

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

INITIAL APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY SYSTEM (FDS)

- 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.

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:

- 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.
It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
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.
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.
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 An application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.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, Business Name (if applicable)

FAMILY DAY SYSTEM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)			
Family Day System Name	Director		
	Primary Phone Number	Fax Number	
Street Address of Family Day System	City/County	State	Zip Code
Mailing Address of Family Day System (if different from physical address)	City/County	State	Zip Code
E-mail Address (used for VDSS correspondence only)			
Number of Homes to be approved	Counties and Cities of Homes		

TYPE OF CARE TO BE OFFERED OR CURRENTLY OFFERED						
Age Group	Half Day Care	Full Day Care	Before and After School Care	Evening Care (7 p.m.- 1 a.m.)	Overnight Care (After 1 a.m.)	TOTAL
Infants and Toddlers (under 2 years old)						
Preschool: 2 years old						
Preschool: 2-5 years old						
School Age: 6-9 years old						
School Age: 10-14 years old						
TOTAL						

ANNUAL OPERATING BUDGET

INTRODUCTION

The Annual Operating Budget provides financial information regarding anticipated revenue and anticipated expenses. Anticipated revenue and expenses reflect the expected revenue and expenses for the next year of operations and constitute the working budget for the facility. This form is of primary importance in providing selected information needed to determine financial responsibility at initial application as required by § 63.2-1702 of the Code of Virginia. When completing this form, do not include any revenue or expenses that are not directly associated with operation of the licensed facility. The instructions for completing the form which follow describe the information to be recorded for each item.

INSTRUCTIONS FOR COMPLETING THE FORM

ANTICIPATED REVENUE: This section should reflect the anticipated annual income available to operate the facility. It should **not** reflect the anticipated annual income of the applicant(s) unless this income was or will be used to operate the facility. Anticipated amounts should be as accurate as possible and supported by confirming documentation to the maximum extent feasible.

1. Fees for Care: The anticipated revenue which was or will be received each year as fees or payments for care should be entered here. Anticipated values should be based on the rate per child or adult to be charged by the facility and the number of children or adults who will actually be in care during the next year of operation. This may be estimated to be less than the licensed capacity which is being requested on the application and, if so, should be used rather than licensed capacity in determining the anticipated revenue to be received.
2. Fees for Other Clients/Services (only applies to assisted living facilities and children's residential facilities): The anticipated revenue which was and will be received each year as fees or payments for care or services provided to children or adults other than those in residential (24 hour) care.
3. Federal Funds: The revenue which will be received each year from Federal agencies. Do not include revenue already listed as part of "Fees for Care."
4. State Funds: The revenue which will be received each year from State agencies. Do not include revenue already listed as part of "Fees for Care."
5. Local Funds: The revenue which will be received each year from localities. Do not include revenue already listed as part of "Fees for Care."

6. Income from Investments: Annual income to support facility operation which will be provided by any existing investments.
7. Endowment/Trust Fund(s): Revenue which is to be received for the entire year from any endowments or trust funds which currently exist and would provide income to be used to support facility operations.
8. Donations/Solicitations: Income estimated to be received from such sources as religious or fraternal organizations, United Way funds, fund drives and solicitations, or any other fundraising activity used to support facility operations.
9. Other (Specify): Annual income estimated to be received from any other source(s) which will be used to operate the facility. Specify each source and the amount.

ANTICIPATED EXPENSES: This section includes anticipated annual expenses of facility operation. It is the total of all expense items shown below. Three major categories of expenses are shown. The explanations of the sub-headings are intended to assist the applicant in understanding the number and types of financial considerations which may be involved in facility operation, and to assist the Department in evaluating the facility's application.

1. Administration:
 - a. Office Supplies & Equipment: Estimated annual cost of expendable and non-expendable items used for administrative purposes. (*e.g. pens, pencils, paper*).
 - b. Insurance:
 - (1) Liability (Premises and Operations): Total annual cost of liability insurance covering the premises and operation.
 - (2) Liability (Vehicles): Total annual cost of liability insurance covering all of the vehicles used in support of System's Operations.
 - (3) Other: Total annual cost of other types of insurance (*e.g. fire insurance*). NOTE: Health Care, Group Life, and other insurance benefiting employees should be shown under Item 2.a. Salaries, Wages & Benefits and **not** in this item.
 - c. Interest: Total amount of interest payments due within the next year on outstanding loans or other debts.

- d. Taxes: Annual amount of all taxes which must be paid this year by the facility. This would include VEC taxes and Federal Unemployment Taxes which must be paid on employees' salaries and wages as well as business license taxes, property taxes, real estate taxes (if not included as part of the mortgage payment under Item 3, below). NOTE: The Employer's FICA (Social Security) taxes must be shown under Item 2, b, and not in this item. Specify each tax on a separate line under the entry "taxes."

2. Salaries, Wages & Benefits:

- a. Salaries & Wages: All salaries and wages to be paid by the facility to its employees including those employed through contract; and any salaries or wages to be paid by facility revenue for any officers, members, managers, clerks, assistants, professional staff, etc. of the licensed entity (sole proprietor, corporation, limited liability company, business trust, partnership, public agency, or association).
- b. FICA (Social Security): Enter the total annual FICA (Social Security) tax, (including both OASDI and Medicare) to be paid by the facility for all employees and others listed above.
- c. Health Care Insurance: Total amount of annual premiums to be paid by the facility for health care insurance for employees and others listed above when the cost of all or part of such insurance is provided by the facility. Do not include portions paid by employees.
- d. Group Life Insurance: Total amount of annual premiums to be paid by the facility for employee group life insurance when the cost of all or part of such insurance is provided by the facility.
- e. Employer Retirement Contribution: Total annual contribution to be made by the facility to the retirement fund(s) of employees and others listed above.
- f. Other Benefits (Specify): On an item-by-item basis, the cost(s) of any additional benefits provided by the facility to employees and others listed above.

3. Operations:

- a. Food: Anticipated annual cost of food to be used in the facility. It includes the cost of all meal and snacks each day. *(Do not include the cost of food provided at no cost to staff who are required to eat with participants or residents. These costs are reported under Item 3.m: Other.)*
- b. Rent or Mortgage Payments: Payments for buildings/property of the facility (e.g. office building, living units); amount shown should be the total annual expense.

- c. Utilities: Total of payments to be made by the facility for electricity, water, fuel oil, gas (*for heating*), sewage and refuse services, telephone and similar services.
- d. Maintenance & Repairs: Annual cost of all items used to maintain and carry out necessary repairs on the facility. This would include such items as paint, lumber, nails, roofing materials, grass seed.
- e. Equipment and Supplies: Total projected annual cost of equipment, which is not to be depreciated, and expendable supplies which will be used to support facility operation in areas other than the administrative offices. Equipment rental costs should be included here.
- f. Depreciation: Buildings: Total annual estimate of depreciation on all buildings owned and utilized by the applicant to support facility operation other than administration (*e.g., classrooms, residential cottages*).
- g. Depreciation: Equipment: Total annual estimate of depreciation on all capital equipment owned and used by the facility in support of operation other than administration (*e.g., food service equipment, furniture in residential cottages, classroom equipment, vehicles*).
- h. Motor Vehicles: All expenses related to the maintenance and operation of cars, vans, trucks, etc., owned by the facility and used in support of the operation of the facility.
- i. Laundry and Linens: Cost of soap, detergents, etc., required for the laundry of table linens, bed linens, etc., used by the facility and the cost for outside laundry services.
- j. Staff Travel: Total projected travel expense for staff which will be incurred in support of facility operations and the program offered by the facility. This includes transportation costs, the cost for food and the cost for lodging if overnight travel is required.
- k. Staff Training: Projected annual costs of formal training for facility staff which will be paid for or reimbursed by the facility.
- l. Contractual Services: Projected annual cost for any services provided to the facility under contract to support the program offered or facility operation. List each contractual service separately.
- m. Other (Specify): Annual cost of all other expenses not included in other items. Specify each item of expense included here and the expense amount (*e.g. the estimated cost of meals provided at no cost to staff required to eat with residents or participants would be entered here.*)

**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: \$ _____

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	_____

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): \$ _____

PART 2: BUSINESS ENTITY TYPE

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

Individual/Sole Proprietor	→ Go to Business Entity A (See Page 15)
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. <i>*Partnership Documentation Required</i>	→ Go to Business Entity B (See Page 16)
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. <i>*Corporation Documentation Required</i>	→ Go to Business Entity C (See Page 17)
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.	→ Go to Business Entity D (See Page 18)
Limited Liability Company (LLC) 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. <i>*LLC Documentation Required</i>	→ Go to Business Entity E (See Page 19)

<p>Public Agency</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>→ Go to Business Entity F (See Page 20)</p>
<p>Business Trust</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><i>*Business Trust Documentation Required</i></p>	<p>→ Go to Business Entity G (See Page 21)</p>
<p>Religious Organization (if not a business type listed above)</p> <p>A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.</p>	<p>→ Go to Business Entity H (See Page 22)</p>

PART 3: REQUIRED ATTACHMENTS

FAMILY DAY SYSTEM	√ If Submitted
1. FEE PAYABLE TO “TREASURER OF VIRGINIA” (see Part 4)	<input type="checkbox"/>
2. One Business Entity Section Only A,B,C,D,E,F,G or H (see corresponding page of this application) <i>*This page must match business entity checked in Part 2</i>	<input type="checkbox"/>
<p>3. Background Checks:</p> <ul style="list-style-type: none"> 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. <p>The National Criminal Background Check is completed after submission of the initial application. <u>You will be contacted and given information on how to obtain fingerprint background checks.</u> Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</p> <p>Background checks are required for any applicant, agent, caregiver or adult household member that are at least 18 years old listed on the application.</p> <p>Family Day Home, Child Placing Agencies, and Independent Foster Home Programs ONLY: A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p>Background checks MUST be available for inspection. Do not mail background checks in with the application.</p>	<input type="checkbox"/>
4. Credit Reference 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 utility company.	<input type="checkbox"/>
5. Reference Letters 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.	<input type="checkbox"/>
6. Annual operating budget (see pages 3-10 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.	<input type="checkbox"/>
7. Statement of Written Goals and Objectives	<input type="checkbox"/>
8. Written documentation of the center’s “chain of command” or organizational chart to include all individuals who are responsible for operational and management decisions	<input type="checkbox"/>
9. Staff Information Sheet In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers.	<input type="checkbox"/>

10.	Name of the management company that operates the agency, if other than the licensee.	<input type="checkbox"/>
11.	Written job descriptions for all staff	<input type="checkbox"/>
12.	Copies of policies and procedures relating to the operation of the system, personnel, and to member homes.	<input type="checkbox"/>
13.	Copies of all forms used by the system (if different from the model forms provides by the Department of Social Services) especially those used in homes' records and those used in children's records	<input type="checkbox"/>
14.	Copies of any brochures	<input type="checkbox"/>
15.	Description of method of transportation, if transportation provided	<input type="checkbox"/>
16.	Written schedule of payments to be made to homes that are members of the system. This schedule shall specify the amount of payment, conditions of payment, and frequency of payment.	<input type="checkbox"/>

PART 4: FEES

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.

The fee for FDS application processing = **\$70**

*An application will not be processed until the fee has been received.

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

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

INDIVIDUAL/SOLE PROPRIETOR

Identifying Information

Name (First, Middle or Maiden, Last): _____

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

Social Security Number or 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.*)

Name Title Address

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:

Name Title Address

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.)

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

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:

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

Required Attachments

Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission;

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: _____

Public Agency Tax ID Number: _____ Street/P.O. Box _____ City _____ State _____ Zip Code _____
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.)

<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