

Shareholder/Member/Partner Form

Instructions: Select the appropriate checkbox below. If your business is a Non-Profit Corporation or is Publicly Traded you do not need to complete the Shareholders/Members/Partners table below. If part of the parent owner(s) is an ESOP, please list the ESOP and the representative’s name. If the space available is insufficient, use a separate sheet. Do not misstate or omit any material fact(s), each statement is subject to verification. All applicants are advised that this record is an official document and misrepresentation or failure to reveal information requested may be deemed to be enough cause for the refusal or revocation of a license this form is submitted for.

Privately Owned

Non-Profit Corporation

Publicly Traded

List All Shareholders/Members/Partners – Attach Additional Sheets if Necessary

Legal Name	Address, City, State, Zip Code	Phone Number	% Owned

The data you supply on this form will be used to assess your qualifications for licensure. You are not legally required to provide this data, but we will not be able to grant the license without it. This data will constitute a public record if the licensure is granted, and at that time, copies may be issued to anyone.

Acknowledgment

I have read the above statement and I agree to supply the data on this form with full knowledge of the information provided in that statement. In addition, I, the undersigned, do hereby certify that all the information above is true and correct and that the firm will be operated in compliance with all applicable laws and regulations.

Signature of Designated Rep., Facility Mgr., or Authorized Individual

Date

Type or Print Full Name Above

Title