

Virginia Department of Education Division of Early Childhood Care and Education Office of Child Care Health and Safety

INITIAL APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY HOME (FDH)

- Complete this application, as appropriate, and review it carefully to ensure completeness before submitting. Retain a copy of the application and all attachments for your records.
- This is a fillable form and it is recommended that applicants type and electronically sign the form.
- If you are unable to type in the form, please print legibly using permanent, blue or black ink.
- Contact the Office of Child Care Health and Safety in your region if there are any questions regarding this application.

If the application is incomplete, the applicant will be notified in writing. If the applicant does not submit a complete application including all required attachments within 30 days from the notification, the application will be closed and the application fee will be forfeited.

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

- 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 Education 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 regulations, *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 Superintendent 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.

This application must be signed by an applicant or agent listed in the "Identifying Information" section of the Business Entity page completed.

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.

Signature of Applicant:

Date:

Printed Name of Applicant:

Provider Name:

For Office of Child Care Health and Safety Use Only:

Date Received:	Received by:	Check/MO No:	Amount Received:	Inspector:	Application No.:	File No.:

PROGRAM INFORMATION This section must be completed in	n its entirety.						
Name of Provider as it is to appear on license	Name of Provider as it is to appear on license						
Note: A facility name different than that of the legal business entity documentation of a fictitious name obtained through the Virginia S							
Primary Phone Number (to be listed on the public website)							
E-mail Address (used for VDOE correspondence only)							
Street Address of Family Day Home (physical address)	City State Zip						
Mailing Address of Family Day Home (if different from physical address)	City State Zip						
Check all that apply, if any:	Number of rooms used for child care						
□ intend to apply to become a child care subsidy vendor	Source of water supply public water private						
□ evening care (after 7pm but not through the night)	Check if the home has any of the following:						
□ overnight care (after 7pm and through the night)	□ Indoor bathrooms □ Hot tub/pool						
Hours of Operation	□ Wood burning stove/fireplace □ Septic Tank						
$_$ AM \Box PM \Box to $_$ AM \Box PM \Box	List any animals by breed/type that live in the home or on the premises:						
Other hours of operation, including summer hours, if different than regular hours:	nome of on the premises.						
Days of Operation (check all that apply)	Have you ever operated a licensed, registered or						
□ Monday □ Wednesday □ Friday □ Sunday □ Tuesday □ Thursday □ Saturday	exempt child day program within the Commonwealth of Virginia?						
Months of Operation (check year round if applicable, or check	yes 🗆 no 🗆						
all that apply if not operating year round):	If so, what type?						
□ Year Round	Family Day Home Child Day Center						
□ January □ April □ July □ October □ February □ May □ August □ November	Requested Age Range (Specify, weeks, months, or years)						
□ March □ June □ September □ December	Minimum age						
Requested Capacity (number of children for which you are							
requesting licensure/may not exceed 12)	Maximum age (12 years maximum)						
Name of Assistants/Substitute Providers:							
Please list the name and birth date of each person that resides in residence):	the home (including yourself, if this is your place of						
Name of Household Member	Birth Date						

PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE

Check only <u>ONE</u> box and submit <u>ONLY</u> the corresponding business entity page.

□ Individual/Sole Proprietor	\rightarrow Go to Business Entity A, page 7
Partnership *Partnership Documentation Required 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, a type of partnership distinct from a general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business.	→ Go to Business Entity B, page 8
Corporation *Corporation Documentation Required 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.	→ Go to Business Entity C, page 9
 Association *Association Documentation Required 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. 	ightarrow Go to Business Entity D, page 10
□ Limited Liability Company (LLC) *LLC Documentation Required 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.	→ Go to Business Entity E, page 11
 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, page 12
 Business Trust *Business Trust Documentation Required 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. 	→ Go to Business Entity G, page 13
 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, page 14

PART 3: REQUIRED ATTACHMENTS

FAI	MILY DAY HOME	Check if submitted			
1.	FEE PAYABLE TO "TREASURER OF VIRGINIA" (See Part 4)				
2.	Annual operating budget (see VDOE <u>website</u>) – The model budget form on the public website contains the information required for initial application. Applicants may submit their own budget or one from their accountant as along as the budget contains information similar to that on the model form.				
3.	Zoning form signed by the zoning official (see VDOE <u>website</u>) – Each county has different requirements in determining the family day home capacity.				
4.	Documentation of the required Pre-Licensure Orientation Training.				
PR	OGRAM	Check if submitted			
5.	Verification of age for the applicant, assistant(s), and substitute provider(s)				
6.	Documentation of the provider's educational qualifications (i.e. transcripts, degree, etc.) – The provider must have at least high school completion or equivalent.				
7.	Documentation of the provider's programmatic experience (i.e. resume, employment application, etc.) – The provider must have at least 3 months of programmatic experience.				
8.	First Aid and CPR certification – The provider must hold current certification in first aid and CPR.				
9.	Staff Information Sheet (See Page 6 of this application) – All caregivers, including the provider, must be listed.				
PR	OVIDER/HOUSEHOLD MEMBERS	Check if submitted			
Enti date hav	ee Reference Letters – These are required for all individuals listed in the section for Type of Business ity under "Identifying Information". Reference letters must be dated no more than 12 months prior to the of this application from three persons who are not related to the individual by blood or marriage who e known him/her for at least one month, and who can attest to his/her character and reputation.				
	erculosis (TB) test/screening completed within the last 30 days (see VDOE <u>website</u>) – All caregivers adult household members must have a TB test/screening.				
One	Business Entity Section Only A, B, C, D, E, F, G or H (see corresponding page of this application)				
*Th	is page must match the Business Entity checked in Part 2				
Credit Reference for the Business Entity – This is required for all applicants. The credit reference must be from either a bank; one of the three credit agencies such as TransUnion, Equifax, or Experian; or a landlord or a service vendor such as a commercial food vendor.					
	is is not required for public agencies or existing licensees (entity with one or more currently licensed grams).				
	uired Attachments , if any, specific to the Business Entity type (see corresponding page of this lication)				

PART 4: FEES

Capacity of 1-12 children = \$14

An application will not be processed until the fee has been received. No fee is required for processing a renewal application submitted at the end of a conditional licensure period.

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.

PART 5: BACKGROUND CHECKS

<u>DO NOT</u> mail or send electronically to the licensing office. Background checks must be available for inspection.

- Background checks are required for any person listed in the Code of Virginia § 22.1-289.035, et. seq.
- Sworn Disclosure Statement (model form available on DOE website)
- National Criminal Background Check obtained through Fieldprint and VDSS Office of Background Investigations (OBI) – The National Criminal Background Check is completed after submission of the initial application. You will be contacted and given information on how to obtain fingerprint background checks. Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.
- Child Protective Services Central Registry Check obtained through VDSS Office of Background Investigations (OBI)
- Out-of-State Central Registry Check for any individual who has lived in another state in the past five years.
- **Out-of-State Criminal History Name Check** for any individual who has lived in another state in the past five years unless the state is identified as a NFF (National Fingerprint File) state.
- Out-of-State Sex Offender Registry Check for any other state in which a person has resided in the past five years

STAFF INFORMATION SHEET

	Director/	Director/Provider Staff Name Staff Name Staff Name		Name	Staff	Name	Staff Name					
Date of Employment												
Job Title												
Age Group/Classroom Days/Hours Work Shift												
(ex. Mon-Fri 8am-5pm)												
Background Checks												
	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration
SWORN DISCLOSURE												
Current CENTRAL REGISTRY search												
Current CRIMINAL HISTORY check												
CENTRAL REGISTRY CHECK in each state of residence in the past 5 years												
CRIMINAL HISTORY NAME CHECK in each state of residence in the past 5 years												
SEX OFFENDER REGISTRY CHECK in each state of residence in the past 5 years												
Medical Documentation												
Date of TB test or screening												
Training												
Highest Level of Completed Education												
	Date of	Training	Date of	Training	Date of	Training	Date of	Training	Date of	Training	Date of	Training
Orientation (as required by standards)												
First Aid/CPR												
Daily Health Observation												
MAT												

I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.

Signature:

Date:

COMPLETE AND SUBMIT <u>ONLY ONE</u> OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION.

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR						
INDIVIDUAL/SOLE PROPRIETOR						
Identifying Information						
Name First	Middle oi	r Maiden	Last			
Mailing Address Street/P.O. Box		City		State	Zip	
Social Security Number	<u>or</u>	Federal Employer Identifica	ation Number (FEIN)			
Fictitious Name						
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.						
A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <u>https://www.scc.virginia.gov/clk/befaq/fict.aspx</u> .						
Required Attachment if Using a Fictitious Name:						

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, 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

Mailing Address Street/P.O. Box		City			State	Zip	
Partnership Tax ID Number	Designated Contact Person		n Name	Title			
Email			Phone Number				
Provide the following information on ea	ach general and lin	nited par	tner: (<i>Attach ac</i>	dditional page	s if neede	ed.)	
Name	Title		Address				
List the name title and address of any	agent(s) other tha	n tha na	rtnors who is o	mnowered to	act on he	half of the	

List the name, title and address 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
		•

Required Attachments

- If certified by the Virginia State Corporation Commission (VSCC), documentation from the VSCC that the partnership is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of fact of existence from VSCC, etc.)
- □ 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

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.*

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <u>https://www.scc.virginia.gov/clk/befaq/fict.aspx</u>.

Required Attachment if Using a Fictitious Name:

BUSINESS ENTITY C: CORPORATION

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

CORPORATION Domestic Corporation □ Foreign Corporation Identifying Information Name of Corporation Applying for License Corporate Mailing Address Street/P.O. Box City State Zip **Corporate Tax ID Number Designated Contact Person** Name Title Email Phone Number Provide the following information on each officer of the corporation. (Attach additional pages if needed.) Title Name Address President Vice President Secretary Treasurer List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the corporation in matters relating to the facility. Title Address Name **Required Attachments** Documentation from the VSCC that the corporation is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of good standing from VSCC, etc.) □ 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 □ Articles of Incorporation

Fictitious Name

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.

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <u>https://www.scc.virginia.gov/clk/befaq/fict.aspx</u>.

Required Attachment if Using a Fictitious Name:

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.

ASSOCIATION

Identifying Information						
Name of Association Applying for Li	cense					
Association Mailing Address Street/P.O. Box					State	Zip
Association Tax ID Number	Designated Contac	ct Person N	lame	Title		•
Email			Phone Number	-		
Provide the following information or	n each officer of the	associatio	n. (Attach addit	tional page	es if neede	ed.)
Name	<i>Title (i.e. President, Sr. Vice President, Secretary and Treasurer)</i>		Address			
List the name, title and address of a association in matters relating to th		han the off	icers who is em	powered	to act on t	behalf of the
Name	Title		Address			
Required Attachments						

□ Constitution or bylaws that delineate responsibilities for the operation and maintenance of the facility for which the association is applying for licensure

Fictitious Name

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.

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <u>https://www.scc.virginia.gov/clk/befaq/fict.aspx</u>.

Required Attachment if Using a Fictitious Name:

BUSINESS ENTITY E: LIMITED LIABILITY COMPANY

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.

LIMITED LIABILITY COMP	PANY (LLC)	Domestic LLC	🗆 Foreign L	LC		
Identifying Information						
Name of LLC Applying for Li	icense					
LLC Mailing Address Street	′P.O. Box	City			State	Zip
LLC Tax ID Number	Designat	ed Contact Person N	ame	Title		
Email	I		Phone Number			
Provide the following inform and affairs of the LLC. (Atta			or other person	s authoriz	zed to mana	ge the business
Title	Name		Address			
List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility:						
Name	Title		Address			
Poquirod Attachments						

Required Attachments

- □ Documentation from the VSCC that the LLC is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, certificate of fact of existence from VSCC, etc.)
- □ 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

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.

A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <u>https://www.scc.virginia.gov/clk/befaq/fict.aspx</u>.

Required Attachment if Using a Fictitious Name:

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		City	City			Zip
Public Agency Tax ID Number	Designated	esignated Contact Person Name				
Email			Phone Number			
Person responsible for the facility (inc	luding hiring	g the facility	director/administra	tor):		
Name		Title				
Any agent other than the person listed above who is empowered to act on behalf of the public agency in matters relating to the facility:						
Name		Title				

Fictitious Name

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.

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Required Attachment if Using a Fictitious Name:

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
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Identifying Information

Name of Business Trust Applying for License

Business Trust Mailing Address Street/P.O. Box City

Tax ID Number	Designated Contact Person A	Name	Title	
	-			
Email	P	Phone Number		

State

Zip

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

Name	Title	Address

List the name, title and address 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:

Title	Address
	Title

Required Attachments

- □ Documentation from the Virginia State Corporation Commission (VSCC) that the trust is active AND in good standing (i.e. Annual Report to VSCC, status print out from VSCC, etc.)
- □ 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

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.

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Required Attachment if Using a Fictitious Name:

BUSINESS ENTITY H: RELIGIOUS ORGANIZATION

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

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

RELIGIOUS ORGANIZATION						
Identifying Information						
Name of Religious Organization A	Applying for License					
Religious Organization Mailing Ac	dress Street/P.O. Box	City			State	Zip
Organization Tax ID Number	Designated Contact Pers	son N	ame	Title		
Email			Phone Number			
Name(s) and Title(s) of Person(s	s) Responsible for the Fa	cility (including hiring th	e facility dire	ctor/ admi	inistrator):
Name	7	ïtle				
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						
Fictitious Name						

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A facility name different than that of the legal business entity name will only be reflected on the license if documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted. For information regarding requirements for the use of a fictitious name in Virginia visit <u>https://www.scc.virginia.gov/clk/befaq/fict.aspx</u>.

Required Attachment if Using a Fictitious Name: