



**V. CONTROL** (Check one in each column.)

State	<input type="checkbox"/>	Profit	<input type="checkbox"/>	Individual	<input type="checkbox"/>
County	<input type="checkbox"/>	Nonprofit	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
City	<input type="checkbox"/>			Corporation	<input type="checkbox"/>
Private	<input type="checkbox"/>				

**VI. OWNERSHIP**

Name and address of direct owner

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A. Provide the following supporting documentation as an attachment to this application:

- The name, mailing address, email address and phone number of each person having at least a twenty-five (25) percent ownership interest in the facility;
- If owned by a corporation, the name, mailing address, email address and phone number of each officer or director of the corporation; or
- If owned by a partnership, the name, mailing address, email address and phone number of each partner.

**VII. FIRE MARSHAL (APPLICABLE ONLY for INITIAL and CHANGE OF LOCATION)**

Please submit documentation of the Fire Marshal's approval for the location(s) where services will be provided. Final approval from the Fire Marshal shall be considered current if approved within 12 months from the date the Office of Inspector General receives the licensure application. If your facility has not been inspected and approved within the previous 12 months, please contact the Fire Marshal's Office to request an inspection.

**An incomplete application or failure to submit the applicable licensure fee may result in return of the application to the applicant. A completed application should not be submitted to the Office of Inspector General until the facility is ready for an inspection.**

I understand that **any change** in the information provided in within this application affecting the licensure status of this facility or service will be reported to the Office of Inspector General and **a new application** will be completed at that time. I agree that this facility/service and all aspects of its operation shall allow all state agency licensure personnel entrance upon its premises for the purpose of inspection. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application may result in denial or revocation of licensure.

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Signature of Authorized Representative

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Title

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Date

Submit the application, fee and supportive documentation to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621