INITIAL APPLICATION FOR A LICENSE TO OPERATE A CHILDREN'S RESIDENTIAL FACILITY (CRF)

To ensure timely processing:

- Complete this application in its entirety, as appropriate.
- Type or print legibly using permanent, blue or black ink and retain a copy for your records.
- Review the application carefully to ensure it is complete before submitting.
- Return the completed application and all required attachments to the Department of Social Services, Division of Licensing, Child Welfare Licensing Unit, 5600 Cox Road, Glen Allen, Virginia 23060.
- Contact the Child Welfare Unit if there are any questions regarding the completion of this application.

To ensure timely processing, the applicant must submit a complete initial application to the Child Welfare Licensing Unit at least 60 days prior to the desired opening date. Submission of an incomplete application will delay the review process and could delay the determination to approve or deny issuance of a license.

FOR DIVISION OF LICENSING PROGRAMS (DOLP) USE ONLY						
DATE RECEIVED:	RECEIVED BY:	CHECK/MO#:	AMT RECEIVED:	INSPECTOR:	APPLICATION#:	FILE #:

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

In making this application, I agree that:

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
2. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
3. I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Department's representatives will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
4. In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, *General Procedures and Information for Licensure*.
5. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility. An application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.

This application must be signed by an individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility (i.e., director, program head) may sign the application.

Signature of Applicant:	Title:
Type or Print Name of Applicant:	Date Submitted:

FACILITY INFORMATION				
Name of Facility as it is to appear on license		Facility Phone Number Fax Number		
Street Address of Facility (physical address)	City/County	Locality	State	Zip Code
Mailing Address of Facility (if different from physical address)	City/County	Locality	State	Zip Code

Facility E-mail Address (used for VDSS correspondence only)	Facility Website
Name of Chief Administrative Officer	Chief Administrative Officer Phone Number
Name of Program Director	Program Director Phone Number
Is the business entity exempt from federal income tax pursuant to §501(c) of the Internal Revenue Code? ☐ Yes ☐ No	
Name of the management company that operates the facility, if other than the legal entity	
Have you ever operated, or do you currently operate a residential facility in Virginia or another state? ☐ Yes ☐ No	
If yes, what is the status of the facility? ☐ Open ☐ Closed/Ceased Operations	Name of Facility
Address of Facility	Licensing Authority

POPULATION INFORMATION		
Requested Capacity		Gender ☐ Male ☐ Female ☐ Both
Minimum Age:	Maximum Age:	For Mother/Baby Programs: Minimum Age of Infant/Toddler Children: _____ Maximum Age of Infant/Toddler Children: _____

PROGRAMMING INFORMATION

Complete this section to identify programming. Select the appropriate category below:

☐ Residential Program with or without a specialty category

☐ Temporary Emergency Care Shelter Program

☐ Independent Living Program

☐ Wilderness Program

☐ Mother/Baby Program

EDUCATIONAL SERVICES INFORMATION

The children admitted to this facility will receive their educational services through enrollment in: (select all that apply)

☐ Local public school system

☐ A day school licensed by the Virginia Department of Education

☐ An alternative school licensed or certified by the Virginia Department of Education

☐ A facility operated school licensed by the Virginia Department of Education

If the facility plans to operate a school, it is mandatory that the facility make contact with the Virginia Department of Education (VDOE) and receive a license from VDOE to operate the school prior to beginning services.

Name of the VDOE Contact _____ Date contact was made _____

SERVICE INFORMATION

Specify who will provide therapy and professional counseling to the residents: (check all that apply)

☐ A licensed credentialed individual or agency in that individual's office away from the facility

☐ A licensed credentialed individual or agency through a contractual agreement at the facility

☐ Employee(s) of the facility who are licensed by the Commonwealth of Virginia

RESIDENTIAL ENVIRONMENT

List all buildings below. Include additional pages if necessary.

Name or Number of Buildings	Date of Construction or Date of Last Structural Modification	Function	Number of Residents

PROPERTY (FACILITY) OWNER	
Name	
Address	
Telephone Number	

RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS	
Financial Records	Street _____ City _____ County_____ State _____Zip Code_____
Personnel Records	Street _____ City _____ County_____ State _____Zip Code_____
Residents' Records	Street _____ City _____ County_____ State _____Zip Code_____

PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE

Check only *ONE* box and submit *ONLY* the corresponding business entity page

☐ **Individual/Sole Proprietor**	**→ Go to Business Entity A** ***(See Page 9)***
☐ **Partnership** A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carryon, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership's business, and has equal rights in the management and conduct of the partnership's business. A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business. ****Partnership Documentation Required***	**→ Go to Business Entity B** ***(See Page 10)***
☐ **Corporation** A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities. ****Corporation Documentation Required***	**→ Go to Business Entity C** ***(See Page 11)***

☐ **Association** Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.	→ **Go to Business Entity D** ***(See Page 12)***
☐ **Limited Liability Company (LLC)** A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company. ****LLC Documentation Required***	→ **Go to Business Entity E** ***(See Page 13)***
☐ **Public Agency** "Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth	→ **Go to Business Entity F** ***(See Page 14)***
☐ **Business Trust** A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for- profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust. ****Business Trust Documentation Required***	→ **Go to Business Entity G** ***(See Page 15)***
☐ **Religious Organization** **(if not a business type listed above)** A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.	→ **Go to Business Entity H** ***(See Page 16)***

PART 3: REQUIRED ATTACHMENTS		√ If Submitted
1.	**$500 FEE PAYABLE TO "TREASURER OF VIRGINIA"** *(See Part 4)*	☐
2.	**Annual Operating Budget** The budget form on the public website contains the information required for initial application. It is a model form so applicants may submit their own budget or one from their accountant as long as the budget contains information similar to that on the model form.	☐
3.	**Credit Reference for the Business Entity**	☐
4.	**A copy of a "Certificate of Use and Occupancy."** If one cannot be obtained, please speak with your licensing inspector.	☐
5.	**A copy of the fire inspection conducted by the appropriate fire official within the last 12 months,** in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51-91)	☐
6.	**A copy of the Report of Environmental Sanitation conducted by the Department of Health within the last 12 months.**	☐
7.	**Floor plans** **A copy of the building floor plan for all floors of the building,** in accordance with 22VAC40-80-150**:** • The dimensions of each room used including the exact length, exact width, and exact ceiling height; • Function of each room on the floor; • Number of basins, tubs, showers, and toilets in each bathroom; and • Number of sleeping areas.	☐
8.	**Directions to facility**	☐
9.	**Job descriptions for each position listed on the Staff Information Sheet**	☐
10.	**Resumes for the Chief Administrative Officer (CAO) and Program Director (PD)**	☐
11.	**A written decision-making plan that shall provide for a staff person with the qualifications of the chief administrative officer or program director to be designated to assume the temporary responsibility for the operation of the facility. Each plan shall include an organizational chart.**	☐
12.	**Name, phone number, and email address of Community Liaison (the individual who shall be responsible for facilitating cooperative relationships with the neighbors, school systems, local law enforcement, local government officials, and the community-at-large).**	☐
13.	**Comprehensive Written Descriptions Addressing:** • Objectives of the organization • Criteria for admission • Supervision policies and procedures	☐
14.	**A copy of all required policies and procedures**	☐
15.	**Evidence that staff have been trained on appropriate siting of children's residential facilities, good neighbor policies, community relations, and Shaken Baby Syndrome and its effects, pursuant to §63.2-1737 D.**	☐
16.	**Any advertising materials to be published, disseminated, circulated, or placed before the public, directly or indirectly.**	☐
17.	**Staff Information Sheet** (see page 8) List all identified staff with position titles, including the Chief Administrative Officer (CAO) and Program Director (PD)	☐

15.	**Any advertising materials to be published, disseminated, circulated, or placed before the public, directly or indirectly.**	☐
16.	**Staff Information Sheet** (see page 8) List all identified staff with position titles, including the Chief Administrative Officer (CAO) and Program Director (PD)	☐
17.	**Information regarding any complaints, enforcement actions, or sanctions against a license to operate a children's residential facility held by the applicant in another state pursuant to § 63.2-1701.** ☐ No complaint, action, or sanction against licensee held by the applicant from another state.	☐

BUSINESS ENTITY	**√ If Submitted**
Three Reference Letters These are required for all *NEW* individuals listed in the section for Type of Business Entity under "Identifying Information." Reference letters must be dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage who have known him/her for at least one month, and who can attest to his/her character and reputation. *This is not required for public agencies.	☐
One Business Entity Section Only A, B, C, D, E, F, G or H *(see corresponding page of this application)* ****This page must match business entity checked in Part 2***	☐
Background Checks: Background checks are required for any NEW employee, volunteer, or individual that provides contractual services directly to a juvenile. • **Sworn Disclosure Statement** (Form available on the VDSS website). • **National Criminal Background Check,** fingerprint based, obtained through VDSS Office of Background Investigations. • **Child Protective Services Central Registry Check** obtained from VDSS	☐

PART 4: FEES

The appropriate fee as listed below for application processing.

CHILDREN'S RESIDENTIAL FACILITIES: **$500**

Personal check, money order, or certified check must be made payable to "*Treasurer of Virginia*." Fees are non-refundable. There will be a service charge of $50.00 for any check that must be returned due to insufficient funds.

STAFF INFORMATION

Name of Facility: _____

Staff Member	Date of Employment	Position	Work Hours/Shift	Work Location (Bldg, Office, Unit, Room)	Check if Currently Certified		Check if Currently Certified/ Registered
					First Aid	CPR	Medication Administration

COMPLETE AND SUBMIT ONLY ONE OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

INDIVIDUAL/SOLEPROPRIETOR

Identifying Information

Name (First, Middle or Maiden, Last):_____

Mailing Address: _____

Street/P.O. Box City State Zip Code

_____ **OR** _____

Social Security Number Federal Employer Identification Number (FEIN)

Email address: _____

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY B: PARTNERSHIP

A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership's business, and has equal rights in the management and conduct of the partnership's business.

A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business.

PARTNERSHIP ☐ General Partnership ☐ Limited Partnership

Identifying Information

Name of Partnership Applying for License _____

Partnership Mailing Address: _____
Street/P.O. Box City State Zip Code

Designated Contact Person: _____ Title: _____

Email address: _____

Provide the following information on each general and limited partner (Attach additional pages if needed):

Name ***Title*** ***Address***

_____

_____

_____

List the name, title, address, and email of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

_____

Required Attachments

☐ *Proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure*

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY C: CORPORATION

A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.

PARTNERSHIP ☐ Domestic Corporation ☐ Foreign Corporation

Identifying Information

Name of Corporation Applying for License _____

Corporate Mailing Address: _____
Street/P.O. Box City State Zip Code

Corporate Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Provide the following information on each general and limited partner (Attach additional pages if needed)

Name ***Address***

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

List the name, title, address, and email of any agent(s) other than the officers who is/are empowered to act on behalf of the partnership in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

Required Attachments

☐ *Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.*

☐ *Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing*

☐ *Articles of Incorporation*

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY D: ASSOCIATION

Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.

PARTNERSHIP ☐ Domestic Corporation ☐ Foreign Corporation

Identifying Information

Name of Association Applying for License _____

Association Mailing Address: _____
Street/P.O. Box City State Zip Code

Corporate Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number:_____ Email address: _____

Provide the following information on each officer of the association (Attach additional pages if needed)

Name ***Address***

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

List the name, title, address, and email of any agent(s) other than the officers who is/are empowered to act on behalf of the partnership in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

Required Attachments

☐ *Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.*

☐ *Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing*

☐ *Articles of Incorporation*

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY E: LIMITED LIABILITY COMPANY (LLC)

Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.

LIMITED LIABILITY COMPANY (LLC) ☐ Domestic LLC ☐ Foreign LLC

Identifying Information

Name of LLC Applying for License _____

LLC Mailing Address: _____
Street/P.O. Box City State Zip Code

LLC Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number:_____ Email address: _____

Provide the following information each manager and member or other persons authorized to manage the business and affairs of the LLC (Attach additional pages if needed)

Name ***Title*** ***Address***

_____

_____

_____

_____

List the name, title, address, and email of any agent(s) other than the members and managers is/are empowered to act on behalf of the partnership in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

Required Attachments

☐ *Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission.*

☐ *Articles of organization*

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY F: PUBLIC AGENCY

"Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth

PUBLIC AGENCY

Identifying Information

Name of Public Agency Applying for License: _____

Public Agency Mailing Address: _____
Street/P.O. Box City State Zip Code

Public Agency Tax ID Number: _____

Phone Number:_____ Email address: _____

Name and Title of Person Responsible for the Facility (including hiring the facility director/administrator):

Name ***Title***

_____

_____

List the name, title, address, and email of any agent(s) other than the members and managers who is empowered to act on behalf of the Public Agency in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY G: BUSINESS TRUST

A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.

BUSINESS TRUST ☐ Domestic Business Trust ☐ Foreign Business Trust

Identifying Information

Name of Business Trust Applying for License _____

Business Trust Mailing Address: _____
Street/P.O. Box City State Zip Code

Business Trust Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number:_____ Email address: _____

Provide the following information on each trustee, beneficial owner and any officer of the Business Trust. (Attach additional pages if needed.)

Name ***Title*** ***Address*** ***Email Address***

_____

_____

_____

List the name, title, address, and email of any agent(s) other than the trustees, beneficial owners or officers who is empowered to act on behalf of the business trust in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

Required Attachments

☐ *Certificate of Trust or Certificate of Registration (for trusts formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission*

☐ *Articles of trust*

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY H: RELIGIOUS ORGANIZATION

A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.

RELIGIOUS ORGANIZATION ☐ Domestic Religious Organization ☐ Foreign Religious Organization

Identifying Information

NOTE: Complete only if the religious organization is not a business type listed in Subsections A-G.

Name of Religious Organization Applying for License: _____

Religious Organization Mailing Address: _____
Street/P.O. Box City State Zip Code

Religious Organization Tax ID Number: _____

Phone Number: _____ Email address: _____

Name(s) and title(s) of person(s) responsible for the facility, including hiring the facility director/administrator (Attach additional pages if needed.)

Name ***Title***

_____

_____

_____

_____

List the name, title, address, and email of any agent other than the person(s) listed above who is empowered to act on behalf of the religious organization in matters relating to the facility:

Name ***Title*** ***Address*** ***Email Address***

_____

_____

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*