

**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: \_\_\_\_\_

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