

Check one:  
 Initial License  
 Change of Location  
 Change of Ownership

**Assisted-Living Facility Licensure Application**

Initial 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	

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

**IDENTIFYING INFORMATION**

1. NAME OF FACILITY: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 (Street Address, City, State, Zip Code)

2. TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 (Complete with Area Code) (Complete with Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. ADMINISTRATOR: \_\_\_\_\_

5. PREFERRED MAILING ADDRESS: \_\_\_\_\_

6. NUMBER OF BEDS TO BE LICENSED: \_\_\_\_\_

7. PLANNED OCCUPANCY DATE: \_\_\_\_\_

8. SPECIFY ANY SPECIAL POPULATIONS (Please Check If Applicable):  
 Special Care Unit for Alzheimer's Dementia      Number of Beds: \_\_\_\_\_  
 Provides Complex Nursing Intervention

**OWNERSHIP INFORMATION**

9. OWNERSHIP OF FACILITY: \_\_\_\_\_  
 (Legal Name of Individual or Business Organization)  
 ADDRESS: \_\_\_\_\_  
 (Street Address, City, State, Zip Code)

10. MAILING ADDRESS OF OWNERSHIP: \_\_\_\_\_  
 (If Different Than Above)

11. 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 license.

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

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

AUTHORIZED REPRESENTATIVE – PRINTED NAME	SIGNATURE	DATE
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