







## Application for Abortion Clinic Regulation 61-12

Reason for Application			
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		<input type="checkbox"/> Change Request
	License Number:	Expiration Date:	<i>(Complete Part C and D)</i>
Part A. Facility Information			
Facility Name:			
Physical Address:	City:	State:	Zip:
County:			
Telephone Number:		Fax Number:	
Number of Procedure Rooms:			
Contact Person and Correspondence Mailing Address			
<i>(Name of person who can make licensure/operation decisions about facility and address where you want to receive ALL correspondence, including the license, from the Bureau of Health Facilities Licensing.)</i>			
Name:		Title:	
Address:			
City:	State:	Zip:	
Telephone:		Fax:	
Primary Email:			
Administrator			
Name:			
Address:			
City:	State:	Zip:	
Telephone Number:		Fax:	
Email Address:			
Part B. Operation Disclosure			
Licensee Information: <i>(name of the person(s) or legal entity licensed to operate the business at that site as indicated in Part A)</i> <b>*This can be found on your current license OR your documentation from the Secretary of State.</b>			
Licensee Name:			
Address:			
City:	State:	Zip:	
Telephone Number:		Fax Number:	
Ownership Type			
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Corporation*	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company (LLC)*	
<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Government	
<input type="checkbox"/> Other: _____			
*Submit SC Secretary of State documentation, if applicable			

**Licensee or Owner Documents Required**

1. Secretary of State documentation, if applicable       Attached     N/A
2. If the licensee is a corporation or partnership, attach a list identifying all officers.     Attached     N/A
3. If the licensee or owner is a corporation or partnership, attach a list with the name, address and percentage of all owners that possess 5% or more ownership of the company or partnership.     Attached     N/A
4. If any person or other legal entity can claim liabilities of the licensee or of the facility or service for which this license is requested, attach a list identifying the name, address, percent and type of claim.     Attached     N/A

**Part C: ONLY COMPLETE THIS SECTION FOR LICENSURE CHANGES**

<input type="checkbox"/> Change of Facility Name (Complete Section 1)	<input type="checkbox"/> Change of Ownership (Complete Section 2)	<input type="checkbox"/> Change in Capacity (Complete Section 3)
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**Section 1 (FACILITY INFORMATION)**

*PRIOR TO CHANGE*

<b>Current</b> License Number:		
<b>Current</b> Facility Name:		
<b>Current</b> Facility Address:		
City:	Zip:	County:
Facility Telephone Number:		Fax Number:

*AFTER CHANGE*

<b>New</b> Facility Name:		
<b>New</b> Facility Address:		
City:	Zip:	County:
New Facility Telephone Number:		Fax Number:

**Section 2 (LEGAL IDENTITY OF OWNERSHIP)**

*Application must be completed by new owner, as licenses are not transferable.*

*PRIOR TO CHANGE*

Name of Current Owner:		License Number:
Address of Current Owner:		
City:	Zip:	County:
Telephone Number of Current Owner:		
Signature of current owner:		Date:

*AFTER CHANGE*

Name of New Owner:		
Address of New Owner:		
City:	Zip:	County:
Telephone Number of New Owner:		
Signature of new owner:		Date:

**Section 3 (CHANGE IN CAPACITY)**

License Number:			
Facility Name:			
Facility Address:			
Facility Mailing Address (if different from above):			
City:	State:	Zip:	County:
<input type="checkbox"/> <b>Increase</b>		<input type="checkbox"/> <b>Decrease</b>	
Number of Procedure Rooms	From:	To:	

**Part D: Verification**

The application shall be signed by the following:

- If an individual, the **owner(s)**
- If a limited liability company, the **head of the limited liability company**
- If a corporation, **two** of its **officers**
- If governmental unit, the **head of the governmental department** having jurisdiction

I, the undersigned, being duly sworn on my oath, depose and say that I have read the foregoing application (and attachments) and know the contents thereof; that the statements contained are correct and true to the best of my knowledge and belief. Furthermore, I understand that I must comply with the standards set forth in South Carolina Regulation 61-12. I understand that non-compliance with these standards may result in the Department pursuing enforcement actions as provided in Regulation 61-12.

Signature:
Print Name:
Date:

Signature:
Print Name:
Date:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Month) (Year)

**NOTARY PUBLIC** \_\_\_\_\_

My commission expires \_\_\_\_\_

**NOTARY SEAL**