

**ORGANIZATIONAL RESPONSIBILITY**

License Number	Site Address
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Name of Organization	
Federal Tax ID Number	
Program Sponsor	

Please select the appropriate type of organization listed below and attach the required documentation.

Type of Organization	Documentation Required
<input type="checkbox"/> Sole Proprietorship	Business license and fictitious name permit (if applicable).
<input type="checkbox"/> Corporation ___ Profit   ___ Non-profit	Articles of incorporation; by-laws; business license; name, address, and telephone number for each officer, director, or 10 percent or greater shareholder; and fictitious name permit (if applicable).
<input type="checkbox"/> Partnership	Partnership agreement; name, address, and phone number for each partner; business license, and fictitious name permit (if applicable).
<input type="checkbox"/> Limited Liability Company	Articles of organization; by-laws; business license; name, address, and telephone number for each officer, director, or 10 percent or greater shareholder; and fictitious name permit (if applicable).
<input type="checkbox"/> Governmental Agency	Statement of legal responsibility.
<input type="checkbox"/> Other (please specify below)	Legal documents that verify the type of legal entity responsible for the program.

Please provide the following information for any applicant, or any partner, officer, director, or 10 percent or greater shareholder (attach additional pages if necessary):

Name	Title	Address	Telephone Number	Percentage of Ownership

As an authorized representative of the organization, I certify that no material fact has been misrepresented.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name