



Louisville Forward

# Develop Louisville

Web: [www.Louisvilleky.Gov/government/construction-review](http://www.Louisvilleky.Gov/government/construction-review)

Phone: 574-3321

## Shelter/Boarding House Application

Name:	Shelter Type:
Address:	<input type="checkbox"/> Shelter/ Transitional
# of Employees:	<input type="checkbox"/> Campus <input type="checkbox"/> Renewal
# of Beds:	<input type="checkbox"/> Boarding/ Lodging House
Does a State license exist for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right;">If yes, Provide Documentation</span>	

### Owner

Name:	Title:
Address:	City State: Zip:
Phone:	Email:

**Each shelter must provide a registered office and registered agent (must be local) who *regularly* works at the registered office. The office must be located in Louisville, Jefferson County, KY. The registered agent shall be the representative for the service of process or notice.**

Will the Owner be acting as the Registered Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Complete this section
Name:	Title:
Address:	City State: Zip:
Phone:	Email:

### Principal Officers

Name:	Title:
Address:	City State: Zip:
Phone:	Email:
Name:	Title:
Address:	City State: Zip:
Phone:	Email:
Name:	Title:
Address:	City State: Zip:
Phone:	Email:

In addition to the above, the applicant confirms that the shelter maintains **on site** the social security numbers or a complete set of finger prints for all owners, officers, and employees, and a current list of its board of directors with their mailing address and other contact information.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn or affirmed before me \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

Notary Public: \_\_\_\_\_

County of: \_\_\_\_\_ State of: \_\_\_\_\_



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## Shelter/Boarding House Employee List

### Employees

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			

Name:				Title:
Address:	City	State:	Zip:	
Phone:	Email:			



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## Criminal Record Statement

I, the undersigned Owner, officer, director or employee of \_\_\_\_\_

State that I do not have a criminal record involving a felony violation or any crime against a minor, or an equivalent law of another jurisdiction within 10 years preceding the date of this statement or any violation of Ordinance 222 Series 2010.

**Applicant Signature**

**Date**

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

Notary Public \_\_\_\_\_ County Of \_\_\_\_\_ State Of \_\_\_\_\_.

My Commission Expires \_\_\_\_\_.