



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**

**810 First Street, NE, Suite 701
Washington, D.C. 20002**

**Notification of Intent to Develop a Continuing Care Retirement Community
(Step # 1 – Notification)**

**To Commissioner of the Government of the District of Columbia Department of Insurance,
Securities and Banking:**

In accordance with D.C. Official Code, Title 31, Chapter __ (2005 ed.),

Name of Applicant

hereby provides notice to the Commissioner of Insurance, Securities and Banking of its intent to develop a continuing care retirement community to be known as:

Name of Facility

and located at:

Address

City, State and Zip Code

It is understood that the licensing process in the District of Columbia involves a series of steps, and only upon the completion of all the steps, will a permanent license be issued. It is further understood that only upon review and approval of this Notification by the Commissioner will an applicant be authorized to disseminate materials describing the intent to develop a continuing care retirement community and to enter into fully refundable Non-Binding Reservation Agreements (NBRA's) for up to \$1,000.00 (to be placed in escrow).

PART I – GENERAL INTERROGATORIES

1. Applicant Information:

Legal Name of the Applicant: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Type of Legal Entity: _____ Tax – Status: For-Profit Not-For Profit

Name of Chief Executive Officer or Equivalent: _____

2. If applicable, provide the following information for any sponsor of the proposed facility. If there is more than one sponsor, attach a separate piece of paper detailing the same information requested below:

Legal Name of the Sponsor: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Type of Legal Entity: _____ Tax – Status: For-Profit Not-For Profit

Name of Chief Executive Officer or Equivalent: _____

3. Person to whom all correspondence and inquiries pertaining to this Notification are to be directed:

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

4. Name and Location of Proposed Continuing Care Retirement Community:

Name of the Facility: _____

Street Address: _____

City, State and Zip Code: _____

5. Bank, trust, or other independent person with whom the escrow account required by the D.C. Continuing Care Retirement Statute has been established:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

PART II – ATTACHMENTS

Please attach the following documents to this Notification in accordance with the Continuing Care Retirement Community Regulations:

Attachment # 1 – A narrative describing the proposed project/facility and its proposed mode of operation.

Attachment # 2 – A copy of the non-binding reservation agreement.

Attachment # 3 – A copy of the executed escrow agreement.

Attachment # 4 – Copies of any advertising materials to be used in marketing the facility.

Please label each attachment (for example: “Attachment 1”).

PART III – SWORN STATEMENT

Under the penalties of perjury, I affirm that I have reviewed this Notification and accompanying information, and to the best of my knowledge and belief it is true, correct and complete.

I as a duly authorized officer, principal, general partner, or trustee, am authorized to make and sign this statement on behalf of the Applicant.

Date: _____ Signature: _____

Name (Type or Print): _____

Title: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

(SEAL)

Notary Public

My commission expires: _____