



Expiration Date
 12/31/2009

Renewal Fees:	
1-50 beds	\$1750
51-100 beds	\$1850
101 - + beds	\$1950
Make Payable to HHS R&L	

HOSPITAL LICENSURE RENEWAL 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 AND ADDRESS OF FACILITY

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO.: _____
 TELEPHONE NUMBER: _____
 FAX NUMBER: _____
 ADMINISTRATOR: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)
4. BED CLASSIFICATION: (Specify Number)
 Acute _____ Other (Specify Type and Number) _____ Total Beds to be Licensed _____
5. ACCREDITATION/CERTIFICATION: (check if applicable) TJC AOA CARF Medicare/Medicaid
 Are you requesting deemed status? Yes No

OWNERSHIP INFORMATION

6. OWNERSHIP OF FACILITY: _____
(Legal Name of individual or business organization)
- MAILING ADDRESS: _____

8. BUSINESS ORGANIZATION: (check one)
- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | (Check One)
<input type="checkbox"/> Profit <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Partnership | |
| <input type="checkbox"/> Corporation | |
| <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Governmental (Check one) <input type="checkbox"/> State | <input type="checkbox"/> District |
| <input type="checkbox"/> Other (Please Specify) _____ | <input type="checkbox"/> County <input type="checkbox"/> City or Municipal |

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and 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 statement on the application are true and correct and I/we hereby apply for a renewal 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-PRINT	_____ SIGNATURE	_____ DATE
_____ AUTHORIZED REPRESENTATIVE-PRINT	_____ SIGNATURE	_____ DATE