

**Office of Health Care Quality
Nursing Home Change of Ownership (CHOW)
Application Nursing Home Ownership**

A. Demographic Information
Legal Name of Business:
Doing Business As or Trade Name:
FEIN Number:
Street Address:
City, State, Zip Code:
County:
B. Type of Control
<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> State Government <input type="checkbox"/> Proprietary <input type="checkbox"/> Voluntary Non-profit, Church <input type="checkbox"/> Voluntary Non-profit, Other If you checked "voluntary non-profit, other," explain the type of control:
C. Ownership: Complete the section that is applicable
Sole Proprietorship - Skip this section if applicant is not a sole proprietorship
Name of Sole Proprietor:
Title:
Street Address:
City, State, and Zip Code:
Business Email:
Business Phone:
Business Fax:
Limited Liability Company (LLC) - Skip this section if applicant is not an LLC
Non-Maryland LLC: If this is an LLC formed in a State or territory outside of Maryland (including in Washington DC, Puerto Rico, Guam, and the U.S. Virgin Islands), or in another country, state where the LLC was formed.
Name of Limited Liability Company:
Street Address of Principal Office:
City, State and Zip Code:
Business Email of Principal Office:
Business Phone:

Business Fax:
Name of Resident Agent:
Street Address:
City, State, and Zip Code:
Business Email:
Business Phone:
Business Fax:
Enter the full name, street address, city, state, zip code, business phone number, and percent owned for each member, owner, or investor directly or indirectly owning any part of the applicant. Attach additional sheets, as needed.
Full Name of Member 1:
Street Address for Member 1:
Phone Number for Member 1:
Full Name of Member 2:
Street Address of Member 2:
Phone Number of Member 2:
Full Name of Member 3:
Street Address of Member 3:
Phone Number of Member 3:
Full Name of Member 4:
Street Address of Member 4:
Phone Number of Member 4:
Full Name of Member 5:
Street Address of Member 5:
Phone Number of Member 5:
Partnership - Skip this section if applicant is not a partnership
Type of Partnership: <input type="checkbox"/> Limited <input type="checkbox"/> General
Name of Partnership:
Street Address of Principal Office:
City, State, and Zip Code:
Business Email of Principal Office:
Business Phone:
Business Fax:
Name of Resident Agent:
Street Address:
City, State, and Zip Code:
Business Email:
Business Phone:
Business Fax:

Enter the full name, street address, city, state, zip code, business phone number, and percent owned for each partner, owner, or investor directly or indirectly owning any part of the applicant. Attach additional sheets, as needed.

Full Name of Partner 1:

Street Address for Partner 1:

Phone Number for Partner 1:

Full Name of Partner 2:

Street Address for Partner 2:

Phone Number for Partner 2:

Full Name of Partner 3:

Street Address for Partner 3:

Phone Number for Partner 3:

Full Name of Partner 4:

Street Address for Partner 4:

Phone Number for Partner 4:

Full Name of Partner 5:

Street Address for Partner 5:

Phone Number for Partner 5:

Corporation - Skip this section if applicant is not a corporation

Type: Stock Corporation Non-stock Corporation Close Corporation

Is this corporation: For Profit Non-Profit

Date of Charter:

Date of Articles of Incorporation:

Non-Maryland Corporation: If this is a corporation formed in a State or territory outside of Maryland (including in Washington DC, Puerto Rico, Guam, and the US Virgin Islands) or in another country, state where corporation was formed.

Name of Corporation:

Street Address of Principal Office:

City, State, Zip Code:

Business Email:

Business Phone:

Business Fax:

Name of Resident Agent:

Street Address:

City, State, Zip Code:

Business Email:

Business Phone:

Business Fax:

Enter the full name, street address, city, state, zip code, business phone number, and percent owned for each member, owner, or investor directly or indirectly owning any part of the applicant. Attach additional sheets, as needed.

Full Name of Member 1:
Street Address for Member 1:
Phone Number for Member 1:
Full Name of Member 2:
Street Address of Member 2:
Phone Number of Member 2:
Full Name of Member 3:
Street Address of Member 3:
Phone Number of Member 3:
Full Name of Member 4:
Street Address of Member 4:
Phone Number of Member 4:
Full Name of Member 5:
Street Address of Member 5:
Phone Number of Member 5:
List the full name and business address of every member of the Board of Directors. Attach additional sheets, as needed.
Board of Directors Member 1:
Board of Directors Member 1 Business Address:
Board of Directors Member 2:
Board of Directors Member 2 Business Address:
Board of Directors Member 3:
Board of Directors Member 3 Business Address:
Board of Directors Member 4:
Board of Directors Member 4 Business Address:
Board of Directors Member 5:
Board of Directors Member 5 Business Address:
If the Governing Body is not the Board of Directors, list the full name and business address of every member of the Governing Body. Attach additional sheets, as needed.
Governing Body Member 1:
Governing Body Member 1 Business Address:
Governing Body Member 2:
Governing Body Member 2 Business Address:
Governing Body Member 3:
Governing Body Member 3 Business Address:
Governing Body Member 4:
Governing Body Member 4 Business Address:
Governing Body Member 5:
Governing Body Member 5 Business Address:

D. Attestation

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing application are true. I understand that the falsification of an application for a license may subject me to criminal prosecution, civil money penalties, and/or the revocation of any license issued to me by the Maryland Department of Health. In addition, knowingly and willfully failing to fully and accurately disclose the requested information may result in the denial of a request to become licensed or, where the entity already is licensed, a revocation of that license.

Whoever knowing and willfully makes or causes to be made a false statement or representation on this statement may be prosecuted under applicable State laws. In addition, knowing and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become licensed or, where the entity is already licensed, a revocation of that license.

Applications on behalf of a legal entity shall be made by the senior officer or other senior official and a second official, if any.

Full Name of Applicant 1:

Title of Applicant 1:

Signature of Applicant 1:

Date of Applicant 1 Signature:

Full Name of Applicant 2:

Title of Applicant 2:

Signature of Applicant 2:

Date of Applicant 2 Signature: