Written notification received from Ministry or Government Agency that group home is licensed, a compliance letter or agreement in place
- Written approval received from Building Dept. regarding zoning by-law compliance
- Final site inspection report from Fire Dept.

Note: Registration cannot be completed until the above-noted approvals are obtained by the Town of Milton

Was an open house held? If so, on what date \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_