



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



CONTINUING CARE RETIREMENT COMMUNITY APPLICATION FOR PRELIMINARY LICENSE

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-11-10 et seq. & Reg. 28-600
(803) 734-4291 | www.consumer.sc.gov | (803) 734-4200

Street Address
293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

A Continuing Care Retirement Community (CCRC) must not be operated and an entrance fee must not be collected unless a license is obtained first. The application fee for a Preliminary License is Two Thousand Dollars (\$2,000.00). Please make all checks payable to the **South Carolina Department of Consumer Affairs**.

1. Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

2. Name of Operator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

3. The operator is (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other (specify) | _____ | |

4. Chief Executive Officer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

5. Affiliated Parent or Subsidiary: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Website: _____

6. Name of Owner: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Website: _____

7. The owner is (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other (specify) | _____ | |

8. Primary Regulatory Contact: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
Email Address: _____

PLEASE NOTE: ALL EXHIBITS LISTED BELOW MUST BE ATTACHED. IF THE EXHIBIT(S) ARE NOT APPLICABLE OR AVAILABLE, ATTACH AN EXPLANATION IN PLACE OF THE REQUIRED EXHIBIT(S) STATING THE REASON(S) THEY ARE NOT APPLICABLE OR AVAILABLE.

- 9a. (Attach as Exhibit A-1) Names, addresses, telephone and fax numbers, and the email address of partners or members if the operator is a partnership or other unincorporated association.
- 9b. (Attach as Exhibit A-2) Names, addresses, telephone and fax numbers, and the email address of stockholders holding at least a five percent interest if the operator is a corporation.
- 9c. (Attach as Exhibit B) Names, addresses, telephone and fax numbers, and email addresses of the officers, directors, trustees, managing or general partners, any person having a five percent or greater equity or beneficial interest in the continuing care retirement community, and any person who is or will be managing the facility on a day-to-day basis, and a description of this person's interests in or occupations with the operator.
10. With respect to any person listed in items 9(a) through 9(c), please provide:
 - a. (Attach as Exhibit C-1) A description of the business experience of the person, if any, in the operation or management of similar facilities. For experience in conducting continuing care retirement community business, provide the beginning and ending dates, name of the facility, title/position, and state where licensed.
 - b. (Attach as Exhibit C-2) The name and address of any professional service, firm, association, trust, partnership, or corporation in which this person has, or which has in this person, a five percent or greater interest and is providing or in the future shall provide goods, leases, or services to the facility or to residents of the facility, of an aggregate value of \$5,000 within any year, including a description of the goods, leases, or services and their probable or anticipated cost to the facility, operator, or residents, or a statement that this cost presently cannot be estimated.
 - c. (Attach as Exhibit C-3) A description of any matter in which the person has been convicted of a felony or pleaded nolo contendere to a felony charge, or held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property.
 - d. (Attach as Exhibit C-4) A description of any matter in which the person is subject to a currently effective injunctive or restrictive court order or within the past five years, had a state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department. Provide details including the name of the agency, type of action, and date of action.
11. (Attach as Exhibit D) A copy of the legal organizing documents of the operator, such as copies of articles of incorporation, with all amendments thereto, if the operator is a corporation; copies of all instruments by which the trust is declared if the operator is a trust; copies of articles of partnership or association and all other organization papers if the operator is organized under another form. In the event the operator is not the legal title holder to this property upon which the facility is or is to be constructed, the above documents shall be submitted for both the operator and the legal title holder.
12. (Attach as Exhibit E) An organizational chart describing the relationship between the applicant and its affiliates, indicating the state of domicile of the entity and the primary business of each.
13. (Attach as Exhibit F) A statement as to the operator's affiliation with a religious, charitable, or other nonprofit organization, the extent of the affiliation, if any, the extent to which the affiliate organization is responsible for the financial and contractual obligations of the operator, and the provision of the Federal Internal Revenue Code, if any, under which the operator or affiliate is exempt from the payment of income tax.

14. (Attach as Exhibit G) Documents pertaining to the location and description of the physical property of the facility, existing or proposed, and to the extent proposed, the estimated completion date, whether construction has begun, and the contingencies subject to which construction may be deferred.
15. (Attach as Exhibit H) A statement as to the health and financial conditions required for a person to be accepted as a resident and to continue as a resident once accepted, including the effect of a change in the health or financial condition of a person between the date of entering a contract for continuing care and the date or initial occupancy of a living unit by that person.
16. (Attach as Exhibit I) A copy of your current and/or proposed continuing care contract(s).
17. (Attach as Exhibit J) Description of the services to be provided pursuant to contracts for continuing care at the facility, including the extent to which medical care is furnished, and a clear statement of which services are included for specified basic fees for continuing care and which services are made available at or by the facility at extra charge.
18. (Attach as Exhibit K) A description of **all** fees required of a resident, including the entrance fee and/or periodic charges, if any. The description must include:
 - a. (Attach as Exhibit K-1) A statement of the fees charged if the resident marries while at the facility and a statement of the terms concerning the entry of a spouse to the facility and the consequences if the spouse does not meet the requirements for entry;
 - b. (Attach as Exhibit K-2) A statement as to the circumstances under which the resident is permitted to remain in the facility if he has financial difficulties;
 - c. (Attach as Exhibit K-3) A description of the terms and conditions under which a contract for continuing care at the facility may be canceled by the operator or by the resident, and the conditions, if any, under which all or a portion of the entrance fee is refunded if the contract is canceled by the operator or by the resident or if the resident dies before or following occupancy of a living unit;
 - d. (Attach as Exhibit K-4) A description of the conditions under which a living unit occupied by a resident may be made available by the facility to a different or new resident;
 - e. (Attach as Exhibit K-5) A description of the manner by which the operator may adjust periodic charges or other recurring fees and the limitations on these adjustments, if any. If the facility is already in operation, or if the operator or manager operates one or more similar continuing care locations in this State, tables must be included showing the frequency and average dollar amount of each increase in periodic charges, or other recurring fees at each facility or location for the previous five years, or for all of the years in operation if less than five years.
19. (Attach as Exhibit L) Anticipated and/or actual number of residents of your facility that are or will be provided services pursuant to a continuing care contract; the number of reservation agreements and/or the number of people on the waiting list.
20. (Attach as Exhibit M) The proposed complaint system to resolve complaints by prospective residents who have deposited funds with you. The complaint system must be in place prior to the issuance of a preliminary license.
21. (Attach as Exhibit N) A copy of the current or proposed escrow agreement with a trust institution if the operator will be collecting reservation deposits.
22. (Attach as Exhibit O) A copy of the proposed reservation agreement if the operator will be collecting reservation deposits.
23. (Attach as Exhibit P) A representative sample of advertisements used or to be used for your facility.

- 24. (Attach as Exhibit U) A copy of the feasibility study.
- 25. (Attach as Exhibit W) A statement concerning the anticipated role of any publicly-funded benefit or insurance program in the financing of care.
- 26. (Attach as Exhibit X) A copy of the disclosure statement, accompanied by a duly notarized affidavit by the operator that prospective residents are and will be receiving the disclosure statement.

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

OFFICER OR DIRECTOR OF THE FACILITY:

Signature _____ Title _____

Print Name _____ Date _____

PREPARER OF THE APPLICATION:

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.