

*Virginia Department of Social Services (VDSS)
Division of Licensing Children's Programs*

**INITIAL APPLICATION FOR A LICENSE TO OPERATE
A CHILD-PLACING AGENCY (CPA)**

To ensure timely processing:

- Complete this application in its entirety, as appropriate.
- Type or print legibly using permanent, blue or black ink and retain a copy for your records.
- Review the application carefully to ensure it is complete before submitting.
- Return the completed application and all required attachments to the Department of Social Services, Division of Licensing, Child Welfare Licensing Unit, 5600 Cox Road, Glen Allen, Virginia 23060.
- Contact the Child Welfare Unit if there are any questions regarding the completion of this application.

To ensure timely processing, the applicant must submit a complete initial application to the Child Welfare Licensing Unit at least 60 days prior to the desired opening date. Submission of an incomplete application will delay the review process and could delay the determination to approve or deny issuance of a license.

FOR DIVISION OF LICENSING PROGRAMS (DOLP) USE ONLY

DATE RECEIVED:	RECEIVED BY:	CHECK/MO#:	AMT RECEIVED:	INSPECTOR:	APPLICATION#:	FILE #:
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PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

In making this application, I agree that:

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
2. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
3. I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Department's representatives will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
4. In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, *General Procedures and Information for Licensure*.
5. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility. An application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.

This application must be signed by an individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility (i.e., director, program head) may sign the application.

Signature of Applicant:	Title:
Type or Print Name of Applicant:	Date Submitted:

FACILITY INFORMATION				
Name of Facility as it is to appear on license		Doing Business As (DBA)		
		Office Phone Number		
		Fax Number		
Office Street Address	City/County	Locality	State	Zip Code
Mailing Address of Office (if different from physical address)	City/County	Locality	State	Zip Code
Office E-mail Address (used for VDSS correspondence only)				
Agency Contact Person		Title		
Days and Hours of Operation		Agency Website		
Name of Executive Director		Email Address		
Agency Street Address	City/County	State	Zip Code	
Phone Number	Fax Number			
Is the business entity exempt from federal income tax pursuant to §501(c) of the Internal Revenue Code? ☐ Yes ☐ No				
Name of the management company that operates the facility, if other than the legal entity				
Have you ever operated or do you currently operate a residential facility in Virginia or another state? ☐ Yes ☐ No				
If Yes, what is the status of the facility? ☐ Open ☐ Closed/Ceased Operation		Name of Facility		
Address of Facility		Licensing Authority		

LICENSE REQUESTED FOR (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)		
Maximum Number of Children (to be served at any one time)		
Requested Age Range	Minimum Age (no less than birth):	Maximum Age Range (no greater than 17):
Gender ☐ Male ☐ Female ☐ Both		
Does the Agency accept custody of children? ☐ Yes ☐ No		
Services Provided (check all that apply) ☐ <u>Foster Care</u> ☐ <u>Treatment Foster Care</u> ☐ <u>Short-Term Foster Care</u> ☐ <u>Permanent Foster Care</u> ☐ <u>Agency Adoption</u> ☐ <u>Independent Living Arrangements</u> ☐ <u>Parental Placement Adoption</u> ☐ <u>Intercountry Adoption</u> ☐ Other (please specify) _____		

PART 2: BUSINESS ENTITY TYPE	
Check only <i>ONE</i> box and submit <i>ONLY</i> the corresponding business entity page	
☐ Individual/Sole Proprietor	→ Go to Business Entity A (See Page 8)
☐ Partnership A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business, and has equal rights in the management and conduct of the partnership’s business. A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business. <i>*Partnership Documentation Required</i>	→ Go to Business Entity B (See Page 9)
☐ Corporation A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation’s day-to-day business activities. <i>*Corporation Documentation Required</i>	→ Go to Business Entity C (See Page 10)
☐ Association Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.	→ Go to Business Entity D (See Page 11)

☐ Limited Liability Company (LLC) A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company. <i>*LLC Documentation Required</i>	→ Go to Business Entity E (See Page 12)
☐ Public Agency "Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth	→ Go to Business Entity F (See Page 13)
☐ Business Trust A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust. <i>*Business Trust Documentation Required</i>	→ Go to Business Entity G (See Page 14)
☐ Unincorporated Organization (if not a business type listed above) Complete only if the unincorporated organization or other organization is not a business type listed as Business Entities A-G.	→ Go to Business Entity H (See Page 15)

PART 3: REQUIRED ATTACHMENTS		√ If Submitted
1.	\$70 FEE PAYABLE TO “TREASURER OF VIRGINIA” (<i>See Part 4</i>)	☐
2.	Work and educational requirements for the Executive Director, Program Director, Child Placing Supervisor, and Caseworker, as applicable (i.e., resumes)	☐
3.	Staff Information Sheet (<i>See VDSS website</i>) List all staff employed and volunteering in the child-placing program. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers). *Use additional pages if needed.	☐
4.	Job descriptions for each position listed on the Staff Information Sheet	☐
5.	The agency’s program statement as described in <i>Standards for Licensed Child-Placing Agencies</i> , covering all services to be provided	☐
6.	The agency’s projected budget , listing expected income and expenses for the first year of operation	☐
7.	One credit reference for the applicant for licensure.	☐
8.	A copy of the agency’s fee schedule for each program including a description of the services covered by the fees and the agency’s refund policy, if any	☐
9.	A copy of all forms to be used by the CPA if different from the model forms provided by the Department of Social Services.	☐
10.	Copies of all required policies and procedures	☐
11.	Directions to the agency	☐
12.	Information regarding any complaints, enforcement actions, or sanctions against a license to operate a children's residential facility held by the applicant in another state pursuant to § 63.2-1701. ☐ No complaint, action, or sanction against licensee held by the applicant from another state.	☐

BUSINESS ENTITY	√ If Submitted
Three Reference Letters These are required for all <i>NEW</i> individuals listed in the section for Type of Business Entity under “Identifying Information.” Reference letters must be dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage who have known him/her for at least one month, and who can attest to his/her character and reputation.	☐
One Business Entity Section Only A, B, C, D, E, F, G or H (<i>see corresponding page of this application</i>) *This page must match business entity checked in Part 2	☐
Background Checks: Background checks are required for any NEW employee, volunteer, or individual that provides contractual services directly to a juvenile. • Sworn Disclosure Statement (Form available on the VDSS website) • Criminal history record checks obtained through the Virginia State Police • Child Protective Services Central Registry Check obtained from VDSS Background checks are required for any applicant, agent, caregiver, or adult household member that are at least 18 years old listed on the application. Independent Foster Home Programs ONLY: A Central Registry Check must be obtained for all household members that are at least 14 years old. Background checks MUST be available for inspection. Do not mail background checks in with the application.	☐

PART 4: FEES
The appropriate fee as listed below for application processing. CHILD-PLACING AGENCY INITIAL APPLICATION FEE <u>\$70</u> Personal check, money order, or certified check must be made payable to “Treasurer of Virginia”. Fees are non-refundable. There will be a service charge of \$50.00 for any check that must be returned due to insufficient funds.

STAFF INFORMATION

Name of Facility: _____

[illegible]

COMPLETE AND SUBMIT ONLY ONE OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

INDIVIDUAL/SOLEPROPRIETOR

Identifying Information

Name (First, Middle or Maiden, Last): _____

Mailing Address: _____

Street/P.O. Box

City

State

Zip Code

OR

Social Security Number

Federal Employer Identification Number (FEIN)

Email address: _____

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit

<https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY B: PARTNERSHIP

A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership's business, and has equal rights in the management and conduct of the partnership's business.

A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business.

PARTNERSHIP ☐ General Partnership ☐ Limited Partnership

Identifying Information

Name of Partnership Applying for License _____

Partnership Mailing Address: _____
Street/P.O. Box City State Zip Code

Designated Contact Person: _____ Title: _____

Email address: _____

Provide the following information on each general and limited partner (Attach additional pages if needed)

<i>Name</i>	<i>Title</i>	<i>Address</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List the name, title, address, and email of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility:

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Email Address</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required Attachments

- ☐ *Proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure*

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*

BUSINESS ENTITY C: CORPORATION			
A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.			
CORPORATION ☐ Domestic Corporation ☐ Foreign Corporation			
Identifying Information			
Name of Corporation Applying for License _____			
Corporate Mailing Address: _____			
Street/P.O. Box	City	State	Zip Code
Corporate Tax ID Number: _____			
Designated Contact Person: _____		Title: _____	
Phone Number: _____		Email address: _____	
Provide the following information on each general and limited partner (Attach additional pages if needed)			
<i>Name</i>	<i>Address</i>		
President: _____			
Vice President: _____			
Secretary: _____			
Treasurer: _____			
List the name, title, address, and email of any agent(s) other than the officers who is/are empowered to act on behalf of the partnership in matters relating to the facility:			
<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Email Address</i>
Required Attachments			
☐ Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.			
☐ Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing			
☐ Articles of Incorporation			
Fictitious Name (<u>Do Not</u> fill out this section if fictitious name does not apply)			
A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). <i>If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.</i>			
If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx			
Required Attachment ☐ Documentation of the legal fictitious name registered with the proper designated authority			

BUSINESS ENTITY D: ASSOCIATION

Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.

ASSOCIATION ☐ Domestic Association ☐ Foreign Association

Identifying Information

Name of Association Applying for License _____

Association Mailing Address: _____
Street/P.O. Box City State Zip Code

Corporate Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Provide the following information on each officer of the association (Attach additional pages if needed)

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

List the name, title, address, and email of any agent(s) other than the officers who is/are empowered to act on behalf of the partnership in matters relating to the facility:

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Email Address</i>
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Required Attachments

- ☐ Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.
- ☐ Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing
- ☐ Articles of Incorporation

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.**

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment ☐ Documentation of the legal fictitious name registered with the proper designated authority

BUSINESS ENTITY E: LIMITED LIABILITY COMPANY (LLC)

Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.

LIMITED LIABILITY COMPANY (LLC) ☐ Domestic LLC ☐ Foreign LLC

Identifying Information

Name of LLC Applying for License _____

LLC Mailing Address: _____
Street/P.O. Box City State Zip Code

LLC Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Provide the following information each manager and member or other persons authorized to manage the business and affairs of the LLC (Attach additional pages if needed)

<i>Name</i>	<i>Title</i>	<i>Address</i>
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List the name, title, address, and email of any agent(s) other than the members and managers is/are empowered to act on behalf of the partnership in matters relating to the facility:

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Email Address</i>
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Required Attachments

☐ Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission.

☐ Articles of organization

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment ☐ Documentation of the legal fictitious name registered with the proper designated authority

BUSINESS ENTITY F: PUBLIC AGENCY

"Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth

PUBLIC AGENCY

Identifying Information

Name of Public Agency Applying for License: _____

Public Agency Mailing Address: _____
Street/P.O. Box City State Zip Code

Public Agency Tax ID Number: _____

Phone Number: _____ Email address: _____

Name and Title of Person Responsible for the Facility (including hiring the facility director/administrator):

Name

Title

List the name, title, address, and email of any agent(s) other than the members and managers who is empowered to act on behalf of the Public Agency in matters relating to the facility:

Name

Title

Address

Email Address

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment ☐ Documentation of the legal fictitious name registered with the proper designated authority

BUSINESS ENTITY G: BUSINESS TRUST				
A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.				
BUSINESS TRUST ☐ Domestic Business Trust ☐ Foreign Business Trust				
Identifying Information				
Name of Business Trust Applying for License _____				
Business Trust Mailing Address: _____				
Street/P.O. Box	City	State	Zip Code	
Business Trust Tax ID Number: _____				
Designated Contact Person: _____ Title: _____				
Phone Number: _____ Email address: _____				
Provide the following information each manager and member or other persons authorized to manage the business and affairs of the LLC (Attach additional pages if needed)				
Name	Title	Address		
List the name, title, address, and email of any agent(s) other than the members and managers is/are empowered to act on behalf of the partnership in matters relating to the facility:				
Name	Title	Address	Email Address	
Required Attachments				
☐ Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission.				
☐ Articles of organization				
Fictitious Name (Do Not fill out this section if fictitious name does not apply)				
A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.				
If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx				
Required Attachment ☐ Documentation of the legal fictitious name registered with the proper designated authority				

BUSINESS ENTITY H: UNINCORPORATED ORGANIZATION OR OTHER

NOTE: Complete only if the unincorporated organization or other organization is not a business entity type listed in Business Entities A-G.

Identifying Information

Name of Unincorporated Organization Applying for License: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Tax ID Number: _____ Phone Number: (____) _____

Designated Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Name(s) and Title(s) of Person(s) Responsible for the Agency (including hiring the agency director/administrator)

<i>Name</i>	<i>Title</i>
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_____	_____
_____	_____
_____	_____
_____	_____

List the name, title, address, and email of any agent(s) other than the persons above who is empowered to act on behalf of the unincorporated organization in matters relating to the agency:

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Email Address</i>
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_____	_____	_____	_____
_____	_____	_____	_____

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment ☐ *Documentation of the legal fictitious name registered with the proper designated authority*