

Name of Executive Director: _____

Date facility began operating at current address: _____

Date facility began operating under current owner: _____

IV. Extension Locations:

Number of Extensions: _____

If there are no extensions, skip to next section. If reporting the name of each extension as part of the application for initial licensure or adding a new extension, please complete this section.

Name of Extension: _____

Physical Location of Extension: _____

(Street)

(City)

(County)

(State)

(Zip Code)

Telephone number: _____

Extension Director's Name and Email Address: _____

NOTE: For more than one extension, please provide an attachment to this application with the name, location, telephone number, and extension director's name and email address.

V. CONTROL (Check one in each column.)

State

Profit

Individual

County

Nonprofit

Partnership

City

Corporation

Private

VI. OWNERSHIP Name and address of direct owner

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

- The of name, mailing address, email address and phone number 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;
- If owned by a partnership, the name, mailing address, email address and phone number of each partner.

