

NOV 15 1984

Ambulatory Foot Rehabilitation Services
ATTN: Louis Shure, D.P.M., P.C.
631 Park Avenue (Betwn. E. 65th & E. 66th Sts.)
New York, New York 10021

Dear Dr. Shure:

This refers to your letter dated September 28, 1984, concerning a license for use of your Lixiscope in New Jersey. Your letter indicated that a license application as well as a copy of your current New York City license was being enclosed. Because we did not find the enclosures enclosed, we were unable to determine whether you needed a specific NRC license for your New Jersey office. Accordingly, please forward to my attention a copy of your license application and the New York City license.

In response to your question, an application fee of \$580 would be necessary if you require a specific NRC license. When we receive your license application, we will let you know if a fee is required. Also, the other three questions in your letter will be answered by the Licensing staff upon receipt of the application.

We will hold your September 28 letter until we hear from you.

Sincerely,

Original Signed by
A. S. Cabell

Allen S. Cabell
License Fee Management Branch
Office of Administration

8507050202 850517
REG1 LIC30

PDR

OFFICE	LFMB:ADM	LFMB:ADM							
SURNAME	asc	FBrown							
DATE	11/16/84	11/14/84							

Sent Shure's response to the letter to Dr. Shure on 10/20/84 to determine if a license is required.

Allen S. Cabell
12/2/84

11/8/84

To Whom It May Concern:

Per telecon on

11/8/84, Mr. Shure

revised all corresp.

sent to the New York

address.

Thanks

Glenn E. Barry

W



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

Regional License Section
Material Licensing Branch
FCMS, Office of Nuclear Material
Safety & Safeguards

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Ambulatory Foot Rehabilitation Serv.
Application Dated: 11-02-84
Control No.: 18360
License No.: new

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date _____

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C \$580
2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal XXX
License ✓

Signed Frances Brown
Date 1/24/85
909 1/25/85