

Management Company: Identity of any management company that will operate or contract with the applicant to operate the nursing home.

Ownership of Equipment

C. 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:

Full Name of Applicant 2:

Title of Applicant 2:

Signature of Applicant 2:

Date: