HOSPITALS & HEALTH CARE FACILITIES
LICENSING BOARD

Form IV

APPLICATION FOR RENEWAL OF LICENSE MADE UNDER
THE HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

I, _____ of _____
(Licensee/Administrator)

hereby make application for renewal of License No. _____ to operate the Hospital or Health Care Facility known as _____

located at _____ with effect from _____.

The license fee of $_____ is enclosed herewith. *(certified cheques only, please)*

The following is a list of changes to the operations of the Hospitals or Health Care Facility made during the preceding year: -

_____

_____

_____

_____

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_____

_____ _____
Date Licensee/Administrator