

1. Facility's Federal Employer Identification (FEI) No. _____ - _____

2. Name(s) of Applicant/Owner: _____ Telephone Number: _____

Name _____ Address _____ City/State/Zip _____

FEI No. _____ - _____ (if different than Number 1, above)

3. Doing Business Name of Facility Premises: _____

Address _____
Number/Street _____ City _____ County _____ State/Zip _____

Telephone Number: _____

4. Name of the Owner of the Facility: _____

Telephone Numbers: _____ (Day) _____ (Evening)

Mailing Address: _____

5. Facility Manager/Supervisor's Name: _____

Social Security Number: _____ Telephone No. _____

6. Authorized Contact Person: _____
(Person authorized to receive service or other information from the Commission) (Name) _____ (Title) _____

Social Security No: _____ Telephone No: _____

Signature of Owner or Manager of Facility:

(Name) _____ (Title) _____ (Date)