

STATE OF NEBRASKA - Department of Health and Human Services
Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Fees:	
1-50 beds	\$1750
51-100 beds	\$1850
101 +beds	\$1950
Make payable to DHHS	

Check one:
<input type="checkbox"/> Initial License
<input type="checkbox"/> Change of Location
<input type="checkbox"/> Change of Ownership

HOSPITAL LICENSURE APPLICATION

Hospital Type: Please Check

- General Acute Hospital
 Long-Term Care Hospital
 Rehabilitation Hospital
 Critical Access Hospital
 Psychiatric or Mental Hospital

IDENTIFYING INFORMATION

- NAME OF FACILITY: _____
ADDRESS: _____
(Street Address, City, State, Zip)
- TELEPHONE NUMBER: _____ FAX NUMBER: _____
(Area Code) (Area Code)
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)
- ADMINISTRATOR: _____
- PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____
- BED CLASSIFICATION: (Specify Number)
Acute _____ Other (please specify) _____ Total Beds _____
- ACCREDITATION/CERTIFICATION: (If applicable) Please check: TJC AOA CARF
Medicare/Medicaid
- PLANNED OCCUPANCY DATE: _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)
ADDRESS: _____
(Street Address, City, State, Zip)
- OWNERSHIP MAILING ADDRESS: _____
(If Different Than Above)
- BUSINESS ORGANIZATION: (Check one)

(check one)	
<input type="checkbox"/> Profit	<input type="checkbox"/> Non Profit

 - Sole Proprietorship
 - Partnership
 - Limited Partnership
 - Corporation
 - Limited Liability Company
 - Governmental (Check one) State District County City or Municipal
 - Other (Please Specify) _____

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 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

- 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 – TYPE OR PRINT	SIGNATURE	DATE
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