



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

Table with 2 columns: Bed counts (1-50, 51-100, 101+) and Fees (\$1750, \$1850, \$1950). Includes note: Make payable to DHHS

Check one:
[] Initial License
[] Change of Location
[] Change of Ownership

HOSPITAL LICENSURE APPLICATION

Hospital Type: Please Check

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

IDENTIFYING INFORMATION

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

OWNERSHIP INFORMATION

- 9. OWNERSHIP OF FACILITY: (Legal Name of Individual or Business Organization) ADDRESS: (Street Address, City, State, Zip)
10. OWNERSHIP MAILING ADDRESS: (If Different Than Above)
11. BUSINESS ORGANIZATION: (Check one) Sole Proprietorship Partnership Limited Partnership Corporation Limited Liability Company Governmental (Check one) State District County City or Municipal Other (Please Specify)
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 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 - TYPE OR PRINT SIGNATURE DATE
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