

IV. OWNERSHIP Name and address of direct owner

NOTE: Provide the following supporting documentation as an attachment to this application:

- The of name, mailing address, email address and phone number each person having at least a twenty-five (25) percent ownership interest in the facility;
- If owned by a corporation, the name, mailing address, email address and phone number of each officer or director of the corporation;
- If owned by a partnership, the name, mailing address, email address and phone number of each partner.

V. FIRE MARSHAL (FOR INITIAL, ADDITIONAL EXTENSIONS, AND CHANGE OF LOCATION APPLICATIONS.)

Please submit documentation of the Fire Marshal's approval for the location where services will be provided. Final approval from the Fire Marshal shall be considered current if approved within 12 months from the date the Office of Inspector General receives the licensure application. If your facility has not been inspected and approved within the previous 12 months, please contact the Fire Marshal's Office to request an inspection.

An incomplete application or failure to submit the applicable licensure fee may result in return of the application to the applicant. A completed application should not be submitted to the Office of Inspector General until the facility is ready for an inspection.

I understand that any change in the information provided within this application which affects the licensure status of this service will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation allow state agency licensing personnel to enter the facility for the purpose of inspection. I certify that the information given in completing this application is accurate to the best of my knowledge and I recognize that falsification of this application may result in denial or revocation of licensure.

Signature of Authorized Representative

Title

Date

Submit the application, fee, **and proof of accreditation***:

Office of Inspector General
Division of Health Care
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

***Unless an extension is granted, Residential Crisis Stabilization Units must become accredited within one (1) year of initial licensure by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, or other nationally recognized accreditation organization. Proof of accreditation must be submitted annually for renewal of licensure.**

For Office Use Only: Check # _____ Amount _____