

State of Alaska
Department of Health
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: _____

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: _____