

**RESIDENTIAL ASSISTED LIVING FACILITY (RALF)  
APPLICATION FOR FACILITY LICENSE IN IDAHO**

**PART A – ADDENDUM**

**PRIMARY BUSINESS RESPONSIBLE FOR FACILITY OPERATIONS:**

<b>DISCLOSURE OF OWNERSHIP:</b>				
<b>Name of Entity:</b>		<b>% Ownership in primary business entity</b>		
a. Name of Individual:	b. Address	c. Phone Number	d. Date of Birth or SSN	d. % Ownership
				+
				+
				+
				+
				= _____ %

<b>DISCLOSURE OF OWNERSHIP:</b>				
<b>Name of Entity:</b>		<b>% Ownership in primary business entity</b>		
a. Name of Individual:	b. Address	c. Phone Number	d. Date of Birth or SSN	d. % Ownership
				+
				+
				+
				+
				= _____ %

<b>DISCLOSURE OF OWNERSHIP:</b>				
<b>Name of Entity:</b>		<b>% Ownership in primary business entity</b>		
a. Name of Individual:	b. Address	c. Phone Number	d. Date of Birth or SSN	d. % Ownership
				+
				+
				+
				+
				= _____ %

<b>VII. APPLICATION VERIFICATION</b>		
<b>BY SIGNING BELOW, I ACCEPT AND ACKNOWLEDGE THE FOLLOWING:</b>		
<ol style="list-style-type: none"> <li>1) I am authorized to represent the facility;</li> <li>2) I have named all owners having an interest of 10% or more in the facility, and I represent their interests on behalf of the facility;</li> <li>3) I certify that the statements made in this application are true, complete, and correct to the best of my knowledge;</li> </ol>		
Printed Name of Applicant _____	/ _____	Signature of Applicant _____
		Date _____

➤ *If you are a corporation, please indicate your entity name in “Name of Entity,” fill out the remaining cells with your officers’ names and information, and sign this form. Attach a copy of the corporate organization chart.*

➤ *If no owners own more than 10% interest in the entity, provide individual information for your Board of Directors.*