

Instructions: For use in transactions pursuant to Section 461-b 10 of the Social Services Law or 10 NYCRR § 1001.4(o)(2). Attach additional sheets if necessary. Submit to the Division of Adult Care Facility & Assisted Living Surveillance, Bureau of Licensure and Certification, NYSDOH, 875 Central Ave., Albany, NY 12206.

1. Operator Information:

OPERATING CERTIFICATE NUMBER _____ TYPE OF FACILITY _____ LEGAL ENTITY THAT WILL OPERATE THE FACILITY (PROPOSED OPERATOR) _____
STREET AND NUMBER _____
CITY _____ COUNTY _____ ZIP _____

2. Contact Information:

Applicant must designate one person to whom all official correspondence from the Department regarding this application should be addressed.

NAME AND TITLE _____
STREET AND NUMBER _____
CITY _____ STATE _____ ZIP _____
E-MAIL ADDRESS _____ TELEPHONE _____ FAX _____

3. Program Configuration: Check each level of licensure or certification currently in place and list the number of beds on each level of license or certification.

Type AH EHP ALP ALR EALR SNALR
Current Number of Beds _____

4. Transaction Narrative:

Date of proposed conversion (must be no less than 90 days after submission of this form): _____
MM/DD/YY

Briefly describe the proposed change:

Schedule 7B - ACF Notification of Business Conversion

Information for Current Operator (Questions 5 and 6)

5. **Legal Entity:** What type of legal organization is the **current** operator?

- Sole Proprietor: Attach Certificate of Conducting Business Under an Assumed Name or "DBA" filed with the County Clerk: Attachment # ____
- General Partnership: Attach Partnership Agreement: Attachment # ____
- Not-for-Profit Corporation: Attach Certificate of Incorporation: Attachment # ____ and Bylaws: Attachment # ____
- Business Corporation: Attach Certificate of Incorporation: Attachment # ____ and Bylaws: Attachment # ____
- Limited Liability Company: Attach Articles of Organization: Attachment # ____ and Operating Agreement: Attachment # ____
- Other, specify _____ Attach Organizational Document: Attachment # ____

6. **Ownership Interests:** List all partners, members or shareholders below. If a Not for Profit or other entity without owners, list all members, if any, and all officers and directors. Interest should be listed as sole proprietor, partner, member, shareholder or board member.

NAME	INTEREST	PERCENTAGE OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information for Proposed Operator After Conversion (Questions 7 and 8)

7. **Proposed Operator Information Post Conversion:**

LEGAL ENTITY THAT WILL OPERATE THE FACILITY (PROPOSED OPERATOR) _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

8. **Legal Entity:** What type of legal organization is the **proposed** operator?

- Sole Proprietor: Attach Certificate of Conducting Business Under an Assumed Name or "DBA" filed with the County Clerk: Attachment # ____
- General Partnership: Attach Partnership Agreement: Attachment # ____
- Not-for-Profit Corporation: Attach Certificate of Incorporation: Attachment # ____ and Bylaws: Attachment # ____
- Business Corporation: Attach Certificate of Incorporation: Attachment # ____ and Bylaws: Attachment # ____
- Limited Liability Company: Attach Articles of Organization: Attachment # ____ and Operating Agreement: Attachment # ____
- Other, specify _____ Attach Organizational Document: Attachment # ____

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9. List all partners, members or shareholders below. If a Not for Profit or other entity without owners, list all members, if any, and all officers and directors. Interest should be listed as sole proprietor, partner, member, shareholder or board member.

NAME	INTEREST	PERCENTAGE OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZING SIGNATURE: Signing party must be authorized by both the current operator and the proposed operator.

Certification of Applicant

I declare that to the best of my knowledge all information provided herein is true, correct and complete. Further, if this application is approved, I agree to operate the facility in accordance with all Department regulations and the proposal contained herein.

SIGNATURE

DATE

PRINT OR TYPE NAME

TITLE