This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
Department of Health and Human Services
Public Health-Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986 Phone: 402-471-9607

Application Fee	Inpatient:	
Make payable to: HHSR&L	1 - 16 beds	$250
	17 - 50 beds	$275
	51 or more beds	$300

LICENSE APPLICATION
Mental Health Center

IDENTIFYING INFORMATION

1. Name and Address of Facility:

_____
_____
_____
_____

2. Preferred Mailing Address (if different from facility address)

_____
_____

Administrator: _____
Telephone Number: _____
Fax Number: _____
E-Mail Address: _____

3. # of Inpatient Beds: _____

4. Planned Occupancy Date: _____

5. Federal Employer Identification Number of Facility: _____

6. Accreditation/Certification: ❒ JCAHO ❒ CARF ❒ COA Are you requesting deemed status? ❒ yes ❒ no

7. Specify any special care and treatment to be provided: Please check below:

❒ Adolescent ❒ Gender Limited ❒ Other, specify: _____

OWNERSHIP INFORMATION

8. Owner's Name: _____
Mailing Address: _____
_____
_____
_____

_____
SSN of Owner (if individual)

9. Business Organization: (check one) Attach a list of names & addresses of all persons in control of the facility

❒ Sole Proprietorship
❒ Partnership
❒ Limited Partnership
❒ Corporation
❒ Limited Liability Company
❒ Governmental (❒ 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 and Human Services Regulation and Licensure 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 are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-422 requires that applications shall be signed by:
a. the owner, if the applicant is an individual or partnership,
b. two of its members, if the applicant is a limited liability company,
c. two of its officers, if the applicant is a corporation, or
d. 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
Authorized Representative – Type or Print	Signature	Date