

## **76844 Application Required**

### **(a)**

A verified application for a new license shall be submitted to the Department on forms prescribed and furnished by the Department whenever either of the following circumstances occur: (1) Establishment of a facility. (2) Change of ownership.

#### **(1)**

Establishment of a facility.

#### **(2)**

Change of ownership.

### **(b)**

The licensee shall submit a verified application for a corrected license to the Department on forms prescribed and furnished by the Department whenever any of the following occur: (1) Construction of a new or replacement facility. (2) Increase in licensed bed capacity. (3) Change of license category. (4) Change of name of facility. (5) Change of location of facility. (6) Change in bed classification.

#### **(1)**

Construction of a new or replacement facility.

#### **(2)**

Increase in licensed bed capacity.

**(3)**

Change of license category.

**(4)**

Change of name of facility.

**(5)**

Change of location of facility.

**(6)**

Change in bed classification.

**(c)**

Notification by letter shall be sent to the Department when a decrease in licensed bed capacity occurs.