AFFIDAVIT OF APPLICANT

Comes the Applicant/Affiant, _____, after first being duly sworn, and states as follows:

1. I currently own the property or properties listed in my application for a Recovery Residence Operator's License ("License"), or I am otherwise applying for a License on behalf of the owner of the properties listed in my application, with the express written permission of the owner on the Affidavit of Owner attached hereto.

2. I hereby affirm that I am in full compliance with KRS 222.500 through KRS 222.510, regarding each property listed in my application, and I hereby specifically affirm the following:

    a. That, pursuant to KRS 222.502, I have been certified by a certifying organization to operate recovery residences or sober living homes on each of the properties listed in my application;
    b. That, pursuant to KRS 222.502, I have provided proof of my certification to the Cabinet for Health and Family Services ("Cabinet") or its designee or, if I am exempt from certification, I have provided proof of exempt status;
    c. That, pursuant to KRS 222.506, residents in each recovery residence or sober living home are required to abstain from the use of alcohol, illicit drugs, and other intoxicating substances, except for legally prescribed medications used by a resident as directed by a licensed prescriber;
    d. That, pursuant to KRS 222.506, residents in each recovery residence or sober living home are required to participate in recovery support services, including through a peer-to-peer supervision model;
    e. That, pursuant to KRS 222.506, individuals who are receiving medication for addiction treatment shall be allowed to continue to receive such treatment while residing in each recovery residence or sober living home as directed by a licensed prescriber;
    f. That each recovery residence shall not, except as permitted by KRS 222.506, directly provide any medical or clinical services including on-site medication administration;
    g. That, pursuant to KRS 222.506, in any advertising and by posting such notice in a conspicuous location inside each recovery residence or sober living home, I have clearly disclosed:
        i. Notice that the recovery residence is not a treatment facility;
        ii. A list of services offered by the recovery residence or sober living home; and
        iii. If the recovery residence is exempt from certification, notice that the recovery residence is exempt from certification requirements.

3. I hereby further affirm that the following information is posted in a conspicuous location inside each recovery residence or sober living home on the properties listed in my application:

    a. The name, email address, and telephone number of the Licensee or operator of the recovery residence or sober living home;
    b. The name, email address, and telephone number of the registered emergency contact for the recovery residence or sober living home referenced in the Licensee's application for license;
    c. The emergency and non-emergency telephone numbers for police, fire, and emergency medical service providers;
    d. A clearly marked emergency evacuation plan for the premises showing exit routes, exits, and fire extinguisher locations; and
    e. The maximum number of occupants permitted in the recovery residence or sober living home.

4. I hereby affirm that each recovery residence or sober living home for which I am seeking a License complies with KRS 222.500 through 222.510 and Sections 13-93 through 13-99 of the Lexington-Fayette Urban County Code of Ordinances, and I hereby further acknowledge and understand that each recovery residence or sober living home for which I am seeking a License is required to continue to comply with KRS 222.500 through 222.510, Sections 13-93 through 13-99 of the Code, and this affidavit, for as long as the property is licensed.

5. I hereby affirm that each recovery residence or sober living home for which I am seeking a License complies with applicable building codes, fire codes, and all applicable state, federal, and local laws or regulations, and I hereby further acknowledge and understand that each recovery residence or sober living home for which I am seeking a License is required to continue to comply with all applicable building codes, fire codes, and all applicable state, federal, and local laws or regulations, for as long as the property is licensed.

6. I understand that failure to abide by the requirements of KRS 222.500 through 222.510 and Sections 13-93 through 13-99 of the Lexington-Fayette Urban County Code of Ordinances may result in fines, penalties, and/or revocation of the License.

7. My application for a License is otherwise true and correct to the best of my knowledge and belief, after a reasonable level of diligence and inquiry, and I have not intentionally or knowingly made a false statement as to a material matter in the application.

8. If the Applicant/Affiant listed above is a business entity, the signatory of this affidavit has the right or approval necessary to sign on behalf of the business entity, and any reference to "I" or "my" contained herein is to the business entity.

Further Affiant sayeth naught.

_____
(Signed Name)

_____
(Printed Name)

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF FAYETTE)

Subscribed and sworn to before me by _____, on this _____ day of _____, 20__.

My commission expires: _____

_____
NOTARY PUBLIC
ID NO. _____