

OWNERSHIP TYPE—check one: Corporation Partnership Individual Other _____

Name of ownership entity if different from name on application: _____

Address: _____ Phone No. _____

City: _____ State: _____ Zip Code: _____

State(s) of Incorporation _____

List all other trade or business names used by this facility: (includes “is doing business as,” and “formerly known as”)

Name: _____ **Name:** _____

Name: _____ **Name:** _____

LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES:

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

I do solemnly affirm that the information provided on this application is true and accurate to the best of my knowledge. Furthermore, I agree to notify the Board of any changes to the required information within 30 days of such change.

Signature: _____

Print Name: _____

Title: _____ Date: _____