

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS**

**RENEWAL APPLICATION FOR LICENSURE OF A CHILD WELFARE AGENCY,
ASSISTED LIVING FACILITY, OR ADULT DAY CENTER**

Instructions: To ensure timely processing, the applicant must submit a complete renewal application to the area Licensing Office at least 60 days prior to the expiration date of the current license. A complete renewal application includes: 1) Part I: Applicant Information and required attachments, 2) Part II: Program Addendum to the Application and required attachments, and 3) the renewal fee.

Submission of an incomplete renewal 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 renewal application including all required attachments prior to the expiration date of the current license, the license will expire. It is illegal to operate a facility subject to licensure without obtaining a license.

Review carefully; not all sections apply. Please type or print legibly using permanent, black ink and retain a copy for your records. Please contact the licensing office in your area if there are any questions relating to the completion of this application.

NOTE: Renewal of this license is contingent upon the payment of any outstanding fees or outstanding fines previously imposed as a sanction against this license that were not appealed or that were affirmed at an administrative hearing. If at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it will not affect the renewal of this license.

PART I: APPLICANT INFORMATION (ALL APPLICANTS MUST COMPLETE)

SECTION 1 – GENERAL INFORMATION

FACILITY TYPE: (Select only one per application.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Day Center | <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Child-Placing Agency |
| <input type="checkbox"/> Children's Residential Facility | <input type="checkbox"/> Child Caring Institution | <input type="checkbox"/> Independent Foster Home |

FACILITY INFORMATION (To be completed by all applicants.)

Name of the Facility: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Facility Street Address (physical address) City State Zip Code

Facility Mailing Address (Same as physical address) City State Zip Code

For Department Use Only

DATE: _____ REC'D BY: _____ INSPECTOR: _____

CHECK/MO #: _____ AMT REC'D _____ FACILITY #: _____

AMOUNT OF OUTSTANDING FEES AND FINES: _____

County or City in which facility is located: _____

E-Mail Address (one email address per facility): _____ Do not have Email

Directions to Facility: _____

SECTION 2 – TYPE OF BUSINESS ENTITY

BUSINESS TYPE APPLYING FOR LICENSE: (Check only one type)

<input type="checkbox"/> An Individual (Sole Proprietorship)	Complete Subsection A
<input type="checkbox"/> A Partnership	Complete Subsection B
<input type="checkbox"/> A Corporation	Complete Subsection C
<input type="checkbox"/> An Association	Complete Subsection D
<input type="checkbox"/> A Limited Liability Company	Complete Subsection E
<input type="checkbox"/> A Public Agency	Complete Subsection F
<input type="checkbox"/> A Business Trust	Complete Subsection G
<input type="checkbox"/> A Religious Organization (if not a business type listed above)	Complete Subsection H

SUBSECTION B – PARTNERSHIP

General Partnership

Limited Partnership

1. 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
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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: _____

SUBSECTION C - CORPORATION

Domestic Corporation

Foreign Corporation

1. Identifying Information:

Name of Corporation Applying for License: _____

Corporate Mailing Address: _____

Street/P.O. Box

City

State

Zip Code

Corporate Tax ID Number: _____ Phone Number(____) _____

Designated Contact Person: _____ Title: _____

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

Name **Title** **Address**

President

Sr. 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: _____

SUBSECTION D - ASSOCIATION

1. Identifying Information:

Name of Association Applying for License: _____

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

Association Tax ID Number: _____ Phone Number(____) _____

Designated Contact Person: _____ Title: _____

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

Name	Title	Address
_____	President	_____
_____	Sr. 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 association in matters relating to the facility: _____

SUBSECTION E - LIMITED LIABILITY COMPANY (LLC) Domestic LLC Foreign LLC

1. Identifying Information:

Name of LLC Applying for License: _____

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

LLC Tax ID Number: _____ Phone Number (____) _____

Designated Contact Person: _____ Title: _____

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.*)

Name	Title	Address

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: _____

SUBSECTION F - PUBLIC AGENCY

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):

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: _____

SUBSECTION G - BUSINESS TRUST Domestic Business Trust Foreign Business Trust

1. 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: _____ Phone Number (____) _____

Designated Contact Person: _____ Title: _____

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

Name	Title	Address

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: _____

2. Names of individual, association, limited liability company, corporation, etc., with 5% or more ownership interest in the business trust applying for the license:

<u>Name</u>	<u>Ownership Percentage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: These individuals are not required to submit background checks, references, unless they are also listed in #1 above (*Identifying Information*).

SECTION 3 – Acknowledgements and Certifications - (To be completed by all applicants.)

In making this application, I certify 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 stipulated on the license.

This application must be signed by an applicant or agent named in Section 2 (Type of Business Entity-“Identifying Information”).

I hereby attest that the information contained in this application including Part I: Applicant Information and Part II: Program Addendum to the application and all attachments is truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility.

Signature of Applicant

Date

Printed Name of Applicant

SECTION 3 – Fees - (Required for all applicants.)

- *The appropriate fee as listed below must be paid for renewal application processing:*

Children's Residential Facility = \$100

Child Placing Agency = \$70

All Other Program Types (assisted living facilities, adult day centers, independent foster homes):

Capacity 1-12 = \$14

13-25 = \$35

26-50 = \$70

51-75 = \$105

76-200 = \$140

201 & 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 \$50 service charge for any check that must be returned due to insufficient funds.*