



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS**



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

**CONTINUING CARE RETIREMENT COMMUNITIES**  
S.C. Code Ann. § 37-11-10 et seq.  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
(803) 734-4200

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

**INITIAL APPLICATION FOR CCRC LICENSE**

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 an Initial 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: \_\_\_\_\_

County: \_\_\_\_\_

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):

Corporation

Non-Profit Corporation

Limited Liability Company

General Partnership

Limited Partnership

Sole Proprietorship

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):

Corporation

Non-Profit Corporation

Limited Liability Company

General Partnership

Limited Partnership

Sole Proprietorship

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.
- 10. (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 daily, and a description of this person's interests in or occupations with the operator.
- 11. With respect to any person listed in items 9(a) through 10, please provide:
  - i. (Attach as Exhibit C-1) A description of the business experience of the person, if any, in the operation or management of similar facilities;
  - ii. (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;
  - iii. (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.

**Yes    No**

- 12. Are any of the individuals listed in Questions 9 or 10 subject to a currently effective injunctive or restrictive court order or within the past five (5) 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?       
*If "Yes," provide details, including the name of the agency, type of action, and date of action.*
- 13. Has the applicant or any of the individuals listed in Questions 9 or 10 conducted continuing care retirement community business in South Carolina prior to the date of this application?       
*If "Yes," provide the beginning and ending dates, name of facility, and title/position.*
- 14. Is the applicant or any of the individuals listed in Questions 9 or 10 licensed to conduct continuing care retirement community business in another state?       
*If "Yes," which state(s)?*
- 15. (Attach as Exhibit D) A copy of the legal organizing documents of the operator (e.g., 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). 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.
- 16. (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.

17. (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.
18. (Attach as Exhibit G) Documents pertaining to the estimated completion date of construction, whether construction has begun, and the contingencies subject to which construction may be deferred.
19. (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.
20. (Attach as Exhibit I) The continuing care contract, together with any addendums, and any current and/or proposed binding reservation agreement for the furnishing of continuing care or for taking reservations for continuing care.
21. (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.
22. (Attach as Exhibit K) A description of **all** fees required of residents, 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.
23. (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.
24. (Attach as Exhibit M) The proposed complaint system to resolve complaints by prospective residents who have deposited funds with you.

25. (Attach as Exhibit N) A copy your current or proposed entrance fee escrow agreement, if applicable. See, South Carolina Code § 37-11-90.
26. (Attach as Exhibit O) A copy of a reservation agreement if the operator is taking reservations for continuing care; and a copy of the escrow agreement for such deposits.
27. (Attach as Exhibit P) A representative sample of advertisements for your facility.
28. (Attach as Exhibit Q) A copy of all necessary permits, licenses and certifications received or applied for and their status at the time the application is submitted to the Department. This includes copies of any DHEC licenses the applicant holds or a list of licenses applied for. Include a brief description of the nursing, medical, or other health related facilities or services you operate or provide to your residents. Please state specifically whether the DHEC licenses you have are community-based or restricted.
29. (Attach as Exhibit R) A copy of any agreements with providers of nursing care, health care, or other health-related services.
30. (Attach as Exhibit S) A statement as to whether or not your facility (or any of its components) is eligible for Medicare and/or Medicaid. If the facility is not eligible for Medicare and/or Medicaid, the following statement must be inserted verbatim in boldface font in your disclosure statement:

**This facility is currently not eligible for Medicare and Medicaid (insert whichever is applicable). In case a resident exhausts his available financial resources prior to or following admission into our nursing home or assisted living accommodations, the resident might have no choice but to apply for admission to a facility that is eligible for these payments.**

If you currently have a discretionary fund to assist residents who deplete their financial resources, the following paragraph must also be added:

**The discretionary funds available to the management may be used to supplement the entire cost of care or a part of it. However, the application of these funds is entirely within the discretion of the management and the presence of these funds is no guarantee for a continuing stay in this facility following the depletion of your own financial resources.**

31. (Attach as Exhibit T) A copy of any residents' guide, policy manual, or other similar materials.
32. (Attach as Exhibit U) A copy of the feasibility study.
33. (Attach as Exhibit V) Proof that the applicant has received written commitments for construction financing and for permanent long-term financing when the construction has been completed.
34. (Attach as Exhibit W) A statement concerning the anticipated role of any publicly-funded benefit or insurance program in the financing of care.
35. (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.
36. (Attach as Exhibit Y) The certified financial statements of the operator. The statements shall include a balance sheet as of the end of your most recent fiscal year and statements of income and expenses for your three most recent fiscal years or for all of the years in existence if less than three years. The statements shall be in accordance with generally accepted accounting principles. **IF THE FISCAL YEAR ENDED MORE THAN ONE HUNDRED TWENTY DAYS BEFORE THE DATE OF FILING, PLEASE SUBMIT YOUR PREVIOUS CERTIFIED FINANCIAL STATEMENT TOGETHER WITH AN UNCERTIFIED STATEMENT FROM THE PERIOD BETWEEN THE DATE THE FISCAL YEAR ENDED AND A DATE NOT MORE THAN NINETY DAYS BEFORE THE DATE THE APPLICATION IS FILED.**

**Please note that the Application must be signed by an officer or director of the facility and by the person who prepared the Application. These signatures must be duly notarized by a Notary Public.**

**AFFIDAVIT OF APPLICANT**

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested license. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

x Signature	x Signature
Type or Print your name and title	Type or Print Your Name <b>and</b> email address (Application Preparer)
Date	Date

SWORN TO AND SUBSCRIBED before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

Notary Public For \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

**The completed Application should be submitted to:**

South Carolina Department of Consumer Affairs  
Attn: CCRC Licensing and Regulation

at either the post office box address or the street address listed at the beginning of this application.

**Do not fax this form. An original, signed and notarized form is required.**

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however, personal identifying information will be released only if required by law.**