



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**STATE OF GEORGIA**

**NARCOTIC TREATMENT PROGRAM PERMIT**

This is to certify that a permit is hereby granted to

RINGGOLD TREATMENT CENTER, LLC

(Name of Governing Body)

to maintain and operate a **DRUG ABUSE TREATMENT AND EDUCATION PROGRAM SPECIALIZING IN ONLY NARCOTIC TREATMENT**

named as **RINGGOLD TREATMENT CENTER**

(Name of Facility)

Said facility and premises are located at **8292 HIGHWAY 41**

(Street)

in **RINGGOLD**, County of **CATOOSA**, Georgia.

(City or Town)

This permit is effective **August 02, 2016** 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, Annotated, Section 26-5-2g1  
§§., 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: \_\_\_\_\_

**NTP001098**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief