



Municipality of Anchorage  
**ANCHORAGE HEALTH DEPARTMENT**  
825 L Street, Anchorage, AK 99501 | 907-343-6722  
[AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov)  
**SHELTER LICENSING APPLICATION**



**LICENSES ARE ISSUED BY THE HOUSING AND HOMELESSNESS SERVICE PROGRAM AT THE ANCHORAGE HEALTH DEPARTMENT**

**If completing this application by hand, please write legibly using only blue or black ink.**

The intent of this application is to provide all Emergency Cold Weather Shelter Designations within the Municipality of Anchorage with a 2-year designation to be in compliance with AMC 16.120.

All applicants are required to fill out this application. You have the option to attach all required documents to this application. If you choose to not attach the required documents with this application, you will have 30 days after submission of an application to do so. Please submit any documents not attached to this application to [AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov). We are unable to process applications without the required documents.

After the Housing and Homeless Services Program has worked with each shelter, a designation will be granted after required documents are received and approved.

Once completed you may submit this application to the Housing and Homelessness Services Department in person or by mail, to the following address:

Anchorage Health Department  
Attn: Housing and Homelessness Services  
825 L Street, Suite 508  
Anchorage, AK 99501

APPLICANT INFORMATION			
Primary Contact First and Last Name			
Phone Number		Email Address	
Alternate Contact First and Last Name			
Phone Number		Email Address	

FACILITY INFORMATION			
Name of Organization			
Physical Address			
City, State		Zip Code	
Mailing Address <i>If different from shelter address</i>			
City, State		Zip Code	
Shelter Occupancy/Capacity <i>How many clients/guests can your shelter hold? Fire code may determine how many can safely occupy the building.</i>		Which best describes your organization?	<input type="checkbox"/> Church <input type="checkbox"/> Social Services Agency <input type="checkbox"/> Other: _____
Population(s) served <i>Select all that apply</i>	<input type="checkbox"/> Single Adult <input type="checkbox"/> Adult Couple <input type="checkbox"/> Family with Children <input type="checkbox"/> Young Adult (18-24)	Identify your target population <i>Select all that apply</i>	<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Transgender
Special populations	<input type="checkbox"/> Medically fragile <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Other: _____	Are children's/preschool services offered in this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT AUTHORIZATION AND SIGNATURE
<ol style="list-style-type: none"> <li>Designation is at the discretion of the Health Department Director, or their designee. Meeting the requirements in AMC Chapter 16.120 does not guarantee designation.</li> <li>Designation is for a 24-month period. It is the responsibility of the applicant, or their agent, to contact AHD 90 days before designation expires and to apply for renewal.</li> </ol> <p>By signature below, I certify that I am authorized by the church/organization named above to submit this application on its behalf and that I have read Anchorage Municipal Code, Chapter 16.120, and the Municipality's Emergency Shelter Plan for Persons Experiencing Homelessness #10-001 (The Plan), and agree, on behalf of the organization named above, to abide by all requirements of AMC Chapter 16.120, The Plan, the Anchorage Fire Department and the Anchorage Health Department. In consideration of the protection afforded by AMC chapter 16.120 and</p>

designation as a participant in The Plan, the Applicant hereby consents to and does hereby agree to indemnify, defend, save and hold the MOA and its' employees and agents harmless from any claims, lawsuits, or liability, including attorney's fees and costs, allegedly arising out of loss, damage or injury to the Applicant and its' employees, customers or congregants, occurring during the course of or as a result of the Applicant's participation in The Plan.

**Signature**

**Printed First and Last Name**

**Date**

#### DOCUMENT ATTACHMENT

*Please attach copies of the following documents.*

- Current Certificate of Insurance (REQUIRED)
- Recent Anchorage Fire Department Inspection (REQUIRED)
- Operations Plan for Shelter (REQUIRED)
- Red Cross Certification for the Facility (If Applicable)

You have now completed the application for and Emergency Cold Weather Shelter Designation. Please submit your application to the Housing and Homelessness Services Program for review.

Once the application has been accepted, you will receive an email or phone call from a representative at the Anchorage Health Department.

Please ensure that all required documents are attached to this application, mailed, or emailed to [AHDshelterlicensing@anchorageak.gov](mailto:AHDshelterlicensing@anchorageak.gov) within 30 days of submitting this application for the application to be considered complete.