

**DRUG DEPENDENT PERSONS TREATMENT AND REHABILITATION CENTRES  
(LICENSING) ORDINANCE (CAP. 566)**

**APPLICATION / RENEWAL \* FOR  
A LICENCE / CERTIFICATE OF EXEMPTION \***

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- Remark : (i) Before filling in the form, please read the Social Welfare Department Personal Information Collection Statement to Data Subject Before Collection of Personal Data. [Appendix **1(a)** of the Code of Practice for Drug Dependent Persons Treatment and Rehabilitation Centres]
- (ii) Please read the notes on page 8 before submission.
- (iii) Applicant must complete Sections **I, II, III(A) or III(B) and IV** in English or Chinese.

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**Section I      Type of application #**

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[ ] Application is hereby made for a Licence under section 6(1) of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance.

[ ] Application is hereby made for a renewal of Licence under section 9(1) & 9(2) of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance.

Existing Licence Number : \_\_\_\_\_

[ ] Application is hereby made for a Certificate of Exemption under section 8(1) & 8(2) of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance.

[ ] Application is hereby made for a renewal of Certificate of Exemption under section 9(1) & 9(2) of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance.

Existing Certificate of Exemption Number : \_\_\_\_\_

**Section II**      **Particulars of the treatment centre in respect of which this application is sought.**

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(a) Name of the treatment centre in English :

\_\_\_\_\_

(b) Name of the treatment centre in Chinese :

\_\_\_\_\_

(c) Full address of the treatment centre *(Please include DD & Lot number of all premises)* :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Number of building structures occupied by the treatment centre : \_\_\_\_\_

(e) Number of units / floors occupied by the treatment centre : \_\_\_\_\_ units / \_\_\_\_\_ floors

(f) Telephone number : \_\_\_\_\_

(g) Fax number : \_\_\_\_\_

(h) Email address : \_\_\_\_\_

(i) Nature of the treatment centre #

[    ] Subvented *(Please go to item (k).)*

[    ] Self-financing and non-profit-making *(Please go to item (k).)*

[    ] Private and profit-making *(Please continue in item (j).)*

(j) Ownership of business # *(For completion if the treatment centre is a private establishment)*

[    ] Sole proprietorship

[    ] Partnership

[    ] Incorporation

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\* Delete where appropriate  
# Tick in the appropriate bracket

- (k) The premises of the treatment centre is : #  
[ ] a self-owned property [ ] a rented premises  
[ ] partly self-owned and partly rented  
- self-owned unit(s) concerned : \_\_\_\_\_  
- rented unit(s) concerned : \_\_\_\_\_  
[ ] others (*please specify*) : \_\_\_\_\_
- (l) Capacity of the treatment centre : [Male] \_\_\_\_\_ [Female] \_\_\_\_\_ [Total] \_\_\_\_\_
- (m) No. of residents presently enrolled in the treatment centre :  
[Male] [Female] [Total]  
No. of drug dependent residents \_\_\_\_\_  
No. of non-drug dependent residents \_\_\_\_\_  
Total no. of residents \_\_\_\_\_
- (n) Min. and/or max. \* age of drug dependent persons upon admission : \_\_\_\_\_
- (o) Net floor area of the treatment centre : \_\_\_\_\_ square metres
- (p) The treatment centre is : #  
[ ] a proposed service/business\* [ ] an existing service/business\*
- (q) Date/Tentative date\* when the treatment centre commences service/business\*:  
\_\_\_\_\_  
*Date Month Year*
- (r) Does the treatment centre comply with the conditions of the following <sup>Endnote 1?</sup>  
The Government Lease and/or Licence # [ ] Yes [ ] No  
The Outline Zoning Plan # [ ] Yes [ ] No
- (s) Monthly fee charged per drug dependent person :  
\$ \_\_\_\_\_ (*Please enter the range if fees charged are variable.*)

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**Section III Particulars of the applicant** (Please complete either part (A) or (B).)

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**Part (A) Particulars to be completed by the applicant if the treatment centre is operated by sole proprietor**

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(a) Full name of the applicant (must be the same as shown on HKIC) :

(in English) : Mr/Mrs/Miss/Ms \_\_\_\_\_  
(surname first) (other names)

(in Chinese) : \_\_\_\_\_

(b) Hong Kong Identity Card number : \_\_\_\_\_

(c) Residential address :

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<i>Flat/Room</i>	<i>Floor</i>	<i>Block</i>	<i>Name of building</i>	
_____	_____	_____	_____	(Hong Kong / Kowloon / New Territories *)
<i>Number and name of street/estate</i>			<i>District</i>	

(d) Correspondence address (if different from (c) above)

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<i>Flat/Room</i>	<i>Floor</i>	<i>Block</i>	<i>Name of building</i>	
_____	_____	_____	_____	(Hong Kong / Kowloon / New Territories *)
<i>Number and name of street/estate</i>			<i>District</i>	

(e) Telephone number : (residence) \_\_\_\_\_ (office) \_\_\_\_\_

(f) Fax number : \_\_\_\_\_

(g) Email address : \_\_\_\_\_

(h) Position held in the treatment centre : \_\_\_\_\_

(i) Name of the company (if applicable)

(in English) : \_\_\_\_\_

(in Chinese) : \_\_\_\_\_

(j) [ ] # Fit Person Statement (Annex A) is attached.

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\* Delete where appropriate  
# Tick in the appropriate bracket

**Part (B) Particulars to be completed by the applicant if the treatment centre is operated  
by a body corporate / partnership \***

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(a) Name of the company / non-government organization \* (if applicable)

(in English) :

\_\_\_\_\_

(in Chinese) :

\_\_\_\_\_

(b) Business Registration number (if applicable):

\_\_\_\_\_

(c) Certificate of Incorporation number (if applicable):

\_\_\_\_\_

(d) Name of responsible person of the Company/Non-government Organization/Partnership\* :

Mr/Mrs/Miss/Ms\*

\_\_\_\_\_

(English, surname first)

\_\_\_\_\_

(Chinese)

(e) Position held in the company / non-government organization \* :

\_\_\_\_\_

(f) Address of the company / non-government organization / responsible partner \*

\_\_\_\_\_

*Flat/Room*

*Floor*

*Block*

*Name of building*

(Hong Kong / Kowloon /

\_\_\_\_\_

*Number and name of street/estate*

*District*

New Territories \*)

(g) Telephone number :

\_\_\_\_\_

(h) Fax number :

\_\_\_\_\_

(i) Email address :

\_\_\_\_\_

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\* Delete where appropriate

# Tick in the appropriate bracket

(j) Particulars of **all** partners / **all** directors \*

(i) Mr/Mrs/Miss/Ms\*

\_\_\_\_\_

(English, surname first)

\_\_\_\_\_

(Chinese)

Hong Kong Identity Card number : \_\_\_\_\_

Fit Person Statement (Annex A) is mailed separately/attached in sealed envelope /  
attached unsealed \*.

(ii) Mr/Mrs/Miss/Ms\*

\_\_\_\_\_

(English, surname first)

\_\_\_\_\_

(Chinese)

Hong Kong Identity Card number : \_\_\_\_\_

Fit Person Statement (Annex A) is mailed separately/attached in sealed envelope /  
attached unsealed \*.

(iii) Mr/Mrs/Miss/Ms\*

\_\_\_\_\_

(English, surname first)

\_\_\_\_\_

(Chinese)

Hong Kong Identity Card number : \_\_\_\_\_

Fit Person Statement (Annex A) is mailed separately/attached in sealed envelope /  
attached unsealed \*.

(iv) Mr/Mrs/Miss/Ms\*

\_\_\_\_\_

(English, surname first)

\_\_\_\_\_

(Chinese)

Hong Kong Identity Card number : \_\_\_\_\_

Fit Person Statement (Annex A) is mailed separately/attached in sealed envelope /  
attached unsealed \*.

Additional sheet (stating particulars of \_\_\_\_\_ (number) other partners / directors\*)\* is /  
is not \* attached.

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\* Delete where appropriate

# Tick in the appropriate bracket

**Section IV Declaration of the applicant**

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I declare that :

- (a) the information in this application is true and correct to the best of my knowledge and belief;  
and
- (b) the operation, keeping, management or other control of the treatment centre referred to in  
Section II above is under my continuous and personal supervision.

Date : \_\_\_\_\_ Signature of applicant : \_\_\_\_\_

Company / Organization chop\* :  
(if applicable) : \_\_\_\_\_

**WARNING**

Any person who in or in connection with this application makes any statement (whether such statement be oral or written), or furnishes any information, which is false or misleading in a material particular and which he/she knows or reasonably ought to know is false or misleading in such particular, shall be guilty of an offence under section 10 of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap.566). The supply of such false or misleading information may also prejudice the application or renewal of a licence / certificate of exemption.

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\* Delete where appropriate  
# Tick in the appropriate bracket

**Note** : The applicant should forward the following documents, either by registered post, or in person to the Licensing Office of Drug Dependents Treatment Centres, Social Welfare Department –

- (1) The original and three copies of this application form;
- (2) Photocopy of the Hong Kong Identity Cards <sup>Endnote 2</sup> of –  
the individual applicant (if the applicant is an individual);  
**all** partners (if the applicant is a partnership); or  
**all** directors (if the applicant is a body corporate);
- (3) Photocopy of (i) the Business Registration Certificate and (ii) certified copy of Business Registration Application issued by the Commissioner of Inland Revenue (applicable for a private treatment centre);
- (4) Photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable for a body corporate);
- (5) Photocopy of the tenancy agreement and/or documents showing the land status (e.g. Government Land Licence, Land Lease, Short Term Tenancy or Short Term Waiver, etc.) and the expiry dates for such use in respect of the centre premises, (applicable for rented premises);
- (6) Photocopy of the assignment in respect of the treatment centre premises (applicable for self-owned premises);
- (7) 5 copies of building plans of the premises of the treatment centre in metric and to scale (not less than 1:100);
- (8) Full list of employees (employed / to be employed) and/or skeleton volunteers, using the prescribed form LODTC 2 and/or LODTC 2(a); and
- (9) Fit person statement, using the prescribed form Annex A (to be completed by the applicant; or by **all** partners / **all** directors where the applicant is a partnership / body corporate). The statement may be returned apart from the application form for personal privacy purpose.

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Endnote 1 Operator of a treatment centre holds the responsibility to ensure compliance with the conditions of the Deed of Mutual Covenant.

Endnote 2 Applicant may, as an alternative, produce the original Hong Kong Identity Card(s) for checking.