

OPERATOR INFORMATION

INSTRUCTIONS:

3. Indicate what type of legal entity the operator is by checking the appropriate box.

4. The name of the operator must be the exact legal name. If the operator is any entity other than a sole proprietor, the operator name must match the Missouri Secretary of State filing. The operator name should not be the name of any individual stockholder, partner, or member. Indicate the operator's mailing address, if different from the street address.

5. Principal means officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities.

6. If the operator is an entity other than a sole proprietorship, then a list of its officers, directors, stockholders (owning 5% or more), LLC members, LLC managers, general partners or limited partners (owning 5% or more) must be filed, indicating the name, address, title, and percentage of ownership of each.

Affiliate means: (a) With respect to a partnership, each partner; (b) with respect to a limited partnership, the general partner and each limited partner with an interest of 5% or more in the limited partnership; (c) with respect to a corporation, each person who owns, holds, or has the power to vote 5% or more of any class of securities issued by the corporation, and each officer and director; (d) with respect to a limited liability company, the LLC managers and LLC members with an interest of 5% or more.

3. Type of Operator (check one)

- Sole Proprietorship Limited Liability Company Limited Liability Partnership
 General Business Corporation Nonprofit Corporation Nursing Home District
 General Partnership Limited Partnership
 Other (Specify) _____

4. Name of Operator

Street Address

City	State	ZIP Code
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Mailing Address

City	State	ZIP Code
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Telephone Number	Fax Number
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E-Mail Address

5. Attach a list of all principals in the operation of the facility, including name, address, social security number, and title or position. Use this list to indicate the operator's employer identification number (or social security number, if the operator is a sole proprietor).

You may utilize form *MO 580-2925 Principal List*.

Attached

6. Is the operator an entity other than a sole proprietorship?

Yes No

If yes, attach a list of the affiliates including the name, address, title, and percentage of ownership.

Attached Previously submitted; no amendment or change

If an affiliate is itself an entity other than an individual person, a list of its affiliates is also required. (Attach a separate list for each entity.)

You may utilize form *MO 580-2626 Affiliate List Corporation*, *MO 580-2627 Affiliate List Nonprofit Corporation*, *MO 580-2629 Affiliate List Partnership* or *MO 580-2630 Affiliate List LLC*.

7. Does the operator currently operate or own any other long-term care facility in Missouri or any other state?

Yes No

If yes, then it is necessary to attach a list of the other long-term care facilities.

Attached Previously submitted; no amendment or change

If the operator currently operates or owns any other long-term care facility in Missouri or in any other state, then attach a list of such facility or facilities, including their names, addresses, and type of licenses.

8. Has the operator or any principal in the operation of the facility ever been convicted of a felony or misdemeanor offense relating to the operation of a long-term care facility or other health care facility or, while acting in a management capacity, ever knowingly acted or knowingly failed to perform any duty which materially and adversely affected the health, safety, welfare or property of a resident? If yes, attach an explanation.

Yes No

9. Is the operator or any principal in the operation of the facility under exclusion from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory? If yes, attach an explanation.

Yes No

REAL ESTATE INFORMATION

INSTRUCTIONS:

10. The name of the owner of the land must be the owner's exact legal name. If the owner is any entity other than a sole proprietor, the owner name should not be the name of any individual stockholder, partner, or member.

10. Name of owner of the land

Street Address

City	State	ZIP Code
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Mailing Address

City	State	ZIP Code
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Contact Name	Contact Telephone Number
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11. Name of owner of the structure(s) *(if different from the owner of the land shown above)*

Street Address

City	State	ZIP Code
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Mailing Address

City	State	ZIP Code
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Contact Name	Contact Telephone Number
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NOTE: If application is being submitted due to a change of operator or change of ownership (of the land and building) attach a copy of the recorded warranty deed or other legal document showing ownership.

<p>INSTRUCTIONS:</p> <p>14. A copy of the recorded deed of trust (mortgage), UCC financing statement(s) or other legal documents showing the security pledged must be submitted.</p> <p>15. A copy of the executed real estate lease, sublease, contract for deed, rental agreement, or other legal document showing a present legal right to possession of the premises must be attached to this application if it was not previously submitted by the applicant.</p>	<p>12. Is the owner of the land or structure(s) an entity other than a sole proprietorship?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a list of the affiliates including the name, address, title, and percentage of ownership.</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p> <p>If an affiliate is itself an entity other than an individual person, a list of its affiliates is also required. (Attach a separate list for each entity.)</p> <p>You may utilize form <i>MO 580-2626 Affiliate List Corporation</i>, <i>MO 580-2627 Affiliate List Nonprofit Corporation</i>, <i>MO 580-2629 Affiliate List Partnership</i> or <i>MO 580-2630 Affiliate List LLC</i>.</p> <hr/> <p>13. Does the owner currently own or operate any other long-term care facility in Missouri or any other state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a list of the facilities including their name, address, and type of license.</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p> <hr/> <p>14. Is the land, building, improvements, furnishings, fixtures or accounts receivable pledged in whole or in part as security on any contract?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a copy of the security contract (i.e., deed of trust (mortgage), UCC financing statement(s)) is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p> <hr/> <p>15. Is there any executed lease, sublease, contract for deed or rental agreement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a copy of any executed lease, sublease, contract for deed or rental agreement is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p> <p>NOTE: If a change of operator has occurred and there was previously a lease between the owner of the facility and the prior operator, it is also necessary to submit a copy of the lease termination agreement.</p>
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MANAGEMENT COMPANY INFORMATION

<p>16. This refers to an entity other than the operator or administrator. If the operator has a contract or agreement with a separate entity to manage the facility, then it is necessary to submit a copy of the contract or agreement.</p> <p>17. If the operator has a contract or agreement with a separate entity to manage the facility, then it is necessary to indicate the name and address of the management company.</p>	<p>16. Is there an executed contract or agreement between the operator and any manager or management company?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a copy of the agreement or contract is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p> <hr/> <p>17. Name of management company <i>(if applicable)</i></p> <p>_____</p> <p>Street Address</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">ZIP Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Mailing Address</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">ZIP Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contact Name</td> <td style="width: 50%;">Contact Telephone Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	City	State	ZIP Code				City	State	ZIP Code				Contact Name	Contact Telephone Number		
City	State	ZIP Code															
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Contact Name	Contact Telephone Number																

FINANCIAL INFORMATION

INSTRUCTIONS:

All applicants must submit financial information demonstrating that the applicant has the financial capacity to operate a long-term care facility.

If the financial information submitted (or information obtained during the term of the license) indicates an unstable or unsatisfactory financial condition, the Department shall have the right to request additional financial information.

The operator shall submit such information within ten (10) working days of receipt of the written request. Financial information may be submitted in the proper accounting format without the use of the forms provided by the Division.

24. An application for relicensure of a currently licensed facility may meet this requirement by submitting information indicated in any one of the options listed. All supporting schedules must also be submitted.

NEW FACILITY OR CHANGE OF OPERATOR

23. Attach all **THREE** of the following:
- A recent Statement of Financial Position for the operator (or Statement of Financial Condition, if sole proprietor). You may utilize form *MO 580-2635 Statement of Financial Position - General* or *MO 580-2632 Statement of Financial Condition - Sole Proprietor*; **AND**
 - A forecasted income statement showing projected revenues and expenses for the operator's first twelve (12) months of operation of the facility. You may utilize form *MO 580-2636 Forecasted Income Statement*; **AND**
 - A detailed statement explaining the means by which expenses will be met during the period the license you are applying for will be in effect.

RELICENSURE

24. Attach **ONE** of the following pieces of information:
- The form *MO 580-2633 Relicensure Financial Information Statement* may be used or attach a similar document showing the actual figures for the operator's prior fiscal year; **OR**
 - Title XIX Cost Report for the Operator's Prior Fiscal Year; (by marking this option, I authorize the MO Health Net Division to release to the Division of Regulation and Licensure all financial information contained in said cost report, including all tax forms submitted as part of that cost report.); **OR**
 - Submit a notarized statement obtained within thirty (30) days of date of application from a bank or savings and loan institution indicating that the operator is in sound financial condition to operate a long-term care facility; **OR**
 - Submit a copy of the Federal Income Tax Return for the prior fiscal year of the operator, including any amendments or changes to the form which are provided to the Internal Revenue Service, as follows:
 - SOLE PROPRIETORSHIP:** Attach a completed copy of the enclosed statement of financial condition **AND** a copy of the operator's IRS Form 1040 Schedule C relating to the operation of the facility
 - GENERAL OR LIMITED PARTNERSHIP:** Attach a copy of pages one and four* of the operator's IRS Form 1065, and any supporting schedules to those pages
 - GENERAL BUSINESS CORPORATION:** Attach a copy of pages one and four* of IRS Form 1120 or 1120S, and any supporting schedules to those pages; or attach a copy of pages one and two* of IRS Form 1120-A, and any supporting schedules to those pages;
 - NONPROFIT CORPORATION:** Attach a copy of pages one, two, and three of IRS Form 990, and any supporting schedules to those pages; or pages one, three, and four of Form 990C, and any supporting schedules to those pages; or pages one and two of Form 990PF, and any supporting schedules to those pages.

*or statement of financial position if information not contained in tax return.

OTHER INFORMATION

25. Are there any other buildings, wings or floors on the premises that are occupied by persons not considered by the operator to be residents of this facility?
- Yes No
- If yes, attach a simple diagram and a statement disclosing who occupies the location, and the relationship of the person(s) being excluded.

26. Are there any additional businesses operated on the facility premises?
- Yes No
- If yes, attach a list indicating the name and nature of each business and a copy of the written approval by the Department of Health and Senior Services.

AFFIDAVIT

I affirm that I as an individual, or that the operating entity for which I sign, have/has adequate financial resources to properly construct, equip, and operate the facility referred to in this application, and hereby authorize the Department of Health and Senior Services to obtain information from third parties verifying this.

I further affirm I am familiar with the requirements of the Omnibus Nursing Home Act as set out in Chapter 198 of the Missouri Revised Statutes and the regulations of the Division of Regulation and Licensure thereunder.

I further affirm that I understand the applicant is eligible for a license only if the facility and the operator are in substantial compliance with the law and the regulations thereunder, and that a license may be revoked at any time that the facility or the operator fail to comply substantially with such law and regulations.

I further affirm that all documents and information required by the Department of Health and Senior Services to be provided pursuant to this application are true and correct to the best of my knowledge and belief, that the statements contained in this application and any attached information are true and correct to the best of my knowledge and belief, and that all required documents are either included with the application or are currently on file with the Department of Health and Senior Services. I understand that if it is determined by the Department of Health and Senior Services that the statements contained herein are not true and correct, the application may be denied and any license issued based on the application may be revoked.

I further affirm that I have the express authority to sign this application on behalf of the operator.

My signature attests to the truth and accuracy of the foregoing affirmations.

AUTHORIZED SIGNATURE OF APPLICANT (OPERATOR)	DATE
PRINTED OR TYPED NAME	TELEPHONE NUMBER
TITLE OF SIGNATORY	

THE COMPLETED APPLICATION FORM MAY BE SUBMITTED BY MAIL OR ELECTRONICALLY

RETURN COMPLETED APPLICATION TO:
DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR LONG-TERM CARE REGULATION
FEE RECEIPTS
920 WILDWOOD DRIVE
P.O. BOX 570
JEFFERSON CITY, MO 65102
OR
E-MAIL ADDRESS:
LTCAPPLICATION@DHSS.MO.GOV

TO SUBMIT ELECTRONICALLY, SEND THE APPLICATION TO: LTCAPPLICATION@DHSS.MO.GOV
THE APPLICATION FEE FOR LICENSURE PROCESSING MUST BE SUBMITTED BY MAIL
PLEASE INDICATE THE FACILITY NAME ON THE CHECK OR MONEY ORDER

ALL FORMS MAY BE FOUND ON OUR WEBSITE:
<http://www.dhss.mo.gov/NursingHomes/AppsForms.html>