Virginia Department of Social Services (VDSS) Division of Licensing Adult Programs

INITIAL APPLICATION FOR A LICENSE TO OPERATE AN ASSISTED LIVING FACILITY (ALF)

To ensure timely processing:

- 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, 5600 Cox Road, Glen Allen, Virginia 23060.
- Contact the Division of Licensing Programs if there are any questions regarding the completion of this application.

To ensure timely processing, the applicant must submit a complete renewal application to the Division of Licensing Programs at least 60 days prior to the facility's planned opening date. Submission of an incomplete initial application will delay the review process.

If the Licensing Office finds the application incomplete, the applicant will be notified in writing within 15 days of receipt of the incomplete application. If the applicant does not submit a complete application including all required attachments within 30 days from 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.

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.

This application must be signed by an individual legally responsible for the operation of the assisted living facility, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility (i.e., administrator) may sign the application.

Signature of Applicant:	Title:
Type or Print Name of Applicant:	Date Submitted:

FACILITY INFORMATION				
Name of Facility as it is to appear on license		Facility Phone Number Fax Number		
Street Address of Facility (physical address)	City/County	Locality	State	Zip Code
Mailing Address of Facility (if different from physical address)	City/County	Locality	State	Zip Code
Facility E-mail Address (used for VDSS correspondence only)	Facility Website			
Name of Designated Contact	Designated Contact Title	Designated Contact Email		
Name of Administrator	Administrator Phone Number	Administrator Email		
Is the business entity exempt from federal income tax pursuant to §501(c) of the Internal Revenue Code? ☐ Yes ☐ No				
Name of the management company that operates the facility, if other than the legal entity				

LICENSURE TYPE		
REQUEST FOR LICENSURE LEVEL	**REQUEST FOR LICENSE**	
☐ Residential Living Care Only ☐ Residential Living Care and Assisted Living Care	Requested number of residents	
	Number of residents currently resident in the facility	
	Number of buildings license requested for	

POPULATION		
DO YOU EXPECT TO OR ARE YOU PROVIDING CARE SERVICES FOR THE FOLLOWING: (check all that apply.)		
Service Provided	**Check if Yes**	**Explain where indicated**
Residents who are non-ambulatory?	☐	
Residents who have mental illness or mental retardation?	☐	
Residents who are substance abusers?	☐	
Residents who have a history of aggressive behavior?	☐	
Residents who need the use of restraints?	☐	
Residents who have a serious cognitive impairment and cannot recognize danger or protect their own	☐	

safety and welfare?		
Residents who need care for gastric tubes?	☐	
Residents who need skilled nursing treatments? (Such as wound care, as permitted in Assisted Living.)	☐	
Residents who need ostomy care?	☐	
Residents who receive Auxiliary Grant funding?	☐	

GENERAL INFORMATION			
General Questions	**Check if Yes**	**If "Yes" additional questions or requirements**	
Will the Assisted Living Facility allow pets to live on the premises?	☐	Types of pets permitted:	
Does the Assisted Living Facility, or will the Assisted Living Facility, contract with a physician to provide care to the residents within the facility?	☐	Name of contract physician	

PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE **Check only *ONE* box and submit *ONLY* the corresponding business entity page**	
☐ **Individual/Sole Proprietor**	**→ Go to Business Entity A** ***(See Page 8)***
☐ **Partnership** A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carryon, 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 Documentation Required***	**→ Go to Business Entity B** ***(See Page 9)***
☐ **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 Documentation Required***	**→ Go to Business Entity C** ***(See Page 10)***
☐ **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.	**→ Go to Business Entity D** ***(See Page 11)***
☐ **Limited Liability Company (LLC)** 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. ****LLC Documentation Required***	**→ Go to Business Entity E** ***(See Page 12)***

☐ **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	→ **Go to Business Entity F** *(See Page 13)*
☐ **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 Documentation Required***	→ **Go to Business Entity G** *(See Page 14)*
☐ **Religious Organization** **(if not a business type listed above)** A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.	→ **Go to Business Entity H** *(See Page 15)*

PART 3: REQUIRED ATTACHMENTS FOR INITIAL APPLICATION		**√ If Submitted**
1.	These are required for all individuals listed in Part I, Section 2 of the application (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. *This is not required for public agencies.	☐
2.	Articles of Incorporation	☐
3.	Certificate of Organization or Certificate of Registration	☐
4.	Registration of Fictitious Name associated with the legal entity applying for licensure.	☐
5.	Annual Operating Budget	☐
6.	Credit Reference	☐
7.	For facility providing residential living care only, verification of qualifications and education of the administrator.	☐
8.	For facility providing residential living care and assisted living care, a copy of a valid license issued to the administrator by the Virginia Board of Long Term Care Administrators or an explanation if the administrator is not currently licensed.	☐
9.	If the Assisted Living Facility has persons, other than aged, infirm or disabled residents residing on premises, a list of these individuals and what their relationship is to the applicant.	☐
10.	A copy of the building evaluation form signed by the appropriate building official.	☐
11.	A copy of the fire inspection conducted by the appropriate building official.	☐

12.	A copy of the environmental sanitation inspection conducted by the Department of Health.	☐
13.	Include a sketch or blueprint of the floor plan of the entire building(s), including the exact floor and window measurements and ceiling height of residents' bedrooms. Measure the floor from baseboard to baseboard; show measurements of any built-in closets and chimneys that protrude into the rooms. Measure only the glass area of the window, not the window frames. Also include the number of toilets, face/hand washing sinks, bathtubs and showers in the bathrooms.	☐
14.	A copy of all forms used by the facility, if different from the model forms provided by the Department of Social Services.	☐
15.	A copy of the Disclosure Statement.	☐
16.	A copy of all rules, requirements or policies and procedures of the Assisted Living Facility required by the regulations to be developed.	☐
17.	Written documentation of the program's "chain of command" or organizational chart to include all individuals who are responsible for operational and management decisions. Must include all individuals who are responsible for operational and management decisions.	☐
18.	Name of the management company that operates the facility, if other than the licensee.	☐
19.	Staff Information Sheet	☐
20.	Sample current menu for a two-week period.	☐
21.	Sample current monthly activity schedule.	☐
22.	If pets are currently residing in the facility, include required immunizations and certification for each animal, by a licensed veterinarian, indicating that the animal is free of diseases transmittable to humans.	☐
23.	**FEE** PAYABLE TO "TREASURER OF VIRGINIA" *(See Part 4)*	☐

NOTE: For each individual listed in Part I, Section 2 of the application (Type of Business Entity under "Identifying Information"), the following original documents must be available at the facility for inspection:

- ☐ Sworn Disclosure Statement completed within the last 90 days
- ☐ Criminal History Record Report obtained from the state police within the last 90 days

Criminal Background Checks should not be sent with the application but available at the facility to review during the inspection.

BUSINESS ENTITY	√ If Submitted
Submit ONLY ONE Business Entity Section. A, B, C, D, E, F, G or H *(see corresponding page of this application)* ****This page must match business entity checked in Part 2***	☐

PART 4: FEES

The appropriate fee as listed below for application processing.

ASSISTED LIVING FACILITIES:

Capacity:
1-12 = $14
13-25 = $35
26-50 = $70
51-75 = $105
76-200 - $140
200 & up = $200

Outstanding fees or fines previously imposed as a sanction against this license that were not appealed or that were affirmed at an administrative hearing must be paid in full in order to renew your license.
No fee is required for processing a renewal application submitted at the end of a conditional licensure period.

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.

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

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

INDIVIDUAL/SOLEPROPRIETOR
Identifying Information

Name (First, Middle or Maiden, Last):
Mailing Address: _____

Street/P.O. Box City State Zip Code

_____ **OR** _____

Social Security Number Federal Employer Identification Number (FEIN)

Email address: _____

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

Designated Contact Person: _____ Title: _____

Email address: _____

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

Name ***Title*** ***Address***

_____

_____

_____

List the name, title, address, and email 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*** ***Email Address***

_____

_____

_____

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.

PARTNERSHIP ☐ 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: _____ Email address: _____

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

Name ***Address***

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

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

Name ***Title*** ***Address*** ***Email 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.

PARTNERSHIP ☐ Domestic Corporation ☐ Foreign Corporation

Identifying Information

Name of Association Applying for License _____

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

Corporate Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

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

Name ***Address***

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

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

Name ***Title*** ***Address*** ***Email 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 E: LIMITED LIABILITY COMPANY (LLC)

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.

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:_____ Email address: _____

Provide the following information each manager and member or other persons authorized to manage the business and affairs of the LLC (Attach additional pages if needed)

Name ***Title*** ***Address***

_____

_____

List the name, title, address, and email of any agent(s) other than the members and managers is/are empowered to act on behalf of the partnership in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

☐ *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:_____ Email address: _____

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

Name ***Title***

_____

List the name, title, address, and email of any agent(s) other than the members and managers who is empowered to act on behalf of the Public Agency in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

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

Identifying Information

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: _____ Email address: _____

Provide the following information on each trustee, beneficial owner and any officer of the Business Trust. (Attach additional pages if needed.)

Name	***Title***	***Address***	***Email Address***

List the name, title, address, and email 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:

Name	***Title***	***Address***	***Email Address***

Required Attachments

☐ *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*

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 H: RELIGIOUS ORGANIZATION

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

RELIGIOUS ORGANIZATION ☐ Domestic Religious Org. ☐ Foreign Religious Org.

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: _____ Email address: _____

Name ***Title***

_____

_____

_____

_____

List the name, title, address, and email of 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 ***Title*** ***Address*** ***Email Address***

_____

_____

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*