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: Association, Corporation, or other Entity Worksheet

Please provide the following information for each member of its board or governing body and the executive director of the board or governing body. Please attach additional sheets as necessary.

Name: _____
Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

Name: _____
Title: _____
Mailing Address: _____
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