

Check one:
 Initial License
 Change of Location
 Change of Ownership

Assisted-Living Facility Licensure Application

Initial Licensure Fees:	
1 – 10 beds	\$950
11 – 20 beds	\$1,450
21 – 50 beds	\$1,650
51 or more	\$1,950
Make payment to DHHS	

FACILITY GENERIC E-MAIL ADDRESS: _____

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

1. NAME OF FACILITY: _____
 PHYSICAL ADDRESS: _____
 (Street Address, City, State, Zip Code)

2. TELEPHONE NUMBER: _____ FAX NUMBER: _____
 (Complete with Area Code) (Complete with Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS: _____

6. NUMBER OF BEDS TO BE LICENSED: _____

7. PLANNED OCCUPANCY DATE: _____

8. SPECIFY ANY SPECIAL POPULATIONS (Please Check If Applicable):
 Special Care Unit for Alzheimer's Dementia Number of Beds: _____
 Provides Complex Nursing Intervention

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: _____
 (Legal Name of Individual or Business Organization)
 ADDRESS: _____
 (Street Address, City, State, Zip Code)

10. MAILING ADDRESS OF OWNERSHIP: _____
 (If Different Than Above)

11. BUSINESS ORGANIZATION (Check One):
 Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Government (If Government, Please Select One): State District County City or Municipal
 Other (Please Specify): _____

(Check One)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-433 requires: Applications shall be signed by

1. The owner, if the applicant is an individual or partnership,
2. Two of its members, if the applicant is a limited liability company,
3. Two of its officers, if the applicant is a corporation, or
4. The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

AUTHORIZED REPRESENTATIVE – PRINTED NAME	SIGNATURE	DATE
AUTHORIZED REPRESENTATIVE – PRINTED NAME	SIGNATURE	DATE