

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

**INITIAL APPLICATION FOR A LICENSE TO OPERATE A  
CHILDREN'S RESIDENTIAL FACILITY (CRF)**

- 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.

***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#:
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**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 residential facility for children, 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., director, facility head) may sign the application.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

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 Chief Administrative Officer		Chief Administrative Officer Phone Number		
Name of Program Director		Program Director Phone Number		
SPONSORSHIP INFORMATION				
Sponsoring Organization's Name		Tax I.D. Number		
Sponsor's Address		City/County	State	Zip Code
Landline Phone Number		Fax Number		
Alternate Phone Number		Email Address		
Name of the management company that operates the facility, if other than the sponsor				
Have you ever operated or do you currently operate a residential facility in Virginia or another state?  Yes    No				
If Yes, what is the status of the facility?  Open    Closed		Name of Facility		
Address of Facility		Licensing Authority		
POPULATION INFORMATION				
Requested Capacity		Gender  Male    Female    Both		
Minimum Age	Maximum Age	For Mother/Baby Programs Minimum Age of Infant/Toddler Children _____ Maximum Age of Infant/Toddler Children _____		

**PROGRAMMING INFORMATION**

Complete this section to identify programming. Select the appropriate category below:

Residential Program with or without a specialty category

Temporary Emergency Care Shelter Program

Independent Living Program

Wilderness Program

Mother/Baby Program

**EDUCATIONAL SERVICES INFORMATION**

The children admitted to this facility will receive their educational services through enrollment in: (select all that apply)

Local public school system

A day school licensed by the Virginia Department of Education

An alternative school licensed or certified by the Virginia Department of Education

The school operated by my facility

\*If the facility plans to operate a school, it is mandatory that the facility make contact with the Virginia Department of Education (DOE) and receive a license from VDOE to operate the school prior to beginning these services.

Name of the VDOE Contact \_\_\_\_\_ Date contact was made \_\_\_\_\_

**SERVICE INFORMATION**

Specify who will provide therapy and professional counseling to the residents: (select all that apply)

A licensed credentialed individual or agency in that individual's office away from the facility

A licensed credentialed individual or agency through a contractual agreement at the facility

Employee(s) of the facility who are licensed by the Commonwealth of Virginia

**RESIDENTIAL ENVIRONMENT**

List all buildings below. Include additional pages if necessary.

Name or Number of Buildings	Date of Construction or Date of Last Structural Modification	Function	Number of Residents

**PROPERTY (FACILITY) OWNER**

Name	
Address	
Telephone Number	

**RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS**

Financial Records	Address _____ City _____ County _____ State _____ Zip Code _____
Personnel Records	Address _____ City _____ County _____ State _____ Zip Code _____
Residents' Records	Address _____ City _____ County _____ State _____ Zip Code _____

**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 9)
<b>Partnership</b> <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 10)

<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 11)</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 12)</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 13)</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 14)</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 15)</p>
<p><b>Religious Organization (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>→ Go to Business Entity H (See Page 16)</p>

## PART 3: REQUIRED ATTACHMENTS

	√ If Submitted
1. <b>\$500 FEE PAYABLE TO “TREASURER OF VIRGINIA”</b> (See Part 4)	
2. <b>Budget</b> Private Facilities: -Working budget showing projected revenue and expenses for the first year of operation -Balance sheet showing assets and liabilities -Documentation of funds or a line of credit sufficient for 90 days of operating expenses State and Local Government Operated Facilities: -Appropriated revenue and projected expenses for the coming year	
3. <b>A copy of a “Certificate of Use and Occupancy”</b> . If one cannot be obtained, please speak with your licensing specialist.	
4. <b>A copy of the fire inspection conducted by the appropriate fire official within the last 12 months</b>	
5. <b>A copy of the Report of Environmental Sanitation conducted by the Department of Health within the last 12 months</b>	
6. <b>Floor plans</b> A copy of the building floorplan for all floors of the building -The dimension of each room used including the exact length, exact width, and exact ceiling height -Function of each room on the floor -Number of basins, tubs, showers, and toilets in each bathroom	
7. <b>Directions to facility</b>	
8. <b>Job descriptions for each position listed on the Staff Information Sheet</b>	
9. <b>Resumes for the Chief Administrative Officer (CAO) and Program Director (PD)</b>	
10. <b>A written decision-making plan that shall provide for a staff person with the qualifications of the chief administrative officer or program director to be designated to assume the temporary responsibility for the operation of the facility. Each plan shall include an organizational chart.</b>	
11. <b>Name, phone number, and email address of Community Liaison (the individual who shall be responsible for facilitating cooperative relationships with the neighbors, schools systems, local law enforcement, local government officials, and the community-at-large).</b>	
12. <b>Comprehensive Written Descriptions Addressing:</b> -Objectives of the organization -Criteria for admission -Supervision policies and procedures	
13. <b>Evidence that staff have been trained on appropriate siting of children’s residential facilities, good neighbor policies, community relations, and Shaken Baby Syndrome and its effects, pursuant to §63.2-1737(F)(iii)</b>	
14. <b>Any advertising materials to be published, disseminated, circulated, or placed before the public, directly or indirectly.</b>	
15. <b>Staff Information Sheet</b> (see page 8) List all identified staff with position titles, including the Chief Administrative Officer (CAO) and Program Director (PD)	

BUSINESSENTITY	√ If Submitted
<p><b>Three Reference Letters</b>            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. *This is not required for public agencies.</p>	
<p><b>One Business Entity Section Only A,B,C,D,E,F,G or H</b> (see corresponding page of this application)   <i>*This page must match business entity checked in Part 2</i></p>	
<p><b>Credit Reference for the Business Entity Sponsor</b>            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 service vendor such as a commercial food vendor. *This is not required for public agencies.</p>	
<p><b>Background Checks:</b></p> <ul style="list-style-type: none"> <li>• <b>Sworn Disclosure Statement</b> (Form available on the VDSS website)</li> <li>• <b>National Criminal Background Check</b>, fingerprint based, obtained through VDSS Office of Background Investigations</li> <li>• <b>Child Protective Services Central Registry Check</b> obtained from VDSS</li> <li>• <b>Out-of-State Central Registry Check</b> *effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. <i>Not applicable for Children’s Residential and Child Caring Institutions Programs.</i></li> </ul> <p>The National Criminal Background Check is completed <i>after</i> submission of the initial application. <u>You will be contacted and given information on how to obtain fingerprint background checks.</u> Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</p> <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>Background checks MUST be available for inspection.</p> <p>Do not mail background checks in with the application.</p>	

**PART 4: FEES**

The appropriate fee as listed below for application processing.

CHILDREN’S RESIDENTIAL FACILITIES: **\$500**

**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.





## 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*

<i>Name</i>	<i>Title (i.e. President, Sr. Vice President, Secretary and Treasurer)</i>	<i>Address</i>

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*

<i>Name</i>	<i>Title</i>	<i>Address</i>

#### **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 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

#### 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 (\_\_\_\_) \_\_\_\_\_

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>
_____	_____	_____

#### 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

#### *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*