ADDENDUM C

DISCLOSURE LICENSES CURRENTLY OR PREVIOUSLY HELD BY APPLICANT(S)

PRIMARY BUSINESS RESPONSIBLE FOR FACILITY OPERATIONS	
Name of Entity Seeking Licensure:	

DISCLOSURE OF LICENSES					
Name of Individual or Entity	Name of licensed facility/agency	Type of License	Address and Phone number of facility or agency	State or Jurisdiction	Enforcement Actions (dates and type of action)

- ***Identify the name of the business entity seeking licensure and then fill out the remaining cells.*** **For each individual owner as identified on section III of this application, the administrator as identified in section IV of this application, and for each entity identified in Addendum A, list every facility and healthcare agency license currently held or previously held in Idaho or in any other state or jurisdiction.**
- **Per IDAPA 16.03.22.940.02.a, Omission or misrepresentation of information on this application is cause for revocation or denial of the facility license.**