

*Virginia Department of Social Services (VDSS)  
Division of Licensing Children's Programs*

**INITIAL APPLICATION FOR A LICENSE TO OPERATE A  
FAMILY DAY HOME (FDH)**

- Complete this application in its entirety, as appropriate.
- Type or print legibly using permanent, blue or black ink and retain a copy for your records.
- Review the application carefully to ensure it is complete before submitting.
- Contact your regional VDSS licensing office if there are any questions regarding the completion of this application.

***If the application is incomplete, the applicant will be notified in writing. If the applicant does not submit a complete application including all required attachments within 30 days from the notification, all materials except the nonrefundable fee will be returned to the applicant.***

For Division of Licensing Programs (DOLP) Use Only

| DATE RECEIVED: | RECEIVED BY: | CHECK/MO#: | AMT RECEIVED: | INSPECTOR: | APPLICATION #: | FILE #: |
|----------------|--------------|------------|---------------|------------|----------------|---------|
|                |              |            |               |            |                |         |

**PART 1: APPLICANT INFORMATION**

**APPLICATION AGREEMENT**

In making this application, I agree that:

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
2. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
3. I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Department's representatives will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
4. In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, *General Procedures and Information for Licensure*.
5. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

This application must be signed by an applicant or agent named on the Type of Business Entity – "Identifying Information"

***I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility. An application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Family Day Home Name

**FAMILY DAY HOME INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

|   |  |  |                                      |                                  |          |
|---|--|--|--------------------------------------|----------------------------------|----------|
| Name of Provider  |  | Primary Phone Number<br>(    )                   |                                      |                                  |          |
| Street Address of Family Day Home                                       |  | City/County                                      |                                      | State                            | Zip Code |
| Mailing Address of Family Day Home (if different from physical address) |  | City/County                                      |                                      | State                            | Zip Code |
| E-mail Address (used for VDSS correspondence only)                      |  |  |                                      |                                  |          |
| Number of rooms used for childcare                                      |  |  | Indoor Bathrooms?<br>Yes          No |                                  |          |
| Source of Water Supply<br>Public Water      Private                     |  | Wood burning Stove/Fireplace?<br>Yes          No |                                      | Hot Tub/Pool?<br>Yes          No |          |
|   |  |  |                                      | Septic Tank?<br>Yes          No  |          |
| List any animals by breed/type that live in the home or on premises     |  |  |                                      |                                  |          |

**PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Have you ever been a licensed or registered childcare provider in Virginia?<br><u>Yes</u> <u>No</u>   |  |   |   |  |  |
| If so, what type?<br><u>Family Day Home</u> <u>Child Day Center</u>   |  |   | Are you a DSS subsidy vendor?<br><u>Yes</u> <u>No</u> |  |  |
| Months of Operation (check all that apply):<br><u>Year Round</u> <u>January</u> <u>February</u> <u>March</u> <u>April</u> <u>May</u> <u>June</u><br><u>July</u> <u>August</u> <u>September</u> <u>October</u> <u>November</u> <u>December</u> |  |   |   |  |  |
| Days of Operation (check all that apply):<br><u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u> <u>Saturday</u> <u>Sunday</u>  |  |   |   |  |  |
| Hours of Operation:   |  | Do you offer evening care?<br>(7 p.m. but not through the night)<br><br>Yes          No |   | Do you offer overnight care? (7 p.m. and through the night)<br><br>Yes          No |  |



## PART 2: BUSINESS ENTITY TYPE

Check only *ONE* box and submit *ONLY* the corresponding business entity page

|   |  |
|---|--|
| <p><b>Individual/Sole Proprietor</b></p>  | <p>→ Go to Business Entity A (See Page 13)</p> |
| <p><b>Partnership</b></p> <p>A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business, and has equal rights in the management and conduct of the partnership’s business.</p> <p>A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business.</p> <p><i>*Partnership Documentation Required</i></p> | <p>→ Go to Business Entity B (See Page 14)</p> |
| <p><b>Corporation</b></p> <p>A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation’s day-to-day business activities.</p> <p><i>*Corporation Documentation Required</i></p>   | <p>→ Go to Business Entity C (See Page 15)</p> |
| <p><b>Association</b></p> <p>Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.</p>   | <p>→ Go to Business Entity D (See Page 16)</p> |

|   |   |
|---|---|
| <p style="text-align: center;"><b>Limited Liability Company (LLC)</b></p> <p>A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company’s business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.</p> <p style="text-align: center;"><i>*LLC Documentation Required</i></p> | <p style="text-align: center;">→ <b>Go to Business Entity E (See Page 17)</b></p> |
| <p style="text-align: center;"><b>Public Agency</b></p> <p>“Public Agency” is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth</p>   | <p style="text-align: center;">→ <b>Go to Business Entity F (See Page 18)</b></p> |
| <p style="text-align: center;"><b>Business Trust</b></p> <p>A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.</p> <p style="text-align: center;"><i>*Business Trust Documentation Required</i></p>  | <p style="text-align: center;">→ <b>Go to Business Entity G (See Page 19)</b></p> |
| <p style="text-align: center;"><b>Religious Organization<br/>(if not a business type listed above)</b></p> <p>A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.</p>  | <p style="text-align: center;">→ <b>Go to Business Entity H (See Page 20)</b></p> |

## PART 3: REQUIRED ATTACHMENTS

| <b>FAMILY DAY HOME</b> |   | <b>√ If Submitted</b> |
|------------------------|---|-----------------------|
| 1.                     | <b>FEE PAYABLE TO “TREASURER OF VIRGINIA”</b> <i>(see Part 4)</i>   |                       |
| 2.                     | <b>Annual operating budget</b> <i>(see pages 9-11 of this application)</i><br>The budget form on the public website contains the information required for initial application. It is a model form so applicants may submit their own budget or one from their accountant as along as the budget contains information similar to that on the model form. |                       |
| 3.                     | <b>Zoning form signed by the zoning official</b> <i>(see page 12 of this application)</i><br>Each county has different requirements in determining the family day home capacity.  |                       |
| 4.                     | <b>Completion of Phase II pre-licensure orientation</b><br>Please provide documentation of completion of Phase II.  |                       |

| <b>PROGRAM</b> |  | <b>√ If Submitted</b> |
|----------------|--|-----------------------|
| 5.             | <b>Verification of age for the applicant, assistant(s), and substitute provider(s)</b>   |                       |
| 6.             | <b>Documentation of the provider’s education</b><br>The provider must have at least high school completion or equivalent.              |                       |
| 7.             | <b>Documentation of the provider’s programmatic experience</b><br>The provider must have at least 3 months of programmatic experience. |                       |
| 8.             | <b>First Aid and CPR certification</b><br>The provider must hold current certification in first aid and CPR.                           |                       |
| 9.             | <b>Staff Information Sheet</b> <i>(see page 8 of this application)</i>   |                       |

| <b>PROVIDER/HOUSEHOLD MEMBERS</b> |  | <b>√ If Submitted</b> |
|-----------------------------------|--|-----------------------|
|                                   | <b>Three Reference Letters</b><br>These are required for <b>ALL</b> individuals listed on the business entity page. Reference letters must be dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage who have known him/her for at least one month, and who can attest to his/her character and reputation. *This does not apply to a public agency. |                       |
|                                   | <b>Tuberculosis (TB) Test/Screening</b> <i>(see VDSS website)</i><br>All caregivers as well as household members that are at least 18 years old must have a TB test/screening.   |                       |
|                                   | <b>One Business Entity Section Only A,B,C,D,E,F,G or H</b> <i>(see corresponding page of this application)</i><br><br><b>*This page must match business entity checked in Part 2</b>   |                       |

**Credit Reference**

This is required for all applicants. The credit reference must be from either a bank; one of the three credit agencies such as TransUnion, Equifax, or Experian; or a landlord or a utility company.  
\*This does not apply to a public agency.

**Background Checks:**

- **Sworn Disclosure Statement** (Form available on the VDSS website)
- **National Criminal Background Check**, fingerprint based, obtained through VDSS Office of Background Investigations
- **Child Protective Services Central Registry Check** obtained from VDSS
- **Out-of-State Central Registry Check** \*effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. *Not applicable* for Children’s Residential and Child Caring Institutions Programs.

The National Criminal Background Check is completed *after* submission of the initial application. You will be contacted and given information on how to obtain fingerprint background checks. Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.

Background checks are required for any applicant , agent, caregiver or adult household member that are at least 18 years old listed on the application.

**Family Day Home, Licensed Child Placing Agencies, and Independent Foster Home Programs ONLY:** A Central Registry Check must be obtained for all household members that are at least 14 years old.

Background checks MUST be available for inspection.

Do not mail background checks in with the application.

**PART 4: FEES**

Personal check, money order, or certified check must be made payable to “Treasurer of Virginia.” Fees are non-refundable. There will be a service charge of \$50.00 for any check that must be returned due to insufficient funds.

The fee as listed below for FDH application processing.

**CAPACITY of 1-12 children = \$14**

\*An application will not be processed until the fee has been received.

\*\*No fee is required for processing a renewal application submitted at the end of a conditional licensure period

## STAFF INFORMATION SHEET

|   | Staff Name       | Staff Name         | Staff Name       | Staff Name         | Staff Name       | Staff Name         |
|---|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| Date of Employment  |                  |                    |                  |                    |                  |                    |
| Job Title   |                  |                    |                  |                    |                  |                    |
| Age Group/Classroom   |                  |                    |                  |                    |                  |                    |
| Days/Hours Work Shift<br><i>(ex. Mon-Fri 8am-5pm)</i>   |                  |                    |                  |                    |                  |                    |
| <b>Background Checks</b>  |                  |                    |                  |                    |                  |                    |
|   | Date Completed   | Date of Expiration | Date Completed   | Date of Expiration | Date Completed   | Date of Expiration |
| Date of SWORN DISCLOSURE  |                  |                    |                  |                    |                  |                    |
| Date of Current CENTRAL REGISTRY search   |                  |                    |                  |                    |                  |                    |
| Date of Current CRIMINAL HISTORY check  |                  |                    |                  |                    |                  |                    |
| <b>Medical Documentation</b>  |                  |                    |                  |                    |                  |                    |
| Date of TB test or screening  |                  |                    |                  |                    |                  |                    |
| <b>Training</b>   |                  |                    |                  |                    |                  |                    |
| Highest Level of Completed Education  |                  |                    |                  |                    |                  |                    |
|   | Date of Training | Date of Training   | Date of Training | Date of Training   | Date of Training | Date of Training   |
| Orientation (as required by standards)  |                  |                    |                  |                    |                  |                    |
| First Aid/CPR   |                  |                    |                  |                    |                  |                    |
| Daily Health Observation  |                  |                    |                  |                    |                  |                    |
| MAT   |                  |                    |                  |                    |                  |                    |
| <p><b><i>I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.</i></b></p> |                  |                    |                  |                    |                  |                    |
| Signature:  |                  |                    | Date:            |                    |                  |                    |

**BUDGET FOR LICENSED FAMILY DAY HOMES AND INDEPENDENT FOSTER HOMES**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

|  | <b>AMOUNT</b> |
|--|---------------|
| <b>1. OPERATING EXPENSES OF HOME PER MONTH</b>   |               |
| Food for children  |               |
| Rent/Mortgage  |               |
| Utilities:   |               |
| <i>Electricity</i>   |               |
| <i>Gas</i>   |               |
| <i>Cable</i>   |               |
| <i>Water</i>   |               |
| <i>Sewage</i>  |               |
| <i>Internet</i>  |               |
| <i>Telephone</i>   |               |
| <i>Other, such as heating oil</i>  |               |
| Fuel for Auto(s) Used in Day Care/Independent Foster Home                                    |               |
| Maintenance for Auto(s) Used in Day Care/ Independent Foster Home                            |               |
| Payment for Auto(s) Used in Day Care/ Independent Foster Home                                |               |
| Home Maintenance   |               |
| Equipment/Supplies   |               |
| Laundry/Linens   |               |
| Cleaning supplies  |               |
| Other:   |               |
| <b>2. ADMINSTRATIVE EXPENSES OF HOME PER MONTH</b>   |               |
| Office equipment & supplies  |               |
| Accounting   |               |
| Licensing or business fees   |               |
| Legal fees   |               |
| Insurance(s)   |               |
| Advertising  |               |
| <b>3. SALARIES, WAGES, &amp; BENEFITS PER MONTH (for assistant and substitute providers)</b> |               |
| <b>Salaries:</b> (List each person separately)   |               |
| 1.   |               |
| 2.   |               |
| 3.   |               |
| 4.   |               |
| FICA (Social Security)   |               |
| Health Insurance   |               |
| Life Insurance   |               |
| Employee training  |               |
| Other benefits   |               |
| <b>Other:</b>  |               |
| Employee taxes   |               |
| <b>TOTAL MONTHLY EXPENSES</b>  |               |

The budget includes the monthly expenses of the family day home operation. It is the total of all expense items shown below. Three major categories of expenses are shown. The explanations of the sub-headings are intended to assist the applicant in understanding the number and types of financial considerations which may be involved in a family day home operation, and to assist the Department in evaluating the home's application. Base the monthly expenses on the anticipated number of children to actually be in care during the first three months of operation.

**1. OPERATING EXPENSES OF HOME PER MONTH:**

- a. Food for children: Anticipated monthly cost of food to be provided to children in care. It includes the cost of all meals and snacks each day. *(Do not include the cost of food provided to household members during the home's hours of operation. Do not include the cost of food provided at no cost to staff who are required to eat with participants or residents. The cost of food provided to staff is reported under Item 3.m: Other.)*
- b. Rent or Mortgage Payments: Payments for the home; amount shown must be the total monthly expense.
- c. Utilities: Total of monthly payments made or to be made by the home for electricity, water, fuel oil, gas (*for heating*), sewage and refuse services, telephone and similar services.
- d. Fuel for Autos: Monthly cost for fuel to operate of car, vans, trucks, etc. used in support of the operation of the home.
- e. Maintenance for Autos: All expenses related to the maintenance and operation of cars, vans, trucks, etc, owned by the home and used in support of the operation of the home.
- f. Home Maintenance: Monthly cost of all items used to maintain and carry out necessary repairs on the family day home. This would include such items as mulch for play areas, paint, plumbing repairs, lumber, nails, roofing materials, grass seed.
- g. Equipment/Supplies: Total actual and projected annual cost of equipment and expendable supplies which were and will be used to support the operation of the family day home. Equipment rental costs should be included here.
- h. Laundry/Linens: Cost of soap, detergents, etc., required for the laundry of table linens, bed linens, etc., used by the family day home operation.
- i. Cleaning Supplies: Cost of cleaning solutions and supplies used in the family day home operation.

**2. ADMINISTRATIVE EXPENSES OF HOME PER MONTH:**

- a. Office Equipment & Supplies: Cost of items purchased monthly for administrative purposes. *(for example: file folders, pens, pencils, paper).*
- b. Accounting: Amount (if any) paid monthly to an accountant or someone (other than the family day home operator) who handles the billing, etc. for the family day home operation.
- c. Licensing/business fees: Total amount paid per year for family day home license, business license, personal property taxes (for vehicles used in the family day home operation), real estate taxes (if not included as part of the mortgage payment under Item 1. B above), special use permit, etc. Divide the total by 12 to obtain the monthly (prorated) amount.

- d. Legal fees: Total of fees paid to an attorney for assistance related to the family day home operation.
- e. Insurance:
  - (1) Liability (Premises and Operations): Total monthly cost of liability insurance covering the premises and operation.
  - (2) Liability (Vehicles): Total monthly cost of liability insurance covering all of the vehicles used in support of the family day home operation.
  - (3) Other: Total monthly cost of other types of insurance (e.g. fire insurance). NOTE: Health Care, Group Life, and other insurance benefiting employees should be shown under Item 3.a. Salaries, Wages & Benefits and not in this item.
- f. Advertising: Total monthly cost to advertise the family day home.

**3. SALARIES, WAGES & BENEFITS PER MONTH:**

- a. Salaries & Wages: All salaries and wages paid per month by the family day home to its employees.
- b. FICA (Social Security): Enter the total monthly FICA (Social Security) tax, (including both OASDI and Medicare) to be paid by the facility for all employees and listed above.
- c. Health Insurance: Total amount of monthly premiums paid by the family day home for health care insurance for employees listed above when the cost of all or part of such insurance is provided by the family day home. Do not include portions paid by employees.
- d. Life Insurance: Total amount of monthly premiums paid by the family day home for employee life insurance when the cost of all or part of such insurance is provided by the family day home.
- e. Employee Training: Total monthly cost for formal training for employees that will be paid for or reimbursed by the family day home.
- f. Other Benefits (Specify): On an item-by-item basis, the cost(s) of any additional benefits provided by the family day home to employees listed above.

**Other:**

Employee Taxes: Taxes which must be paid by the family day home. This would include VEC taxes and Federal Unemployment Taxes which must be paid on employees' salaries. NOTE: The Employer's FICA (Social Security) taxes must be shown under Item 3, b above and not in this item. Specify each tax on a separate line under the entry "taxes."

Other (Specify): Monthly cost of all other expenses not included in other items. Specify each item of expense included here and the expense amount (e.g. *the estimated cost of meals provided at no cost to employees would be entered here.*)

### CONTACT WITH LOCAL ZONING ADMINISTRATOR

THE FOLLOWING INDIVIDUAL PLANS TO SUBMIT AN APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY HOME PURSUANT TO § 63.2-100 OF THE CODE OF VIRGINIA

---

**To Be Completed by Operator of Family Day Home**

NAME OF APPLICANT \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
STREET OR ROUTE NO. CITY STATE ZIP

APPLICANT'S TELEPHONE NUMBER:  EMAIL ADDRESS: \_\_\_\_\_

THE HOME IS LOCATED IN THE COUNTY OR CITY OF \_\_\_\_\_

APPLICANT IS REQUESTING A LICENSE TO CARE FOR THE FOLLOWING NUMBER OF CHILDREN (NOT INCLUDING CHILDREN WHO RESIDE IN THE HOME): \_\_\_\_\_

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**To Be Completed by Local Zoning Administrator**

THE ZONING ADMINISTRATOR'S SIGNATURE ON THIS FORM VERIFIES THAT THE APPLICANT HAS INFORMED THE ZONING ADMINISTRATOR OF HIS/HER PLANS TO APPLY FOR A LICENSE TO OPERATE A FAMILY DAY HOME AT THE ADDRESS ABOVE.

|           |          |                 |
|-----------|----------|-----------------|
| Tax Map # | Parcel # | Zoning District |
|-----------|----------|-----------------|

\_\_\_\_\_  
Printed Name of Zoning Administrator

\_\_\_\_\_  
Signature of Zoning Administrator Date

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Comments:

**For questions, please contact your Area Licensing Office (Information Attached)**

032-05-0982-03-eng (07/15)

COMPLETE AND SUBMIT **ONLY ONE** OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION

## BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

### INDIVIDUAL/SOLE PROPRIETOR

#### *Identifying Information*

Name (First, Middle or Maiden, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

\_\_\_\_\_  
Social Security Number or Federal Employer Identification Number (FEIN)

***Fictitious Name*** (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

***Required Attachment*** Documentation of the legal fictitious name registered with the proper designated authority

## BUSINESS ENTITY B: PARTNERSHIP

- A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business, and has equal rights in the management and conduct of the partnership’s business.
- A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business.

### PARTNERSHIP

General Partnership

Limited Partnership

#### *Identifying Information*

Name of Partnership Applying for License: \_\_\_\_\_

Partnership Mailing Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code

Partnership Tax ID Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Provide the following information on each general and limited partner: *(Attach additional pages if needed.)*

| <i>Name</i> | <i>Title</i> | <i>Address</i> |
|-------------|--------------|----------------|
| _____       | _____        | _____          |
| _____       | _____        | _____          |
| _____       | _____        | _____          |

List the name, title and address of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility:

| <i>Name</i> | <i>Title</i> | <i>Address</i> |
|-------------|--------------|----------------|
| _____       | _____        | _____          |
| _____       | _____        | _____          |

#### **Required Attachments**

*Proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure*

#### **Fictitious Name (Do Not fill out this section if fictitious name does not apply)**

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

**Required Attachment**                      *Documentation of the legal fictitious name registered with the proper designated authority*

## BUSINESS ENTITY C: CORPORATION

- A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.

**CORPORATION**                      Domestic Corporation                      Foreign Corporation

### *Identifying Information*

Name of Corporation Applying for License: \_\_\_\_\_

Corporate Mailing Address:

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Corporate Tax ID Number: \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Provide the following information on each officer of the corporation. (Attach additional pages if needed.)

*Name*

*Address*

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the corporation in matters relating to the facility:

*Name*

*Title*

*Address*

\_\_\_\_\_

\_\_\_\_\_

### *Required Attachments*

Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.

Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing

Articles of Incorporation

***Fictitious Name*** (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

***Required Attachment***                      Documentation of the legal fictitious name registered with the proper designated authority

## BUSINESS ENTITY D: ASSOCIATION

- Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.

### ASSOCIATION

#### *Identifying Information*

Name of Association Applying for License: \_\_\_\_\_

Association Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Association Tax ID Number: \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Provide the following information on each officer of the association. (Attach additional pages if needed.)

**Name Title (i.e. President, Sr. Vice President, Secretary and Treasurer) Address**

---

---

---

---

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the association in matters relating to the facility:

**Name Title Address**

---

---

#### **Required Attachments**

*Constitution or bylaws that delineate responsibilities for the operation and maintenance of the facility for which the association is applying for licensure;*

**Fictitious Name (Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

**Required Attachment** Documentation of the legal fictitious name registered with the proper designated authority

# BUSINESS ENTITY E: LIMITED LIABILITY COMPANY

- A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.

| LIMITED LIABILITY COMPANY (LLC)  | Domestic LLC   | Foreign LLC                         |
|--|--|-------------------------------------|
| <b>Identifying Information</b>   |  |                                     |
| Name of LLC Applying for License: _____  |  |                                     |
| LLC Mailing Address: _____   |  |                                     |
| Street/P.O. Box  | City   | State                      Zip Code |
| LLC Tax ID Number: _____   |  |                                     |
| Designated Contact Person: _____ Title: _____  |  |                                     |
| Phone Number (____) _____  |  |                                     |
| Provide the following information on each manager and member or other persons authorized to manage the business and affairs of the LLC. (Attach additional pages if needed.)   |  |                                     |
| <i>Name</i>  | <i>Title</i>   | <i>Address</i>                      |
| _____  | _____  | _____                               |
| _____  | _____  | _____                               |
| _____  | _____  | _____                               |
| List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility:   |  |                                     |
| <i>Name</i>  | <i>Title</i>   | <i>Address</i>                      |
| _____  | _____  | _____                               |
| _____  | _____  | _____                               |
| <b>Required Attachments</b>  |  |                                     |
| Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission;  |  |                                     |
| Articles of organization   |  |                                     |
| <b>Fictitious Name (Do Not fill out this section if fictitious name does not apply)</b>  |  |                                     |
| A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). <b><i>If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.</i></b> If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <a href="https://www.scc.virginia.gov/clk/befaq/fict.aspx">https://www.scc.virginia.gov/clk/befaq/fict.aspx</a> |  |                                     |
| <b>Required Attachment</b>   | Documentation of the legal fictitious name registered with the proper designated authority |                                     |

## BUSINESS ENTITY F: PUBLIC AGENCY

- "Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth

### PUBLIC AGENCY

#### Identifying Information

Name of Public Agency Applying for License: \_\_\_\_\_

Public Agency Mailing Address: \_\_\_\_\_  
Street/P.O. Box                      City                      State                      Zip Code

Public Agency Tax ID Number: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Name and Title of Person Responsible for the Facility (including hiring the facility director/administrator):

| <i>Name</i> | <i>Title</i> |
|-------------|--------------|
| _____       | _____        |
| _____       | _____        |

Any agent other than the person listed above who is empowered to act on behalf of the public agency in matters relating to the facility:

\_\_\_\_\_

\_\_\_\_\_

**Fictitious Name** (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

**Required Attachment**                      *Documentation of the legal fictitious name registered with the proper designated authority*

## BUSINESS ENTITY G: BUSINESS TRUST

- A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.

| BUSINESS TRUST   | Domestic Business Trust  | Foreign Business Trust |
|--|--|------------------------|
| <b>Identifying Information</b>   |  |                        |
| Name of Business Trust Applying for License: _____   |  |                        |
| Business Trust Mailing Address: _____  |  |                        |
|  | Street/P.O. Box  | City                   |
|  |  | State                  |
|  |  | Zip Code               |
| Business Trust Tax ID Number: _____  |  |                        |
| Designated Contact Person: _____   |  | Title: _____           |
| Phone Number (____) _____  |  |                        |
| Provide the following information on each trustee, beneficial owner and any officer of the Business Trust. (Attach additional pages if needed.)  |  |                        |
| <i>Name</i>  | <i>Title</i>   | <i>Address</i>         |
| _____  |  |                        |
| _____  |  |                        |
| _____  |  |                        |
| List the name, title and address of any agent(s) other than the trustees, beneficial owners or officers who is empowered to act on behalf of the business trust in matters relating to the facility:   |  |                        |
| <i>Name</i>  | <i>Title</i>   | <i>Address</i>         |
| _____  |  |                        |
| _____  |  |                        |
| <b>Required Attachments</b>  |  |                        |
| Certificate of Trust or Certificate of Registration (for trusts formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission  |  |                        |
| Articles of trust  |  |                        |
| <b>Fictitious Name (Do Not</b> fill out this section if fictitious name does not apply)  |  |                        |
| A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). <b><i>If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.</i></b> If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <a href="https://www.scc.virginia.gov/clk/befaq/fict.aspx">https://www.scc.virginia.gov/clk/befaq/fict.aspx</a> |  |                        |
| <b>Required Attachment</b>   | Documentation of the legal fictitious name registered with the proper designated authority |                        |

## BUSINESS ENTITY H: RELIGIOUS ORGANIZATION

- A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.

### RELIGIOUS ORGANIZATION

#### *Identifying Information*

NOTE: Complete only if the religious organization is not a business type listed in Subsections A-G.

Name of Religious Organization Applying for License: \_\_\_\_\_

Religious Organization Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Religious Organization Tax ID Number: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Name(s) and Title(s) of Person(s) Responsible for the Facility (including hiring the facility director/ administrator):

*Name*

*Title*

| <i>Name</i> | <i>Title</i> |
|-------------|--------------|
| _____       | _____        |
| _____       | _____        |
| _____       | _____        |
| _____       | _____        |

Any agent other than the person(s) listed above who is empowered to act on behalf of the religious organization in matters relating to the facility:

*Name* \_\_\_\_\_

**Fictitious Name (Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.*** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

**Required Attachment**

Documentation of the legal fictitious name registered with the proper designated authority