

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR LICENSE (AGL 02)

1. **NAME, ADDRESS AND PHONE NUMBER OF PHYSICAL SITE OF FACILITY:** Indicate name, address and phone number of physical facility where the services will be provided. If the application is for renewal, the name and address of the facility should be the same as on previous application unless name is changed.
2. **NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF LEGAL ENTITY:** Indicate name of legal entity; the person, partnership association, organization, corporation or governmental body responsible for the operation of the facility and mailing address, telephone number of legal entity.
3. **PURPOSE OF APPLICATION:** Check if application is for a new facility, renewal of a current license, relocation, change of ownership, or other. If other, explain reason.
4. **COUNTY:** Indicate the name of the County in which facility or agency is located.
5. **NAME OF RESPONSIBLE PERSON (OPERATOR):** Indicate the full name and title of the person who is responsible for the daily operation of the facility.
6. **CURRENT LICENSE EXPIRES:** Indicate date current license expires, if this application is for renewal.
7. **CURRENT LICENSE NUMBER:** Indicate current license number, if this application is for any reason other than new facility.
8. **CURRENT CLIENT ENROLLMENT:** Insert or modify the number of clients enrolled in the four boxes as indicated.
9. **TYPE OF OPERATION:** Indicate based on the following definitions:
 - PROFIT:** Operating with the expectation of providing a financial benefit to someone or something other than the facility or agency itself. The focus is upon the ultimate aim of the enterprise, not the financial results of any particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the facility or agency. A non-profit or legal entity may be considered as operating a facility or agency for profit if the particular premises involved provides a financial benefit to the parent legal entity. Any legal entity not possessing a certificate of tax exempt status from the Internal Revenue Service will be considered operating for profit unless it provides satisfactory proof otherwise.
 - NONPROFIT:** Operating other than for profit. Copy of tax exempt certificate should be submitted with the initial application.

10. **TYPE OF OWNERSHIP:** Fill in proper type of ownership.
11. **PRIOR LICENSE STATUS:** Complete and explain any **YES** responses on separate sheet.
12. Answer **YES** or **NO** and explain any **YES** responses on a separate sheet.
13. **CURRENT STATUS OR LEGAL ENTITY, OWNER OF OPERATION:** Complete and explain any **YES** responses on separate sheet. Effective 1/1/91, for operators applying for a license to begin operations must submit a Criminal History Report no later than 48 hours after applying for a license. Failure to comply with this request will lead to a revoking of application.
14. Send in **ORIGINAL** and **MAKE A COPY** for your facilities records.

ATTACHMENTS: Attach Articles of Incorporation, State Fictitious Name Approval, name and address of all persons with ownership interest and if appropriate, name, address of board members.

DECLARATION: The declaration must be signed by the legal entity. If the legal entity is a partnership, association, or organization, the person authorized to sign such documents must sign. Where the legal entity is a corporation, the signature must be of a corporate officer. Type or print name and title of person signing.