

Check one:  
 Renew License  
 Change of Location  
 Change of Ownership

**Assisted-Living Facility Licensure  
 Renewal Application**

Renewal Licensure Fees:	
1 – 10 beds	\$950
11 – 20 beds	\$1,450
21 – 50 beds	\$1,650
51 or more	\$1,950
Make payment to DHHS	

Expiration Date: \_\_\_\_\_

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

**IDENTIFYING INFORMATION**

- NAME AND ADDRESS OF FACILITY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- LICENSE NUMBER: \_\_\_\_\_
- TELEPHONE NUMBER: \_\_\_\_\_
- FAX NUMBER: \_\_\_\_\_
- ADMINISTRATOR: \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_
- TOTAL NUMBER OF BEDS TO BE RELICENSED: \_\_\_\_\_
- SPECIFY SPECIAL POPULATIONS (Please Check):  
 Alzheimer's/Special Care Unit      Number of Beds: \_\_\_\_\_  
 Provides Complex Nursing Intervention
- ACCREDITATION: (Check if Applicable): Are you requesting deemed status for compliance with 175 NAC 4-006?     Yes     No  
 Name of Accreditation Organization: \_\_\_\_\_

**OWNERSHIP INFORMATION**

- OWNERSHIP OF FACILITY: \_\_\_\_\_  
 (Legal Name of Corporation, Partnership, Etc.)  
 MAILING ADDRESS OF OWNERSHIP: \_\_\_\_\_
- BUSINESS ORGANIZATION (Check One):  
 Sole Proprietorship  
 Partnership  
 Limited Partnership  
 Corporation  
 Limited Liability Company  
 Government (If Government, Please Select One):     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 & 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 renewal 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 - SIGNATURE	_____ AUTHORIZED REPRESENTATIVE – PRINTED NAME	_____ DATE
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