

**Administrative Organization – Corporation, Nonprofit Corporation  
Limited Liability Company, General Partnership or Limited Partnership****INSTRUCTIONS FOR COMPLETION OF THIS FORM****Return completed form to the address below:**

Licensing and Certification Division  
Licensing and Certification Section, MS 2600  
PO Box 997413  
Sacramento, California 95899-7413  
Email: [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov)

**DO NOT LEAVE** any questions, boxes, lines, or fields blank. Enter N/A if not applicable to you.

**For hard-copy submissions:**

The form and all supportive documentation must be printed single sided, with 12-point font on 8 1/2" by 11" white paper.

**DO NOT USE** staples on this form or on any attachments.

**DO NOT SUBMIT** doubled sided or bound documents.

**DO NOT USE** plastic sheets or page protectors, correction tape, white out, or highlighter pen or ink of a similar type on this form. If you must make corrections, please line through, date, and initial in ink.

**PLEASE NOTE:** Read all the instructions included on this form carefully and complete each item requested. For additional information, For additional information regarding licensure of a residential alcoholism or drug abuse recovery or treatment facility providing alcoholism or drug abuse treatment or recovery services, please review Health and Safety Code section 11834.01 *et seq.* For additional information regarding the certification of an alcohol and other drug program providing alcohol and other drug (AOD) services, please review Health and Safety Code section 11832 *et seq.* This form can be used for licensure of a residential alcoholism or drug abuse recovery or treatment facility and/or certification of an alcohol and other drug program. Accordingly, terminology applicable for licensure (including “resident” and “facility”) and terminology applicable for certification (including “client” and “program”) are both referenced within this form.

**CORPORATION/NONPROFIT CORPORATION INFORMATION**

**Business Entity Name** – Enter the business entity name. This should be the legal entity name as filed with the Secretary of State (SOS) as specified below:

**Corporation** – For a corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity’s Articles of Incorporation.

**Nonprofit Corporation** – For a nonprofit corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity’s Articles of Incorporation.

**Partnership or Limited Partnership (LP)** – For a partnership or LP, enter the name of the partnership exactly as it is filed with the SOS on the Statement of Partnership Authority or Certificate of Limited Partnership, respectively.

**Limited Liability Company (LLC)** – For a LLC, enter the name exactly as it is filed with the SOS and as it appears on the entity’s Articles of Organization.

If the business entity has filed any of the above-mentioned documents with the SOS, you can look up your business entity's name on the SOS website at: <http://www.sos.ca.gov/>. The business entity's status with the SOS must remain valid and active.

**Incorporation Date** – Enter the date of incorporation of the business entity.

**City and State of Incorporation** – Enter the city and state of incorporation of the business entity.

**Chief Executive Officer** – Enter the first and last name of the Chief Executive Officer of the business entity.

**Business Address** – Enter the physical address of the business entity.

**City** – Enter the city of the business entity.

**State** – Enter the state of the business entity.

**Zip Code** – Enter the zip code of the business entity.

### Contact Person Information

Enter the contact information of the person you want the Department to contact regarding this document.

**Name** – Enter the first and last name of the contact person.

**Title** – Enter the title or position of the contact person (i.e., program director, executive director, etc.).

**Salutation** – Enter the salutation of the contact person (i.e., Mr., Mrs., Dr., etc.).

**Business Phone Number** – Enter the business phone number of the contact person, including an extension, if any.

**Business Email Address** – Enter the business email address of the contact person.

### STOCKHOLDER INFORMATION FOR CORPORATION

**Name** – Enter the first and last name of all persons who own ten percent (10%) or more of stock in the corporation.

**Percentage of Ownership** – Enter the percentage of stock owned in the corporation.

**Business Address** – Enter the business address of the stockholder, including City, State, and Zip Code.

**Business Phone Number** – Enter the business phone number of the stockholder, including an extension, if any.

### GOVERNING BOARD OF DIRECTORS

**Numbers of Board Members** – Enter the total number of members of the applicant's board of directors. Nonprofit corporations are required to have a minimum of three (3) board members.

**Term of Office** – Enter the length of the term of office in years.

**Frequency of Board Meetings** – Enter the frequency of board meetings (weekly, monthly, or quarterly). Note: Meetings must be held at least quarterly.

**Method of Selection** – Enter the method of board member selection (i.e., appointment, election, etc.).

## BOARD OFFICERS AND MEMBERS

**Name** – Enter the first and last name of the board officer or member next to the corresponding title in the list.

**Business Address** – Enter the business address of the board officer or member, including City, State, and Zip Code.

**Business Phone Number** – Enter the business phone number of the board officer or member, including an extension, if any.

**Term Start Date** – Enter the date of the board officer or member’s appointment.

**Term Expire Date** – Enter the date the board officer or member’s appointment expires.

## LIMITED LIABILITY COMPANY INFORMATION

### Contact Person Information

Enter the contact information of the person you want the Department to contact regarding this document.

**Name** – Enter the first and last name of the contact person.

**Title** – Enter the title or position of the contact person (i.e., program director, executive director, etc.).

**Salutation** – Enter the salutation of the contact person (i.e., Mr., Mrs., Dr., etc.).

**Business Phone Number** – Enter the business phone number of the contact person, including an extension, if any.

**Business Email Address** – Enter the business email address of the contact person.

**Management Structure** – Enter whether the entity is managed by its owner, members, or a group of managers.

**Number of Managers** – Enter the total number of managers.

**Number of Members** – Enter the total number of members.

**Name of Managers and Members** – Enter the first and last name of the manager or member next to the corresponding title in the list.

**Business Address** – Enter the business address of the manager or member, including City, State, and Zip Code.

**Business Phone Number** – Enter the business phone number of the manager or member, including an extension if any.

**Term Start Date** – Enter the date of the manager or member’s appointment.

**Term Expire Date** – Enter the date the manager or member’s appointment expires.

## PARTNERSHIP INFORMATION

### Contact Person Information

Enter the contact information of the person you want the Department to contact regarding this document.

**Name** – Enter the first and last name of the contact person.

**Title** – Enter the title or position of the contact person (i.e., program director, executive director, etc.).

**Salutation** – Enter the salutation of the contact person (i.e., Mr., Mrs., Dr., etc.).

**Business Phone Number** – Enter the business phone number of the contact person, including an extension, if any.

**Business Email Address** – Enter the business email address of the contact person.

### 1<sup>st</sup> Partner Information

**Partnership Type** – Check the appropriate box to specify the partnership type.

**Percentage of Ownership** – Enter the percentage of ownership for Partner 1.

**Partner Name** – Enter the first and last name of Partner 1.

**Business Address** – Enter the business address of Partner 1, including City, State, and Zip Code.

**Business Phone Number** – Enter the business phone number of Partner 1, including an extension, if any.

### 2<sup>nd</sup> Partner Information

**Partnership Type** – Check the appropriate box to specify the partnership type.

**Percentage of Ownership** – Enter the percentage of ownership for Partner 2.

**Partner Name** – Enter the first and last name of Partner 2.

**Business Address** – Enter the business address of Partner 2, including City, State, and Zip Code.

**Business Phone Number** – Enter the business phone number of Partner 2, including an extension, if any.

**DECLARATION**

**Print Name** – Enter the first and last name of the individual signing the form.

**Title** – Enter the title of the individual signing the form.

**Signature** – Sign the form.

**Date** – Enter the date that the form is signed.

**CORPORATION/NONPROFIT CORPORATION INFORMATION**

Business Entity Name:

Incorporation Date:

City and State of Incorporation:

Chief Executive Officer:

Business Address:

City:

State

Zip Code

**Contact Person Information**

Name:

Title:

Salutation:

Business Phone Number:

Business Email Address:

**STOCKHOLDER INFORMATION FOR CORPORATION**

Name	Percentage of Ownership	Business Address, City, State, & Zip Code	Business Phone Number

**GOVERNING BOARD OF DIRECTORS**

Number of Board Members:

Term of Office:

Frequency of Board Meetings:

Method of Selection:

**BOARD OFFICERS AND MEMBERS**

Officer/Title	Name	Business Address, City, State, & Zip Code	Business Phone Number	Term Start Date	Term Expire Date
President					
Vice President					
Secretary					
Treasurer					
Board Member					
Board Member					
Board Member					

**LIMITED LIABILITY COMPANY INFORMATION**

Contact Person Information					
Name:		Title:		Salutation:	
Business Phone Number:			Business Email Address:		
Management Structure:		Number of Managers:		Number of Members:	
Title	Name	Business Address, City, State, & Zip Code	Business Phone Number	Term Start Date	Term Expire Date
Member					
Manager					
Manager/Member					

**PARTNERSHIP INFORMATION**

Contact Person Information					
Name:		Title:		Salutation:	
Business Phone Number:			Business Email Address:		
Partners	Partnership Type	Percentage of Ownership	Partner Name	Business Address, City, State & Zip Code	Business Phone Number
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited				
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited				

USE A SEPARATE SHEET FOR ADDITIONAL NAMES

**DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing information and any attachment is true, accurate and complete to the best of my knowledge and belief. I hereby further declare that I will comply with the statutes, regulations and standards that govern the operation of this facility or program.

I declare that I am authorized to sign this form.

Print Name:	Title:
Signature:	Date:

**PRIVACY NOTICE ON COLLECTION**

The purpose of this form is to collect information for licensure and/or certification of residential alcoholism and drug abuse recovery or treatment facilities, or certification of alcohol and other drug programs. The information collected in this form is required by the Department of Health Care Services (Department), Licensing and Certification Division, Licensing and Certification Section by the authority of Health and Safety Code, Sections 11832 *et seq.* and 11834.01 *et seq.* The personal information collected in this form is confidential and protected by the Information Practices Act (California Civil Code 1798, *et seq.*), Department policy, and state policy.

All information requested in this form is mandatory. The consequence of not supplying the mandatory information requested or supplying incomplete information is that review of the application shall be terminated. The Department may share provided information with other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected. The Department may also share information with local, state, or federal government entities if required by state or federal law. Please do not provide any personal information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. For more information or access to records containing your personal information maintained by the Department, contact the following:

Licensing and Certification Division  
 Section Officer of the Day  
 Licensing and Certification Section, MS 2600  
 PO Box 997413  
 Sacramento, California 95899-7413  
 Tel: (916) 322-2911

The Department of Health Care Services’ policies regarding personal information are available online in the Department’s Notice of Privacy Practices (<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>) and the Privacy Policy Statement (<https://www.dhcs.ca.gov/pages/privacy.aspx>).