



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

**STATE OF GEORGIA
DRUG ABUSE TREATMENT AND EDUCATION PROGRAM PERMIT**

This is to certify that a permit is hereby granted to

EDGE TREATMENT LLC

(Name of Governing Body)

to maintain and operate a **DRUG ABUSE TREATMENT AND EDUCATION PROGRAM** with _____ branch offices, named as

EDGE TREATMENT

(Name of Facility)

Approval is granted to provide the following programs **INTENSIVE OUTPATIENT DRUG ABUSE TREATMENT AND EDUCATION PROGRAM FOR ADULTS
(MALE AND FEMALE) AGES 18 AND OLDER W/ PARTIAL HOSPITALIZATION**

ASAM Levels:

1 (OUTPATIENT); 2.1 (INTENSIVE OUTPATIENT); 2.5 (PARTIAL HOSPITALIZATION)

Said facility and premises are located at **11205 ALPHARETTA HIGHWAY, H4**
(Street)

in **ROSWELL**, County of **FULTON**, Georgia.
(City or Town)

This permit is effective **September 6, 2023** and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Title 26, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued."

THIS PERMIT IS NOT TRANSFERABLE

Permit No: **DRUG001370**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Lisa C Davies, Executive Director