



Municipality of Anchorage
ANCHORAGE HEALTH DEPARTMENT
825 L Street, Anchorage, AK 99501 | 907-343-6722
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.

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 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 uploaded to this application to AHDshelterlicensing@anchorageak.gov or in-person. We are unable to process applications without the required documents.

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

The Housing and Homelessness Services Program will work with each Homeless and Transient Shelter to create reasonable expectations for the submittal of all required documents, which can be viewed on the on the Shelter Licensing Webpage or printed upon request.

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

SHELTER LEADERSHIP INFORMATION**Applicant Information***This is the person filling out this application.*

Name of Person filling out application			
Job Title/Position			
Address			
City, State		Zip Code	
Phone Number		Email Address	

Shelter Manager Information*This is the individual who is responsible for the day-to-day operations of the shelter.*

Name of Shelter Manager			
Job Title/Position			
Address			
City, State		Zip Code	
Phone Number		Email Address	

Managing Member Information*List the individual who is responsible for maintain compliance with shelter regulations. This is typically the COO, CFO and/or CEO.*

Name of Managing Member			
Job Title/Position			
Address			
City, State		Zip Code	
Phone Number		Email Address	

SHELTER INFORMATION

Name of Shelter			
Name of Organization			
Shelter Address			
City, State		Zip Code	

Mailing Address <i>If different from shelter address</i>			
City, State		Zip Code	
Shelter Phone Number		Business Phone Number	
Shelter Email		Business Email	
Shelter Occupancy/Capacity <i>How many clients/guests can your shelter hold? Fire code may determine how many can safely occupy the building.</i>		Shelter Type <i>For more information on determining your shelter type please review Anchorage Municipal Code 16.125.015 and 16.125.025</i>	<input type="checkbox"/> Daytime Shelter Only <input type="checkbox"/> Nighttime Shelter Only <input type="checkbox"/> Daytime & Nighttime Shelter
Describe any barriers for clients to access shelter <i>Select all that apply</i>	<input type="checkbox"/> Only individuals trespassed from the facility may not seek services <input type="checkbox"/> Must pass breathalyzer <input type="checkbox"/> Must not be under the influence <input type="checkbox"/> Must attend specific programming (services or required duties to stay) <input type="checkbox"/> Other: _____		
Identify your target population <i>Select all that apply</i>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Transition Age Youth (18-21) <input type="checkbox"/> Transition Age Youth (18-24) <input type="checkbox"/> Teens (13-17) <input type="checkbox"/> Families (adult with at least one child under the age of 18) </div> <div> <input type="checkbox"/> Families (one or more individuals who live together) <input type="checkbox"/> Special Populations <input type="checkbox"/> Women with Children <input type="checkbox"/> Men with Children <input type="checkbox"/> Pregnant Women <input type="checkbox"/> Other: _____ </div> </div>		
Community Council Area		Do you actively engage with your community council?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain why.			
Is the shelter accredited by an organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	If yes or in process, who is the accrediting organization?	
If yes, when does your accreditation expire?			
Which best describes your organization? <i>Select the form of organization as listed on your State of Alaska Business License and any legal documents pertaining to your shelter</i>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Cooperative Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Religious Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership </div> <div> <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____ </div> </div>		
HOURS OF OPERATION			
<i>Note: Day shelters may not operate between the hours of 9:00p.m. and 7:00a.m. per AMC 16.125.060B.8.</i>			
Does the shelter operate 24 hours a day 7 days a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what days and hours does your shelter operate?	

If your shelter closed on holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which holidays are you closed?	
FOOD SAFETY PERMITS			
<p style="text-align: center;"><i>Shelters that cook food on site will require a food safety permit.</i></p> <p style="text-align: center;"><i>Shelters that serve food (i.e.; reheating food, storing food, etc.) will require a food handler and/or serve safe certificate.</i></p> <p style="text-align: center;">For more information or questions on which your facility will need you may contact Environmental Health at the Anchorage Health Department at 907-343-4200</p>			
The shelter is responsible for:	<input type="checkbox"/> Serving food <input type="checkbox"/> Cooking food	<input type="checkbox"/> Serving and cooking food <input type="checkbox"/> Does not serve or cook food	Number of meals provided per day:
If only serving food, which food service organization provides the food you serve?			
PARTICIPATION IN THE ALASKA HOMELESS MANAGEMENT INFORMATION SYSTEM			
Do you use a Homeless Management Information System (HMIS) such as AKHMIS or Apricot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which system do you use?	<input type="checkbox"/> AKHMIS <input type="checkbox"/> Apricot <input type="checkbox"/> Other: _____
If yes, how many authorized users may enter data into this system?		Are you willing to use AKHMIS, administered by ICA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If no or I don't know, explain why.			

QUALIFICATION QUESTIONS	
<p>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.</p>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	
<p>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.</p>	
Can your shelter mitigate impacts on neighboring residents, businesses, and property owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	
<p>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.</p>	

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 ☐ No

A 'barrier crime' or condition is a criminal offense or civil finding that prohibits a provider or an applicant from being approved under [7 AAC 10.990](#).

'Barrier time' means the length of time a barrier crime or condition under 7 AAC 10.905 bars an individual from association with a license or licensee under [7 AAC 10.900\(b\)](#).

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.

I have read and understand the [Noncriminal Justice Applicant's Privacy Rights](#)

Initial

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 ☐ No

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. A printed copy can be provided upon request.

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

Signature

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;	Signature
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;	Signature
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;	Signature
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.	Signature
Name of Shelter	
Applicant First and Last Name	
Date	

DOCUMENT ATTACHMENT	
Please attach copies of the following documents, please note that not all may be applicable to your organization.	
<ul style="list-style-type: none"> • Letter of Authorization Allowing Use of the Property from Property Owner (Only if the shelter is not owned by the shelter) • Articles of Incorporation • Bylaws • Operating Agreement • Partnership Agreement • Articles of Association • Policies and Procedure which must include <ul style="list-style-type: none"> - Rules of conduct -Operating plan -Support services to be provided -Projected staffing level -Trespass and admission denial criteria -Client feedback collection methods -Proposed maximum stay -A policy and procedure to ensure the safety of clients, staff, and volunteers 	

- Policies and procedures that deter and reduce client loitering and prohibited camping
- Security plan for handling incidents of violence
- Method to screen individuals who are under the influence and a plan to provide for their immediate need if the shelter will admit for such persons
- Injury and disease prevention
- Verification of AKHMIS and Coordinated Entry compliance
- Transportation protocols
- Evidence of 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
- Good Neighbor Policy
- Proof of Accreditation and Standards (Optional)

GOOD NEIGHBOR POLICY

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
- ☐ No
- ☐ In Process

If no, explain why.

Shelters are required to have a Good Neighbor Policy. Shelters may submit existing Good Neighbor Policies which were agreed upon by the local community council and the shelter or use the Good Neighbor Policy Template located on the [Housing and Homelessness Services](#) webpage or printed upon request.

NOTICE

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:	
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SUBMISSION	
<i>Please review that all information provided on this application is accurate</i>	
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.	
<i>Signature</i>	<i>Date</i>

You have now completed the application for Shelter Licensing. 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 within 30 days of submitting this application for the application to be considered complete.