MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Quality Assurance Division-Licensure Bureau
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953
FAX: (406) 444-1742

APPLICATION FOR MONTANA STATE RESIDENTIAL/HEALTH CARE FACILITY LICENSE RETIREMENT HOME APPLICATION

Initial Application ☐ **Renewal Application** ☐

Number of Apartments: _____ **Total Occupancy:** _____

Facility Name: _____

Facility Address: _____ PO Box: _____

City: _____ State/Zip: _____

County: _____

Facility Telephone Number: _____ FAX: _____

Facility E-mail/Web page Address: _____

Name of Applicant: _____

Applicant Address: _____ City: _____ State/Zip: _____

Applicant (or contact) e-mail address: _____

Name of Administrator: _____

Administrator Address: _____ City: _____ State/Zip: _____

Administrator e-mail: _____

Owner (If different from Applicant): _____

Owner Address: _____ City: _____ State/Zip: _____

Name and Address of Management Company if different from owner:

_____

_____

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Floor Plan is: ☐ **New Construction** ☐ **Existing Structure** ☐ **Addition** ☐ **Remodeled**

Operating Organization

Information on ownership, contract or lease agreement if operated by a person other than the owner:

☐ **If a partnership, firm or association, list below every member thereof.**

☐ **If a corporation, list below the names and address thereof and the names of its officers**.

☐ **If State Affiliated Organization, list below:**

NAME	ADDRESS

(attach additional sheets if necessary)

I certify that all information submitted to DPHHS is true and correct. This license application for a Retirement Home Facility is hereby submitted under the provision of Section 50-5-101 through 50-5-208 and 50-5-214.

Signed: _____ Date: _____

Title: _____

Address: _____

City: _____ State & Zip: _____

Enclose a check or money order payable to the *Department of Public Health & Human Services* to cover the license fee. The fee is determined as follows:

(a) Facilities with 20 or less beds (stations) = $20.00

(b) Facilities with 21or more beds (stations) = $1.00 per unit.

(c) Facilities with no beds=$20.00

This fee will be deposited in the State Treasury and is non-refundable.

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