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:
Ownership Interest Worksheet

Please provide a copy of your business license and corporation documents. Please provide the following information for all individuals with ownership interest of the Assisted Living License.

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____