

**State of Alaska  
Department of Health  
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: \_\_\_\_\_