

Michigan Department of Licensing and Regulatory Affairs  
 Corporations, Securities & Commercial Licensing Bureau  
 Audit & Examination Division  
 P.O. Box 30018, Lansing, MI 48909  
 517-335-2395  
 www.michigan.gov/securities

## Application for Initial Registration

### Continuing Care Communities Pursuant to 2014 PA 448

AUTHORITY: 2014 PA 448

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DISCIPLINARY ACTION.

NAME AND ADDRESS OF APPLICANT		
Applicant's Name		Registration #, if applicable
Address (Number and Street)		P.O. Box, if applicable
City	State	ZIP Code
Contact person name and E-mail Address		Telephone Number

**Please include the following documents with your submission:**

- The organizing documents of the applicant, and all amendments thereto, authorizing the applicant to conduct business in this state and a copy of the most recent annual report, if required under Michigan law.
- A disclosure statement that complies with section 37 of 2014 PA 448.
- A copy of each form of continuing care agreement for the continuing care community, which shall comply with section 39 of 2014 PA 448, and all exhibits or addenda to each form of continuing care agreement.
- A copy of any rules, policies, and procedures of the applicant required for compliance with 2014 PA 448.
- An executed irrevocable consent to service of process, form CSSL/CCC-101.
- Financial statements that comply with section 41 of 2014 PA 448.
- A statement of the use of proceeds of entrance fees to be collected by the continuing care community, unless waived by the administrator.
- A pro forma financial plan that complies with section 43 of 2014 PA 448.
- A feasibility study that includes all of the items listed in section 19(1)(K) of 2014 PA 448.
- For a continuing care community seeking to offer continuing care at home the items listed in section 19(1)(I).

Michigan Department of Licensing and Regulatory Affairs  
 Corporations, Securities & Commercial Licensing Bureau  
 Audit & Examination Division  
 P.O. Box 30018, Lansing, MI 48909  
 517-335-2395  
 www.michigan.gov/securities

Check if any executive officer, administrator, or director has been convicted of a felony or been held liable or enjoined in a civil action by final judgment if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property.

Check if any executive officer, administrator, or director is subject to an injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, actions affecting a license to operate a continuing care community, foster care facility, nursing home, retirement home, or home for the aged.

**I certify that I comply and will continue to comply with the requirements of the Continuing Care Community Disclosure Act, 2014 PA 488.**

\_\_\_\_\_  
 Signature of Authorized Individual

\_\_\_\_\_  
 Date

**I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.**

\_\_\_\_\_  
 Signature of Authorized Individual

\_\_\_\_\_  
 Date

**Pursuant to section 23 of 2014 PA 448, the fact that an application for registration has been filed or approved does not constitute any of the following:**

- \* Approval of or a finding regarding the accuracy of any information in or accompanying the registration application.
- \* A recommendation, approval, or other finding by the department concerning the merits or qualifications of a person, life interest, long-term lease, transaction, or continuing care community.

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY - VALIDATION	
Registration Application Fee	\$250.00	41
Make your check or money order in U.S. Currency payable to:		
<b>STATE OF MICHIGAN</b>		
FEES ARE AUTHORIZED BY 2014 PA 448		