

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

INITIAL APPLICATION FOR A LICENSE TO OPERATE A
CHILD DAY CENTER (CDC)

- 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.
Contact your regional VDSS licensing office if there are any questions regarding the completion of this application.

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

Table with 7 columns: DATE RECEIVED, RECEIVED BY, CHECK/MO #, AMT RECEIVED, INSPECTOR, APPLICATION #, FILE #

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.
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.

This application must be signed by an applicant or agent named on the Type of Business Entity - "Identifying Information"

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.

Signature of Applicant

Date

Printed Name of Applicant

Facility Name

**PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

Name of Facility as it is to appear on license		Facility Phone Number		
		Fax Number		
Street Address of Facility (physical address)		City/County	State	Zip Code
Mailing Address of Facility (if different from physical address)		City/County	State	Zip Code
Facility E-mail Address (used for VDSS correspondence only)				
Are there any other programs that operate in the building during childcare hours? Yes          No				
Number of buildings license requested for:		Are you a DSS subsidy vendor? Yes          No		
<p>Asbestos:</p> <p>1. Is the building in which the center is located a currently operating public school or state owned building? Yes          No</p> <p>2. If the answer to #1 is "No," was your building in which the center is located built before 1978? Yes          No</p> <p>If the answer to #2 is "Yes," please see required asbestos information under facility required attachments. Regulations require that all day care centers built before 1978 be inspected by a licensed asbestos inspector. Model forms and detailed instructions are available online at <a href="http://www.dss.virginia.gov/facility/child_care/licensed/child_day_centers/index.cgi">http://www.dss.virginia.gov/facility/child_care/licensed/child_day_centers/index.cgi</a></p>				
<p>Months of Operation (check all that apply):</p> <p><u>Year Round</u>      <u>January</u>      <u>February</u>      <u>March</u>      <u>April</u>      <u>May</u>      <u>June</u>      <u>July</u></p> <p><u>August</u>      <u>September</u>      <u>October</u>      <u>November</u>      <u>December</u></p>				
<p>Days of Operation (check all that apply):</p> <p><u>Monday</u>      <u>Tuesday</u>      <u>Wednesday</u>      <u>Thursday</u>      <u>Friday</u>      <u>Saturday</u>      <u>Sunday</u></p>				
Hours of Operation:	Do you offer evening care? (7 p.m. but not through the night) Yes          No		Do you offer overnight care? (7 p.m. and through the night) Yes          No	
Requested Capacity (number of children you wish to be licensed for): _____				
Requested Age Range Minimum Age: _____ to Maximum Age (Age 12 years is the maximum): _____				
Name of Program Director:				

## PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE

Check only **ONE** box and submit **ONLY** the corresponding business entity page

<p><b>Individual/Sole Proprietor</b></p>	<p>→ Go to Business Entity A (See Page 10)</p>
<p><b>Partnership</b></p> <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><b>*Partnership Documentation Required</b></p>	<p>→ Go to Business Entity B (See Page 11)</p>
<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><b>*Corporation Documentation Required</b></p>	<p>→ Go to Business Entity C (See Page 12)</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 13)</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><b>*LLC Documentation Required</b></p>	<p>→ Go to Business Entity E (See Page 14)</p>

<p style="text-align: center;"><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>→ <b>Go to Business Entity F (See Page 15)</b></p>
<p style="text-align: center;"><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 style="text-align: center;"><i>*Business Trust Documentation Required</i></p>	<p>→ <b>Go to Business Entity G (See Page 16)</b></p>
<p style="text-align: center;"><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>→ <b>Go to Business Entity H (See Page 17)</b></p>

### PART 3: REQUIRED ATTACHMENTS

FACILITY	√ If Submitted
1. <b>FEE PAYABLE TO “TREASURER OF VIRGINIA”</b> (See Part 4)	
2. <b>Annual operating budget</b> (see pages 8-9 of this application) The budget form on the public website contains the information required for initial application. It is a model form so applicants may submit their own budget or one from their accountant as long as the budget contains information similar to that on the model form.	
3. <b>A copy of a “Certificate of Use and Occupancy.”</b> If one cannot be obtained, please speak with your licensing inspector.	
4. <b>A copy of the fire inspection</b> conducted by the appropriate fire official within the last 12 months	

5. <b>A copy of the sanitation inspection</b> conducted by the Department of Health within the last 12 months	
6. <b>Floor plans</b> ( <i>blueprint or drawing</i> ) These plans should indicate exact dimensions of rooms to be used, including: room length and width; functions of each room; toilet facilities, including number of basins and toilets; and position of any fixed equipment and furniture	
7. <b>A site plan or sketch</b> The site plan or sketch should indicate outdoor play areas, including dimensions; location of the building on the site; adjacent streets and parking area; all fences, fixed equipment and secondary buildings or structures.	
8. <b>Asbestos Statement from Asbestos Inspector</b> ( <i>if applicable</i> )	
9. <b>If asbestos was detected by the asbestos inspector, Asbestos Statement (from Applicant), if applicable</b> ( <i>See VDSS website</i> )	
<b>PROGRAM</b>	<b>√ If Submitted</b>
10. <b>Written confirmation of program director qualifications</b>	
11. <b>Written documentation of the center's "chain of command" or organizational chart</b> to include all individuals who are responsible for operational and management decisions	
12. <b>A copy of all forms to be used by the child day center, if different from the model forms provided by the Department of Social Services.</b>	
13. <b>Staff Information Sheet</b> (see page 7 of this application)	
14. <b>Sample current daily activity schedule for each age group</b>	
15. <b>A list of indoor and outdoor play equipment available to children</b>	
16. <b>Sample of current monthly menu</b>	
17. <b>A copy of all policies and procedures</b>	
18. <b>A copy of any brochures</b>	
19. <b>Evidence of required insurance coverage</b>	
<b>BUSINESS ENTITY</b>	<b>√ If Submitted</b>
<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.	
<b>One Business Entity Section Only A, B, C, D, E, F, G or H</b> (see corresponding page of this application)  *This page must match business entity checked in Part 2	
<b>Credit Reference for the Business Entity</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.	

**Background Checks:**

- **Sworn Disclosure Statement** (Form available on the VDSS website)
- **National Criminal Background Check**, fingerprint based, obtained through VDSS Office of Background Investigations
- **Child Protective Services Central Registry Check** obtained from VDSS
- **Out-of-State Central Registry Check** \*effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. Not applicable for Children’s Residential and Child Caring Institutions Programs.
- **Out-of-State Criminal History Name Check** for any other state a person has resided in the past five years.
- **Out-of-State Sex Offender Registry Check** for any other state a person has resided in the past five years

The National Criminal Background Check is completed after submission of the initial application. You will be contacted and given information on how to obtain fingerprint background checks. Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.

Background checks are required for any applicant, agent, caregiver or adult household member that are at least 18 years old listed on the application.

DO NOT mail background checks in with the application. Background checks MUST be available for inspection.

**PART 4: FEES**

The appropriate fee as listed below for application processing.

**CHILD DAY CENTERS:**

<b>CAPACITY</b>	1-12 = \$14
	13-25 = \$35
	26-50 = \$70
	51-75 = \$105
	76-200 = \$140
	201 and up = \$200

Short-term Child-day Program: Capacity 1-50 = \$25; Capacity 51 & up = \$50

**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.

STAFF INFORMATION SHEET

	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name
Date of Employment						
Job Title						
Age Group/Classroom						
Days/Hours Work Shift (ex. Mon-Fri 8am-5pm)						
<b>Background Checks</b>						
	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration
Date of SWORN DISCLOSURE						
Date of Current CENTRAL REGISTRY search						
Date of Current CRIMINAL HISTORY check						
Date of CENTRAL REGISTRY CHECK in each state of residence in the past 5 years						
Date of CRIMINAL HISTORY NAME CHECK in each state of residence in the past 5 years						
Date of SEX OFFENDER REGISTRY CHECK in each state of residence in the past 5 years						
<b>Medical Documentation</b>						
Date of TB test or screening						
<b>Training</b>						
Highest Level of Completed Education						
	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training
Orientation (as required by standards)						
First Aid/CPR						
Daily Health Observation						
MAT						
<p><b><i>I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.</i></b></p>						
Signature:			Date:			

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS

ANNUAL WORKING BUDGET

DATE: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

**REVENUE (ANTICIPATED)**

Date: \_\_\_\_\_ to \_\_\_\_\_

Fees for Care	_____
Fees from Other Clients/Services	_____
Federal Funds	_____
State Funds	_____
Local Funds	_____
Endowment(s)/Trust	Fund(s) _____
Income from Investments	_____
Donations/Solicitations	_____
Other (Specify)	_____

**TOTAL REVENUE:** \$ \_\_\_\_\_

**EXPENSES (ANTICIPATED)**

Date: \_\_\_\_\_ to \_\_\_\_\_

**1. ADMINISTRATION**

Office Supplies & Equipment	\$ _____
Insurance	
Liability(Premises/Operations)	_____
Liability (Vehicles)	_____
Other (Specify by Type)	_____
Interest	_____
Taxes (Specify by Type)	_____

**TOTAL ADMINISTRATIVE EXPENSES** \_\_\_\_\_

**2. SALARIES, WAGES, AND BENEFITS**

Salaries and Wages \$ \_\_\_\_\_

FICA (Social Security) \_\_\_\_\_

Health Care Insurance \_\_\_\_\_

Group Life Insurance \_\_\_\_\_

Employer Retirement Contributions \_\_\_\_\_

Other Benefits (Specify) \_\_\_\_\_

**TOTAL SALARIES, WAGES,  
AND BENEFITS EXPENSES** \_\_\_\_\_

**EXPENSES (ANTICIPATED)**

**Date:** \_\_\_\_\_ **to** \_\_\_\_\_

**3. OPERATIONS**

Food \$ \_\_\_\_\_

Rent and Mortgage \_\_\_\_\_

Utilities \_\_\_\_\_

Maintenance & Repairs \_\_\_\_\_

Equipment & Supplies \_\_\_\_\_

Laundry and Linens \_\_\_\_\_

Motor Vehicles \_\_\_\_\_

Staff Travel \_\_\_\_\_

Staff Training \_\_\_\_\_

Contractual Services (Specify) \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**TOTAL OPERATIONS EXPENSES** \_\_\_\_\_

**TOTAL EXPENSES (Administration;  
Salaries, Wages, and Benefits; and  
Operations):** \$ \_\_\_\_\_



## 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.

<b>PARTNERSHIP</b>	General Partnership	Limited Partnership
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**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.)

	<i>Name</i>	<i>Address</i>
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:

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

### 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.)

<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:

<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 TaxID 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*