

Entry #: 1 - Manager

Status: HHS Accepted Full Submission

Submitted: 7/31/2025 12:52 PM

Welcome to Shelter Licensing Online Application

For help or questions regarding this application, please email AHDshelterlicensing@anchorageak.gov

The intent of this application is to provide all Homeless and Transient Shelters within the Municipality of Anchorage with a 3-year license to be in compliance with AMC 16.125.

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

Please use the 'Save' function on the bottom right corner to send a copy of the form to a preferred email, doing so will provide you a link you access to the form. Failure to save may result in the entire application needing to be re-filled out and re-submitted.

When clicking on external links, make sure to "right click" and select 'Open link in new tab' or 'Open link in new window' to ensure information is not lost.

If you 'submit' the application a new link will automatically be sent to the email address provided in this application to return to the form and upload documents.

Shelter Leadership Information

Applicant

Name of person filling out this application:

John Smith

Job Title/Position

Manager

Address

825 L Street, Anchorage, Alaska 99501

Phone Number

(555) 555-5555

Email Address

example@example.com

Shelter Manager

Name of Shelter Manager

Jane Doe

Job Title/Position

Manager

Address

825 L Street, Anchorage, Alaska 99501

Phone Number

(555) 555-5555

Email Address

example@example.com

Managing Member

Name of Managing Member

Joe Smith

Job Title/Position

Manager

Address

825 L Street, Anchorage, Alaska 99501

Phone Number

(555) 555-5555

Email Address

example@example.com

Shelter Information

Name of Shelter

Example Shelter

Name of Organization

Anchorage Health Department

Shelter Address

825 L Street, Anchorage, Alaska 99501

Is your mailing address different from your shelter address?

No

Shelter Phone Number

(555) 555-5555

Business Phone Number

(555) 555-5555 x5

Shelter Email

example@example.com

Business Email

example@example.com

Shelter Occupancy/Capacity

100

Shelter Type

Daytime & Nighttime Shelter

Describe any barriers for clients to access shelter.

Only individuals trespassed from the facility may not seek services

Identify your target population.

Men

Women

Community Council Area

Downtown

Do you actively engage with your community council?

Yes

Is the shelter accredited by an organization?

No

Which best describes your organization?

Nonprofit Corporation

Hours of Operation**Does the shelter operate 24 hours a day, 7 days a week?**

Yes

Is your shelter closed on holidays?

No

Food Safety Permits**The shelter is responsible for:**

Does not serve or cook food

Participation in the Alaska Homeless Management Information System

Do you use a Homeless Management Information System (HMIS) such as AKHMIS or Apricot?

Yes

Which HMIS system do you use?

AKHMIS

How many authorized users may enter data into this system?

5

Are you willing to use AKHMIS, administered by ICA?

Yes

Qualification Questions

Per AMC 16.125.055C.2., the Anchorage Health Department will deny an application if it does not demonstrate the shelter can protect the safety and well-being of clients in its care, or maintain the minimum standards of care, health and safety required under AMC 16.125 for the duration of the license term.

Can your shelter protect the safety and well-being of clients in its care, and maintain the minimum standards of care, health and safety required under AMC 16.125?

Yes

Per AMC 16.125.055C.3., the Anchorage Health Department will deny an application if the applicant does not demonstrate the shelter can mitigate impacts on neighboring residents, businesses, and property owners.

Can your shelter mitigate impacts on neighboring residents, businesses, and property owners?

Yes

A homeless and transient shelter license may not be issued if the applicant, or any individual on the application as a licensee, or any managing member of the applicant, has been convicted of a barrier crime pursuant to 7 AAC 10.905, unless granted a waiver by the director.

A criminal background check will be conducted in accordance with AMC 16.125.050 on the applicant, any individual on the application as a licensee, or any managing member of the applicant. A sworn statement is required attesting that the applicant, any individual on the application as a licensee, or any managing member of the applicant has no convictions for a barrier crime in the ten years preceding the application date or disclosing such convictions.

Has the applicant, any individual on the application as a licensee, or any managing member of the applicant, been convicted of a barrier crime within the barrier time period?

Yes

If the shelter license applicant, or any individual on the application as a licensee, or any managing member of the applicant has been convicted of a barrier crime pursuant to 7 AAC 10.905, they must fill out a Barrier Crime Waiver Application. This is a separate application on the Housing and Homelessness Services webpage.

By signing this I confirm that I have read and understand the Noncriminal Justice Applicant's Privacy Rights

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NOTICE - Background Checks

Please be aware that Anchorage Health Department Housing and Homelessness Services Program will conduct independent background checks to meet the requirements as outlined in AMC 16.125.050.

Applicants will be required to bring fingerprints and a check for \$47.00 per person to the Anchorage Health Department (1 check for multiple individuals is acceptable, for example if there are three individuals then the check should be made out for \$141.00). Please refer to the shelter licensing packet on the Housing and Homelessness Services webpage for more information.

Checks must be made payable to 'Alaska Department of Public Safety'.

Fingerprints and checks are required to be delivered to:

825 L St, Suite 508, Anchorage, AK 99501

Please ensure you are handing this information to a member of the Housing and Homelessness Services team.

Fingerprints and check must be submitted within 10 working days of the application being accepted.

I acknowledge that fingerprints and a check must be provided to the Housing and Homelessness Services Program within 10 working days of this application being accepted?

Yes

Applicant Signature

Note: All sections of the application must be completely filled out and signed by the individual filling out the application.

This section, in addition to the Anchorage Municipal Code 16.125 and the Policies and Procedures posted on the [Housing and Homelessness Services Website](#) should be carefully read and understood prior to signing the application.

I have read the applicable Municipality of Anchorage Code (AMC 16.125) and understand and agree to comply with it;

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I will cooperate with the Anchorage Health Department (AHD) through the licensing process and after license issuance, including inspection and investigation and permit representatives of AHD to have full access to inspect and investigate the facility and premises, review records, interview staff and interview individuals and their clients receiving services;

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I understand that I am required to maintain and retain records necessary to demonstrate compliance with the Municipality of Anchorage Code's licensing statutes and regulations governing the facility. In addition, I will make these records available to the AHD or its authorized representatives upon request;

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I certify that I owe no past-due taxes, fees, or fines to the municipality, that the premises of the facility are in compliance with the Anchorage Municipal Code, and furthermore that in the conduct and operation of the homeless and transient shelter, I will comply with all applicable laws;

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I attest that I, as the applicant, and any individuals on the application as a licensee, or any managing members have no convictions for a barrier crime in the ten years preceding the application date or that such convictions will be disclosed on a Barrier Crime Waiver Application after submitting this application.

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Name of Shelter

Example Shelter

Applicant Name

John Smith

Date

7/31/2025

Document Upload

Does the organization operating the shelter own the property on which the shelter is located?

Yes

Articles of Incorporation

Bylaws

Operating Agreement

Partnership Agreement

Articles of Association

Upload Policies and Procedures

Evidence of a conditional use permit or that the shelter is permitted to operate at the proposed site

Business License

Food Permit or Food Handlers Certificate

Proof of Insurance

Shelter Disaster Preparedness and/or Emergency Evacuation Plan

Proof of Accreditation and Standards Optional

Good Neighbor Policy (MOU)

Each shelter is expected to make a good faith effort to minimize neighborhood impacts.

Each shelter shall have a "Good Neighbor Policy" that outlines its commitment and policies to reduce impacts on surrounding areas by its operations, loitering of its clients, trash and litter, and other activities.

The Municipality of Anchorage makes the following commitments (AMC16.125.065.B.):

1. No tolerance for unlawful loitering, soliciting in streets or roadways, or unauthorized camping within one-half mile of a licensed overnight or day shelter. Municipal law and code enforcement shall support this commitment as resources allow, subject to federal, state and local law.
2. Resources and technical assistance may be provided by the municipality based on location and site-specific needs.

Does your shelter currently have a Good Neighbor Policy (MOU)?

Yes

Good Neighbor Policy/MOU

*NOTICE: The Anchorage Health Department may be required to disclose provided information – including name and contact information – in response to a public records request or other legal matter. **If you believe that a legal authority would prohibit AHD from disclosing some or all of the information you provide, we encourage you to identify that information and an explanation in your application.** Examples might include personal information provided with a legitimate expectation of privacy (AMC 3.90.040K.) or proprietary information (AMC 3.90.040G.).*

Any information or explanation prohibiting disclosing some or all of the information you provided:

Submit

Please review that all information provided on this application is accurate, then click the 'submit' button below.

I certify the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.

A handwritten signature in dark blue ink, consisting of a series of connected loops and curves, positioned above a horizontal line.

You have now completed the application for Shelter Licensing. This application will be sent to the Housing and Homelessness Services Program for review. Once the application has been accepted, you will receive an email from a representative at the Anchorage Health Department.

Please ensure that all required documents are uploaded to this application or emailed to AHDshelterlicensing@anchorageak.gov within 30 days of submitting this application for the application to be considered complete.