



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

Fees:	
1-10 beds	\$950
11-20 beds	\$1,450
21-50 beds	\$1,650
51 or more	\$1,950
Make fee payable to DHHS	

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

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

- NAME OF FACILITY: _____
ADDRESS: _____
(Street Address, City, Zip)
- TELEPHONE NUMBER: _____ FAX: _____
(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: _____
- NUMBER OF BEDS TO BE LICENSED: _____
- PLANNED OCCUPANCY DATE: _____
- SPECIFY SPECIAL POPULATIONS: (Please Check if Applicable)
 - Special Care Unit for Alzheimer's Dementia _____ Number of Beds
 - Other-please specify _____ Number of Beds

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: _____
ADDRESS: _____
(Legal Name of Individual or Business Organization)
(Street Address, City, Zip)
- MAILING ADDRESS OF OWNERSHIP: _____
(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 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

- 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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SIGNATURE

DATE