APPLICATION FOR LICENSE

APPLICATION IS MADE HEREWITH FOR A LICENSE TO OPERATE AN OLDER ADULT DAY LIVING CENTER

PLEASE TYPE OR PRINT IN INK

IDENTIFICATION		PURPOSE OF APPLICATION			
1. NAME OF FACILITY	PHONE NUMBER	3. PURPOSE OF APPLICAT			
	()			CHANG	E OF
	<u> </u>		HER	OWNER	RSHIP
ADDRESS		4. COUNTY			
Box No./Street: City:	Zip Code:				
2. NAME OF LEGAL ENTITY PHONE NUMBER		5. NAME & TITLE OF RESPONSIBLE PERSON (OPERATOR)			
				LIUNIOIN	,
	<u>()</u>				
MAILING ADDRESS		6. DATE CURRENT	7. LICENSE NI	7. LICENSE NUMBER	
Box No./Street: City:	Zip Code:				
8. CURRENT CLIENT ENRO					
	TOTAL 60 and 7	UNDER 60	UNDER 60 WITH		
			DEMENTIA RELATE	D DISEAS	≗└───┘
9. TYPE OF OPERATION 10. TYPE OF OWNERSHIP/CONTROL					
NON-PROFIT	STATE GOVERNMENT	ITY GOVERNMENT 🗌 OTHE	ER 🗌 NURSIN	IG HOME	BASED
11. PRIOR TO LICENSE STATUS					
Has the facility (Item 1) for Legal Entity (Item 2), or the Person Responsible (Operator) (Item 5), or the person signing the application					
ever been denied a License, had a License revoked, or had a License or License non-renewed in Pennsylvania or any other state?					
YES (If yes, explain on a separate sheet.)					
12. PLEASE ANSWER THE FOLLOWING (If yes, explain on separate sheet)					
Has the legal entity, owner, or operator ever: a. been convicted of a felony or a crime involving assaultive behavior or moral turpitude?				YES	NO
b. been named a perpetrator in an indicated or founded report of abuse in accordance with the Older Adult Protective					
Service act PL 381 No. 79 (35 P.S. §§ 102-11-102.24)?					
13. CURRENT STATUS OF LEGAL ENTITY, OWNER, OR OPERATOR					
Is the legal entity, owner, or operator currently charged with a felony or misdemeanor?					
☐ YES (If yes, please explain on a separate sheet.) ☐ NO					
ATTACHMENTS					
IF INITIAL APPLICATION for a new facility or agency, submit copies of the following documents with this Application.					
 Article of Incorporation if the facility or agency is operated by a corporation. 					
 State Fictitious Name Approval if the facility is operated for profit. 					
Partnership agreement if the facility or agency is operated by a partnership.					
 List name and address of all persons having an ownership interest in the center. (Attach additional sheet if necessary.) If appropriate, list name and address of trustees or board members. (Attach additional sheet if necessary.) 					
 If appropriate, list na 	ime and address of trustees of board	d members. (Attach addition	al sneet if necessary.)	
		ARATION			
Any false information or sta	tement knowingly given in the application	n is punishable under Section	4904 of the Pennsylvan	ia Crimes	Code.
Lunderstand that the Licen	as will be issued to me on the condition	that I will an arota the above ne	mod facility in accordan	a a with th	
I understand that the License will be issued to me on the condition that I will operate the above-named facility in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Aging: Title VI of the Civil Rights Act of					
1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare					
that the information given in this application is true to the best of my knowledge.					
NAME (Tv	pe or Print)	SIGNATURE OF THE LEGAL	ENTITY REPRESENT	ATIVE	
		the legal entity is a corporation, the signature must be of a corporate officer.)			

TITLE

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.