

APPLICATION DOCUMENTS
FOR
ADULT DAY CARE FACILITIES (ADC)
INITIAL/CHOW APPLICATION

DATE RECEIVED	DOCUMENT	REFERENCE
	APPLICATION FORM (must be NOTORIZED ORIGINAL)	NRS 449.040
	FEE OF \$1,164 if less than 50 clients, FEE OF \$1753 if greater than 50 clients	NRS 449.050(2)
	EVIDENCE OF ZONING APPROVAL (BUSINESS LICENSE, CONDITIONAL USE VERIFICATION FORM OR SPECIAL USE PERMIT) FROM THE LOCAL CITY OR COUNTY JURISDICTION	NAC 449.011(4)(e) NRS 449.040(10)
	CERTIFICATE OF INSURANCE	NAC 449.4069(1)
	LEASE AGREEMENT (if applicable)	NAC 449.011(4)(f)
	PARTNERSHIP AGREEMENT (if applicable)	NAC 49.011(4)(a)(4)
	ARTICLES OF INCORPORATION (for corporations only) ARTICLES OF ORGANIZATION (for LLC's only)	NAC 449.011(4)(g)
	GOVERNING BODY BYLAWS (for corporations only) OPERATING AGREEMENT (for LLC's only)	NAC 449.011(4)(g)
	3 YEAR BUSINESS HISTORY (if less than 3 year history, then resume(s) and 3 letters of reference for the applicant(s) including corporate officers)	NAC 449.011(3)
	FINANCIAL STATUS INFORMATION or STATEMENT	NAC 449.011(3)
	RESUME FOR DIRECTOR	NRS 449.0355
	3 LETTERS OF REFERENCE FOR DIRECTOR	NAC 449.011(3)
	MEDICAL LABS ATTESTATION	NRS 652.080
	*APPLICANT/ LICENSEE CRIMINAL BACKGROUND CHECK REPORTS FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) - THIS INCLUDES ALL CORPORATE OFFICERS (Refer to the HCQC website and application packet for instructions regarding fingerprinting)	NRS 449.122
	*CERTIFICATE OF COMPLIANCE FROM STATE FIRE MARSHALL (DPBH will send a facility/agency inspection request to the State Fire Marshall (SFM) after the application and fee are submitted. After the SFM office completes their inspection, they will notify DPBH of the facility/agency's compliance)	NRS 449.150(1)
	FLOOR PLAN WITH DIMENSIONS	NRS 449.040(7)
	PLAN REVIEW APPLICATION Approval Letter Received From Reviewer (for initial applicants and new construction or remodeling)	NAC 449.4063(3)(a)
	PERMIT FOR KITCHEN – PLEASE CONTACT LICENSE PROCESSOR FOR FURTHER INFORMATION	NAC 449.4082(1)
	BILL OF SALE (for CHOW only)	NRS 449.040(7)
	8 X 11 PHOTOGRAPH OF THE FACILITY/AGENCY OR ESTIMATED DATE OF CONSTRUCTION COMPLETION	NRS 449.040 (7)
	ELDER ABUSE, NEGLECT & EXPLOITATION TRAINING http://dpbh.nv.gov/Reg/HealthFacilities/Training__Education/	NRS 449.093
	MANDATORY WEBINAR FOR BACKGROUND CHECK REQUIREMENT (See training schedule on website for webinar date and RSVP information)	NRS 449.123

When submitting your application packets you **MUST** turn in all of the required documents on this checklist with your application packet or your application will be considered incomplete and returned to you.