State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing

Application for License to Operate an Assisted Living Home: Government Agency Worksheet

Please respond to this question ONLY if the applicant is a government entity. Please list the Chief Executive Officer of the applicable governmental unit or subunit.

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____