

Check one:
 Renew License
 Change of Location
 Change of Ownership

**Assisted-Living Facility Licensure
 Renewal Application**

Renewal Licensure Fees:	
1 – 10 beds	\$950
11 – 20 beds	\$1,450
21 – 50 beds	\$1,650
51 or more	\$1,950
Make payment to DHHS	

Expiration Date: _____

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

- NAME AND ADDRESS OF FACILITY: _____

- PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT

- LICENSE NUMBER: _____
- TELEPHONE NUMBER: _____
- FAX NUMBER: _____
- ADMINISTRATOR: _____
- EMAIL ADDRESS: _____
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
- TOTAL NUMBER OF BEDS TO BE RELICENSED: _____
- SPECIFY SPECIAL POPULATIONS (Please Check):
 Alzheimer's/Special Care Unit Number of Beds: _____
 Provides Complex Nursing Intervention
- ACCREDITATION: (Check if Applicable): Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No
 Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: _____
 (Legal Name of Corporation, Partnership, Etc.)
 MAILING ADDRESS OF OWNERSHIP: _____
- BUSINESS ORGANIZATION (Check One):
 Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Government (If Government, Please Select One): State District County City or Municipal
 Other (Please Specify): _____

(Check One)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-433 requires: Applications shall be signed by

- The owner, if the applicant is an individual or partnership,
- Two of its members, if the applicant is a limited liability company,
- Two of its officers, if the applicant is a corporation, or
- The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

_____ AUTHORIZED REPRESENTATIVE - SIGNATURE	_____ AUTHORIZED REPRESENTATIVE – PRINTED NAME	_____ DATE
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