

Virginia Department of Social Services (VDSS)  
Division of Licensing Programs

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

*For Use Only During the Governor's Declared State of Emergency*

- 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)

DATE RECEIVED:

RECEIVED BY:

AMOUNT:

INSPECTOR:

APPLICATION #:

FILE #:

**WAIVED**

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

In making this application, I agree that:

1. **This application can only be used and submitted during the Governor's declared State of Emergency. Submission of this document after the State of Emergency has been lifted will result in the applicant being required to submit the standard application.**
2. **I will comply with all applicable COVID-19 health and safety guidelines for childcare.**
3. 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.
4. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
5. I understand that representatives of the Virginia 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.
6. 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*.
7. 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

\_\_\_\_\_  
FacilityName

**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)

Do you have the capability to receive encrypted personal identifying information by e-mail?

Yes

No

Do you have the capability to send/reply encrypted personal identifying information by e-mail?

Yes

No

Are there any other programs that operate in the building during childcare hours?

Yes

No

Number of buildings license requested for

Are you an approved subsidy vendor?

Yes

No

Asbestos:

1. Is the building in which the center is located a currently operating public school or state owned building? Yes No
2. If the answer to # 1 is "No," was your building in which the center is located built before 1978? Yes No
3. 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 [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)

Months of Operation

Days of Operation

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

Name of Program Director

## **PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE**

Submit *ONLY* the corresponding business entity page

<b>Individual/Sole Proprietor</b>	→ Go to Business Entity A ( <i>See Page 8</i> )
<b>Partnership</b>	→ Go to Business Entity B ( <i>See Page 9</i> )
<b>Corporation</b>	→ Go to Business Entity C ( <i>See Page 10</i> )
<b>Association</b>	→ Go to Business Entity D ( <i>See Page 11</i> )
<b>Limited Liability Company</b>	→ Go to Business Entity E ( <i>See Page 12</i> )
<b>Public Agency</b>	→ Go to Business Entity E ( <i>See Page 13</i> )
<b>Business Trust</b>	→ Go to Business Entity E ( <i>See Page 14</i> )
<b>Religious Organization</b>	→ Go to Business Entity E ( <i>See Page 15</i> )

<b>PART 3: REQUIRED ATTACHMENTS</b>	
	<b>√ If Submitted</b>
<b>Annual operating budget</b> ( <i>see pages 6-7 of this application</i> )	
<b>A copy of a “Certificate of Use and Occupancy.”</b> If one cannot be obtained, please speak with your licensing inspector.	
<b>A copy of the fire inspection</b> conducted by the appropriate fire official within the last 12 months	
<b>A copy of the sanitation inspection</b> conducted by the Department of Health within the last 12 months.	
<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	
<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.	
<b>Asbestos Statement</b> from Asbestos Inspector ( <i>if applicable</i> )	
If asbestos was detected by the asbestos inspector, <b>Asbestos Statement</b> (from Applicant), if applicable ( <i>See VDSS website</i> )	
Written confirmation of <b>program director qualifications</b>	
Child Day Center <b>Staff Information Sheet</b>	
Evidence of <b>required insurance coverage</b>	
<b>Business Entity Section A, B, C, D, E, F, G, or H</b> with its <b>required attachments</b>	
<b>Credit Reference</b> for the Business Entity *One credit reference must be obtained from either a bank; credit agency; landlord; or a utility company. This credit reference is not required for public agencies.	

## Background Checks

- **Sworn Disclosure Statement** (form available on the VDSS website)
- **Fingerprint-Based National Criminal History Record 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** for any individual 18 years and older who has lived in another state in the past five years.
- **Out-of-State Criminal History Name Check** for any other state an individual has resided in the past five years.
- **Out-of-State Sex Offender Registry Check** for any other state an individual has resided in the past five years.

\*The fingerprint-based national criminal history 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-based national criminal history record check before the initial inspection is scheduled.

Background checks are required for any applicant, agent, and staff that are at least 18 years old.

## Fee

***\*\*\*PLEASE NOTE: All initial application fees are being waived during this State of Emergency. There is no fee required with this initial application.***

Your fee is based on your requested capacity:

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.

**WAIVED**

**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 ( <i>Specify</i> )	_____

**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 OPERATION EXPENSES** \_\_\_\_\_

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

## 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 <i>(ex. Mon-Fri 8am-5pm)</i>						
<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						
<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>						
Signature:				Date:		



COMPLETE AND SUBMIT **ONLY ONE** OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION

## BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

### INDIVIDUAL/SOLEPROPRIETOR

#### *Identifying Information*

Name (First, Middle or Maiden, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Box

City

State

Zip Code

**or**

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Federal Employer Identification Number (FEIN)

**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 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.)

	<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.)

**Name Title (i.e. President, Sr. Vice President, Secretary and Treasurer) Address**

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

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**

Name	Title	Address

#### **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 E: LIMITED LIABILITY COMPANY

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.

### LIMITED LIABILITY COMPANY (LLC)

Domestic LLC

Foreign LLC

#### *Identifying Information*

Name of LLC Applying for License: \_\_\_\_\_

LLC Mailing Address: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

LLC Tax ID Number: \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number \_\_\_\_\_

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:

*Name*

*Title*

*Address*

#### **Required Attachments**

*Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the SCC*

*Articles of organization*

**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):

*Name*

*Title*

\_\_\_\_\_  
\_\_\_\_\_

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.)

*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:

*Name*

*Title*

*Address*

#### **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*