

**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

**RETIREMENT HOME CHANGE OF OWNERSHIP LICENSE APPLICATION**

**Total Number of Beds** \_\_\_\_\_

New Facility Name: \_\_\_\_\_

Prior Facility Name: \_\_\_\_\_

Previous owner/administrator/leaser: \_\_\_\_\_

Facility Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Facility Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Facility E-mail/Web page Address: \_\_\_\_\_

**Floor Plan Is:**  Existing Structure without change  Addition  Remodel

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Administrator of New Facility: \_\_\_\_\_

Owner (if different from applicant): \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Owner e-mail: \_\_\_\_\_

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

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- If a partnership, firm or association, list every member thereof.**
- If a corporation, list the name and address thereof and the names of its officers.**
- State Affiliated Organization**

**NAME**

**ADDRESS**

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(Please attach additional sheets as needed.)

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

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE/ZIP** \_\_\_\_\_

<p><b>Enclose a check, money order or draft made payable to the <i>Department of Public Health &amp; Human Services</i> to cover the license fee. The fee is determined as follows:</b></p> <p>(a) facilities with 20 or less = \$20.00</p> <p>(b) facilities with 21 beds or more = \$1.00 per bed.</p> <p><b>This fee will be deposited in the State Treasury and is non-refundable.</b></p>
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