



**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
CHILD DAY CENTER (CDC)**

- 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:

Facility 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 its entirety.	
Name of Facility as it is to appear on license	
<i>Note: A facility name different than that of the legal business entity name will only be reflected on the license if the documentation of a fictitious name obtained through the Virginia State Corporation Commission (VSCC) is submitted.</i>	
Facility Phone Number (to be listed on the public website)	Fax Number
Facility E-mail Address (used for VDOE correspondence only)	Name of person to be listed on public website
Name of Program Director	Program Director's Phone Number (if different from Facility Phone Number)
Street Address of Facility (physical address)	City State Zip
Mailing Address of Facility (if different from physical address)	City State Zip
Check all that apply, if any: <input type="checkbox"/> special needs child day program <input type="checkbox"/> therapeutic child day program <input type="checkbox"/> intend to apply to become a child care subsidy vendor <input type="checkbox"/> evening care (after 7pm but not through the night) <input type="checkbox"/> overnight care (after 7pm and through the night) <input type="checkbox"/> short term child day program (operating fewer than 12 weeks annually)	Are there any other programs that operate in the building during childcare hours? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, list here:
Days of Operation (check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday	Asbestos 1. Is the building in which the center is located a currently operating public school or state owned building? yes <input type="checkbox"/> no <input type="checkbox"/> 2. If the answer to #1 is "No," was the building in which the center is located built before 1978? yes <input type="checkbox"/> no <input type="checkbox"/> If the answer to #2 is "Yes," please see required asbestos information under Part 3: Required Attachments. Regulations require that all child day centers built before 1978 be inspected by a licensed asbestos inspector. Model forms and detailed instructions are available on the VDOE website .
Hours of Operation _____ AM <input type="checkbox"/> PM <input type="checkbox"/> to _____ AM <input type="checkbox"/> PM <input type="checkbox"/> Other hours of operation, including summer hours, if different than regular hours:	
Months of Operation (check year round if applicable, or check all that apply if not operating year round): <input type="checkbox"/> Year Round <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> November <input type="checkbox"/> April <input type="checkbox"/> August <input type="checkbox"/> December	Do you currently operate a licensed, registered or exempt child day program within the Commonwealth at another location? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, list at least one facility name, file number, and location:
Requested Age Range (Specify, weeks, months, or years) Minimum age _____ Maximum age _____ (12 years maximum)	
Requested Capacity (number of children for which you are requesting licensure)	

PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE

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

<input type="checkbox"/> Individual/Sole Proprietor	→ Go to Business Entity A, page 8
<input type="checkbox"/> 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 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.	→ Go to Business Entity B, page 9
<input type="checkbox"/> 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 10
<input type="checkbox"/> 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.	→ Go to Business Entity D, page 11
<input type="checkbox"/> 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 12
<input type="checkbox"/> 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 13
<input type="checkbox"/> 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 14
<input type="checkbox"/> 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 15

PART 3: REQUIRED ATTACHMENTS

FACILITY	Check if submitted
1. FEE PAYABLE TO "TREASURER OF VIRGINIA" (See Part 4)	<input type="checkbox"/>
2. Annual operating budget (see VDOE website) – 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.	<input type="checkbox"/>
3. A copy of a "Certificate of Use and Occupancy." If one cannot be obtained, contact your regional licensing office.	<input type="checkbox"/>
4. A copy of the fire inspection conducted by the appropriate fire official within the last 12 months	<input type="checkbox"/>
5. A copy of the sanitation inspection conducted by the Department of Health within the last 12 months	<input type="checkbox"/>
6. Floor plans (blueprint or drawing) – Indicate exact dimensions of rooms to be used, including: room length and width; functions of each room; toilet facilities, including number of basins and toilets; and position of any fixed equipment and furniture.	<input type="checkbox"/>
7. A site plan or sketch – Indicate outdoor play areas, including dimensions; location of the building on the site; adjacent streets and parking area; all fences, fixed equipment and secondary buildings or structures.	<input type="checkbox"/>
8. Asbestos Statement from Asbestos Inspector (if applicable)	<input type="checkbox"/>
9. If asbestos was detected by the asbestos inspector and not abated, an Asbestos Management Plan from an Asbestos Management Planner	<input type="checkbox"/>
10. If asbestos was detected by the asbestos inspector, Asbestos Statement (from Applicant), if applicable (See VDOE website)	<input type="checkbox"/>
PROGRAM	Check if submitted
11. Documentation to verify program director's educational qualifications (i.e. transcripts, degree, etc.) and programmatic experience (i.e. resume, employment application, etc.)	<input type="checkbox"/>
12. Written documentation of the center's "chain of command" or organizational chart to include all individuals who are responsible for operational and management decisions	<input type="checkbox"/>
13. A copy of all forms to be used by the child day center, if different from the model forms provided by the Department of Education	<input type="checkbox"/>
14. Staff Information Sheet (see page 7 of this application) – All staff, including the program director, must be listed.	<input type="checkbox"/>
15. Sample current daily activity schedule for each age group	<input type="checkbox"/>
16. A list of indoor and outdoor play equipment available to children	<input type="checkbox"/>
17. Sample of current monthly menu	<input type="checkbox"/>
18. A copy of all policies and procedures required by the standards	<input type="checkbox"/>
19. A copy of any brochures	<input type="checkbox"/>
20. Evidence of a current policy with required insurance coverage	<input type="checkbox"/>
21. Documentation of the required Pre-Licensure Orientation Training (Note: An individual listed on the business entity page must have completed this training)	<input type="checkbox"/>
CONTINUED ON NEXT PAGE	

BUSINESS ENTITY	Check if submitted
<p>Three Reference Letters – These are required for all 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.</p> <p>*This is not required for public agencies.</p>	<input type="checkbox"/>
<p>One Business Entity Section Only A, B, C, D, E, F, G or H (see corresponding page of this application)</p> <p>*This page must match the Business Entity checked in Part 2</p>	<input type="checkbox"/>
<p>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.</p> <p>*This is not required for public agencies or existing licensees (entity with one or more currently licensed programs).</p>	<input type="checkbox"/>
<p>Required Attachments, if any, specific to the Business Entity type (see corresponding page of this application)</p>	<input type="checkbox"/>

PART 4: FEES

CHILD DAY PROGRAMS

<u>Capacity</u>	<u>Fee</u>
1-12	\$14
13-25	\$35
26-50	\$70
51-75	\$105
76-200	\$140
201 and up	\$200

SHORT-TERM CHILD DAY PROGRAMS (operating fewer than 12 weeks annually)

<u>Capacity</u>	<u>Fee</u>
1-50	\$25
51 and up	\$50

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

DO NOT 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.*
- Background checks cannot be more than 90 days old upon issuance of the license.
- **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/Provider	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name
Date of Employment						
Job Title						
Age Group/Classroom						
Days/Hours Work Shift <i>(ex. Mon-Fri 8am-5pm)</i>						

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 ONLY ONE OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION.

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR				
INDIVIDUAL/SOLE PROPRIETOR				
<i>Identifying Information</i>				
Name <i>First</i>	<i>Middle or Maiden</i>	<i>Last</i>		
Mailing Address <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Social Security Number		or Federal Employer Identification Number (FEIN)		
<p>Fictitious Name</p> <p>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.</p> <p>A fictitious 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 https://www.scc.virginia.gov/clk/befaq/fict.aspx.</p> <p>Required Attachment if Using a Fictitious Name:</p> <p><input type="checkbox"/> Documentation of the legal fictitious name registered with the proper designated authority, VSCC</p>				

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 <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---	-------------	--------------	------------

Partnership Tax ID Number	Designated Contact Person <i>Name</i>	<i>Title</i>
----------------------------------	--	--------------

<i>Email</i>	<i>Phone Number</i>
--------------	---------------------

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

Name	Title	Address

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

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.

CORPORATION Domestic Corporation Foreign Corporation

Identifying Information

Name of Corporation Applying for License

Corporate Mailing Address <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---	-------------	--------------	------------

Corporate Tax ID Number	Designated Contact Person <i>Name</i>	<i>Title</i>
--------------------------------	--	--------------

<i>Email</i>	<i>Phone Number</i>
--------------	---------------------

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.

Name	Title	Address

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

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 License

Association Mailing Address *Street/P.O. Box*

City

State

Zip

Association Tax ID Number

Designated Contact Person Name

Title

Email

Phone Number

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

Name	Title (i.e. President, Sr. Vice President, Secretary and Treasurer)	Address

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

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

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 COMPANY (LLC) Domestic LLC Foreign LLC

Identifying Information

Name of LLC Applying for License

LLC Mailing Address Street/P.O. Box	City	State	Zip
-------------------------------------	------	-------	-----

LLC Tax ID Number	Designated Contact Person Name	Title
-------------------	--------------------------------	-------

Email	Phone Number
-------	--------------

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

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

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

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 <i>Street/P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---	-------------	--------------	------------

Public Agency Tax ID Number	Designated Contact Person <i>Name</i>	<i>Title</i>
------------------------------------	--	--------------

<i>Email</i>	<i>Phone Number</i>
--------------	---------------------

Person responsible for the facility (including hiring the facility director/administrator):

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.**

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

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*

Tax ID Number **Designated Contact Person** *Name* *Title*

Email *Phone Number*

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:

Name	Title	Address

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.**

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

- Documentation of the legal fictitious name registered with the proper designated authority, VSCC

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 Applying for License

Religious Organization Mailing Address *Street/P.O. Box* *City* *State* *Zip*

Organization Tax ID Number Designated Contact Person *Name* *Title*

Email *Phone Number*

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

<i>Name</i>	<i>Title</i>

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

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 <https://www.scc.virginia.gov/clk/befaq/fict.aspx>.

Required Attachment if Using a Fictitious Name:

Documentation of the legal fictitious name registered with the proper designated authority, VSCC