NURSING HOME LICENSURE APPLICATION
APPENDIX C
(Submit Appendix with BCHS-HFD-100 Form)

Facility Information

Name of Nursing Home

Address

City	State	ZIP Code

Licensee (Entity listed as Licensee on License)

Licensee Name	Licensee Entity: ☐ Profit ☐ Non Profit
Is the applicant part of a nursing home chain? ☐ Yes ☐ No	Parent Organization Name

MCL 333.20142 and Rule 325.2027 Requirements

Attach a list that discloses the names, addresses, principal occupations, and official positions of all persons who have ownership interest in the nursing home or the trustees for a nonprofit corporation.

Is the nursing home located on or in lease real estate?   ☐ Yes   ☐ No

If yes, name of lessor:

Does the applicant have any direct or indirect interest in the lease other than as the lessee? ☐ Yes   ☐ No

Are any persons who have ownership interest required to file a beneficial ownership report pursuant to the Federal Securities Exchanges Act of 1934 [15 U.S.C. 78p, Sec. 16 (a)]?
☐ Yes   ☐ No   If yes, attach copies of such report.

Attach a list of names and business addresses of each supplier who furnishes goods or services to the nursing home. See additional criteria in MCL 333.20142(4).

Management Company (Responsible for day to day operations, if different than applicant)

Name of Company

Certification of Applicant

By submission of this appendix, the applicant is in compliance with:

- Part 222 of the Public Health Code (MCL 333.20143).

- Bond requirements set forth in MCL 333.21721.

- MCL 333.21755 confirming that the applicant has not had an occupational, professional, or health agency license revoked during the 5 years preceding the date of this application.

- MCL 333.21761 confirming that all phases of its operation are without discrimination against persons or groups of persons on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or the exercise of rights guaranteed by law, including freedom of speech and association.