

c) If operated by a corporation or limited liability company (LLC), attach a copy of the Corporate Charter and:

1) Provide full name and address of corporation or limited liability company:

2) Provide full name, title and address of each Officer: _____

3) If a foreign corporation, provide full name and address of registered agent in Mississippi, and enclose a copy of the certificate authorized it to do business in Mississippi:

4) Is the corporation or LLC profit or non-profit? _____

d) If the facility is owned by a corporation or limited liability company (LLC), list each individual person who owns five percent (5%) or more of stock, including their current mailing and/or street address and percentage of ownership. If five percent (5%) or more of such stock is owned by another corporation, furnish the same information requested herein above:

e) If church operated, give the names and addresses of the responsible officers:

f) If a governmental unit, give the name and address of the unit and the names and addresses of the responsible officers:

Name and address of licensee. The licensee's name will appear on the license. (see Rule 5.2.16):

Name of Administrator (see Rule 45.12.1 and 45.12.2): _____

a) Administrator's license number: _____

b) Training: _____

c) Experience: _____

Name of emergency physician(s) (see Rule 45.22.3):

Classification for which application is made. (see Rule 45.4.1 and 51.1.3):

_____ SNF _____ ICF/IID _____ PRTF _____

Maximum number of beds for which the facility is eligible. (see Rule 45.6.4) _____

Date of construction of the building: _____ Number of floors: _____

Is building owned, leased or rented? _____

If leased or rented, please provide the name and address of the owner of the building.

Is facility operated through a management agreement? _____

If so, provide the name and address of the management entity: _____

Give the name, address, and percent of ownership of each individual, and/or corporation owning at least five percent (5%) of managing entity:

If leased, rented or under a management agreement, enclose a copy of the agreement(s).

If a record of inspection by the Fire Department has not been submitted to this office within the last six (6) months, please enclose a copy of the report.

Is this application for INITIAL LICENSURE _____ or for LICENSE RENEWAL _____?

If this is an initial application, please list the names and addresses of three (3) persons for references. (see Rule 45.11.1[1](a)).

Enclose a check or money order, made payable to Mississippi State Department of Health, for the licensure fee. The licensure fee is \$23.00 per bed with a \$230.00 minimum.

I certify that the information contained herein is accurate, and hereby request licensure as indicated. I agree not to modify the structure, location, services, or designation of license without prior consultation with an approval by the Bureau of Licensure and Certification of the Mississippi Department of Health.

APPLICANT'S SIGNATURE: _____

TITLE: _____ DATE: _____

Mail to: Mississippi State Department of Health
Bureau of Health Facilities
Licensure and Certification
Post Office Box 1700
Jackson, Mississippi 39215-1700