

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

**INITIAL APPLICATION FOR A LICENSE TO OPERATE A  
CHILD-PLACING AGENCY**

- 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.
- Return the completed application and all required attachments to the Department of Social Services, Division of Licensing-Children's Programs, Child Welfare Licensing Unit, 1604 Santa Rosa Road, Suite 130, Henrico, Virginia 23229.
- Contact the Child Welfare Unit if there are any questions regarding the completion of this application or if you have not completed pre-licensure orientation.

***To ensure timely processing, the applicant must submit a complete application to the Child Welfare Licensing Unit at least 60 days prior to the expiration date of the current license. Submission of an incomplete application will delay the review process and could delay the issuance of a license.***

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 agency 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 agency operations, to inspect the agency, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the agency 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 agency, engage in the operation of a agency without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

This application must be signed by the individual legally responsible for the operation of child-placing agency, or, if the agency is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. This applicant must be signed 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 an agency. An application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.***

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

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

|  |                   |                            |          |
|--|-------------------|----------------------------|----------|
| Name of Agency   |                   | Doing Business As (DBA)    |          |
|  |                   | Office Phone Number<br>( ) |          |
|  |                   | Fax Number<br>( )          |          |
| Office Street Address  | City/County       | State                      | Zip Code |
| Mailing Address of Office (if different from physical address) | City/County       | State                      | Zip Code |
| Office E-mail Address (used for VDSS correspondence only)      |                   |                            |          |
| Agency Contact Person  |                   | Title                      |          |
| Days and Hours of Operation                                    |                   | Agency Website             |          |
| Name of Executive Director                                     |                   | Email Address              |          |
| Agency Street Address  | City/County       | State                      | Zip Code |
| Phone Number<br>( )  | Fax Number<br>( ) |                            |          |

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

|  |          |
|--|----------|
| Name of Sponsoring Organization  | Tax ID # |
| Address of Sponsoring Organization, or indicate same as office or mailing address  |          |
| For profit organizations, names of individuals or business entities with 5% or more ownership interest in the sponsoring organization:<br>_____<br>_____ |          |
| Have you ever operated or do you currently operate a licensed or registered program in Virginia or another state?<br><br><u>Yes</u> <u>No</u>            |          |

If so, what is the status of the program?  
Operating      Closed/Ceased Operation

|                    |                   |                     |
|--------------------|-------------------|---------------------|
| Name of the Agency | Address of agency | Licensing Authority |
|--------------------|-------------------|---------------------|

**LICENSE REQUESTED FOR (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

Maximum Number of Children (to be served at any one time)

Requested Age Range      Minimum Age (no less than birth):      Maximum Age (no greater than 17):

Genders Served  
Male      Female      Both

Does the Agency accept custody of children?  
Yes      No

Services Provided (check all that apply)  
Foster Care      Treatment Foster Care      Short-Term Foster Care      Permanent Foster Care      Agency Adoption  
Independent Living Arrangements      Parental Placement Adoption      Intercountry Adoption  
 Other (please specify) \_\_\_\_\_

**PART 2: BUSINESS ENTITY TYPE**  
**Check only ONE box and submit ONLY the corresponding business entity page**

|  |  |
|--|--|
| <b>Individual/Sole Proprietor</b>  | → Go to Business Entity A (See Page 8) |
| <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>*Partnership Documentation Required</p> | → Go to Business Entity B (See Page 9) |

|   |  |
|---|--|
| <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 10)</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 11)</p> |
| <p><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><i>*LLC Documentation Required</i></p> | <p>→ Go to Business Entity E (See Page 12)</p> |
| <p><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>→ Go to Business Entity F (See Page 13)</p> |
| <p><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><i>*Business Trust Documentation Required</i></p>  | <p>→ Go to Business Entity G (See Page 14)</p> |
| <p><b>Unincorporated Organization<br/>(if not a business type listed above)</b></p> <p>Complete only if the unincorporated organization or other organization is not a business type listed as Business Entities A-G.</p>   | <p>→ Go to Business Entity H (See Page 15)</p> |

**PART 3: REQUIRED ATTACHMENTS**

|  | √ If Submitted |
|--|----------------|
| 1. <b>\$ 70 FEE PAYABLE TO “TREASURER OF VIRGINIA”</b> ( <i>See Part 4</i> )   |                |
| 2. <b>Work and educational requirements</b> for the Executive Director, Program Director, Child Placing Supervisor, and Caseworker, as applicable (i.e., resumes)  |                |
| 3. <b>Staff Information Sheet</b> ( <i>See VDSS website</i> ) List all staff employed and volunteering in the child-placing program. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers). *Use additional pages if needed.   |                |
| 4. <b>Job descriptions</b> for each position listed on the Staff Information Sheet   |                |
| 5. <b>The agency’s program statement</b> as described in <i>Standards for Licensed Child-Placing Agencies</i> , covering all services to be provided   |                |
| 6. <b>The agency’s projected budget</b> , listing expected income and expenses for the first year of operation   |                |
| 7. <b>One credit reference</b> for the sponsoring organization   |                |
| 8. <b>A copy of the agency’s fee schedule</b> for each program including a description of the services covered by the fees and the agency’s refund policy, if any  |                |
| 9. <b>Directions to the agency</b>   |                |
| <b>BUSINESSENTITY</b>  | √ If Submitted |
| <b>Three Reference Letters</b><br>These are required for all individuals listed in the section for Type of Business Entity under “Identifying Information.” 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.  |                |
| <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><i>*This page must match business entity checked in Part 2</i>   |                |
| <b>Background Checks:</b><br><br><ul style="list-style-type: none"> <li>• <b>Sworn Disclosure Statement</b> (Form available on the VDSS website)</li> <li>• <b>Criminal history record checks</b> obtained through the Virginia State Police</li> <li>• <b>Child Protective Services Central Registry Check</b> obtained from VDSS</li> </ul> <p>Background checks are required for any applicant, agent, caregiver or adult household member that are at least 18 years old listed on the application.</p> <p><b>Family Day Home and Independent Foster Home Programs ONLY:</b> A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p>Background checks MUST be available for inspection. Do not mail background checks in with the application.</p> |                |

## PART 4: FEES

The appropriate fee as listed below for application processing.

|                               |                                |                    |
|-------------------------------|--------------------------------|--------------------|
| LICENSED CHILD-PLACING AGENCY | <i>INITIAL APPLICATION FEE</i> | <b><u>\$70</u></b> |
|-------------------------------|--------------------------------|--------------------|

**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.

**STAFF:** List all individuals employed and volunteering in the child-placing program. (Please include full-time, part-time, and contract workers, executive, administrative, supervisory, casework, student interns, trainees, and support staff).

| NAME | OFFICE LOCATION | POSITION | HOURS & DAYS OF WORK PER WEEK | DATE OF EMPLOYMENT |
|------|-----------------|----------|-------------------------------|--------------------|
|      |                 |          |                               |                    |
|      |                 |          |                               |                    |
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|      |                 |          |                               |                    |
|      |                 |          |                               |                    |

**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.)

*Name*

*Title*

*Address*

| <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:

*Name*

*Title*

*Address*

| <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.)

| <i>Name</i>          | <i>Address</i> |
|----------------------|----------------|
| 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:

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

**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

### Identifying Information

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> |
|-------------|--------------|----------------|
| _____       | _____        | _____          |
| _____       | _____        | _____          |

### Required Attachments

*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*

### 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 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):

*Name*

*Title*

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

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.)   |   |                        |
| <b>Name</b>   | <b>Title</b>  | <b>Address</b>         |
| _____   |   |                        |
| _____   |   |                        |
| _____   |   |                        |
| 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:  |   |                        |
| <b>Name</b>   | <b>Title</b>  | <b>Address</b>         |
| _____   |   |                        |
| _____   |   |                        |
| <b>Required Attachments</b>   |   |                        |
| <i>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</i>  |   |                        |
| <i>Articles of trust</i>  |   |                        |
| <b>Fictitious Name</b> ( <b>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>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.</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>  | <i>Documentation of the legal fictitious name registered with the proper designated authority</i> |                        |

## BUSINESS ENTITY H: UNINCORPORATED ORGANIZATION OR OTHER

- NOTE: Complete only if the unincorporated organization or other organization is not a business type listed in Business Entities A-G.

### *Identifying Information*

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

Mailing Address: \_\_\_\_\_

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

Name(s) and Title(s) of Person(s) Responsible for the Agency (including hiring the agency 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 public agency in matters relating to the agency:

*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