

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

PART I – ENTITY INFORMATION

Applicant's Legal Name

F.	<p>List all current members of the Governing Authority</p> <p>As appropriate to the type of entity, provide information below on: (1) each individual owner, (2) each partner of a partnership or limited liability partnership, (3) each member of the board of directors of a not-for-profit corporation or (4) each governing body member or holder of voting rights of a business corporation or limited liability company and each principal stockholder (i.e., non-governing body stockholder controlling 10% or more of the stock) of the business corporation or limited liability company.</p> <p><i>Each governing authority member/principal stockholder listed must complete, sign and date the Governing Authority Questionnaire provided in Appendix I.</i></p>						
Entity Governing Authority and Principal Stockholders (Non- Governmental Entities Only)	Name of Member (M) and/or Principal Stockholder (S)	M or S	Social Security # or Employer ID #.	Required for Members/Principal Stockholders of Business Corporations/LLCs Only			
	Note: A check mark in the box indicates inclusion of the Governing Authority Questionnaire			Stock Held or Share of Distributions		Voting Rights Held	
				Shares Held	Percent	Amount	Percent