

NOTICE OF FORM CHANGE NO. 04-238

DATE

08/18/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 309 - Administrative Organization

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 6/01	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 8/24/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is now a master only - on the internet only.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

INSTRUCTIONS: This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in the California Code of Regulations Title 22, Section 80034(a)(2), or 87235(a)(5), or 101185(a)(2).

DATE
FACILITY NAME
FACILITY ADDRESS
FACILITY NUMBER

I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)

1. Name (as filed with Secretary of State)		2. Chief Executive Officer		
3. Incorporation/Registration Date	4. Place of Incorporation/Registration		Corporation/Limited Liability Company Number	
5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only).				
6. Principal office of business:				
<u>Address</u>	<u>City</u>	<u>Zip Code</u>	<u>County</u>	<u>Telephone No.</u>
Contact Person:		Title:	Telephone No.:	
7. Out of state or foreign applicants complete the following:				
a. <u>Name of California Representative</u>		<u>Address</u>	<u>Zip Code</u>	<u>Telephone No.</u>
b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.				
8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.				

9. Directors (Corporation)/Managers and Managing Members (LLC)

- a. Number of Directors/Managers & Managing Members
- b. Term of Office (if applicable)
- c. Frequency of Meetings (if applicable)
- d. Method of Selection (corporations only)

10. Officers: (For LLCs without officers, skip this section and go to Section II)

Office	Name	Principal Business Address & City & Zip Code (other than facility address)	Telephone No.	Term Expires
President				
Vice-President				
Secretary				
Treasurer				

11. List all Directors (Corporations)/Managers and Managing Members (LLC)

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expires

(Attach Sheet for additional space)

II. PUBLIC AGENCY

1. Check type of public agency: Federal State County City Other, specify below

2. Agency providing services:

Name: _____ Address: _____ CITY/STATE

Mailing Address: _____ CITY/STATE/ZIP CODE

Contact Person: _____ Title: _____ Phone No.: _____

3. District or Area to be served: (attach map if necessary)

Specify geographic area: _____

4. Attach copy of Resolution or legal document authorizing this application.

III. PARTNERSHIPS

Attach a copy of partnership agreement (attach additional sheet if necessary)

1st Partner General Name _____ TELEPHONE NUMBER

Limited Principal Business Address _____ CITY/STATE

2nd Partner General Name _____ TELEPHONE NUMBER

Limited Principal Business Address _____ CITY/STATE

3rd Partner General Name _____ TELEPHONE NUMBER

Limited Principal Business Address _____ CITY/STATE

4th Partner General Name _____ TELEPHONE NUMBER

Limited Principal Business Address _____ CITY/STATE

Contact Person: _____ Title: _____ Telephone No.: _____

IV. OTHER ASSOCIATIONS

Other associations must also provide a similar list of persons legally responsible for the organization, contact person, appropriate legal documents which set forth legal responsibility of the organization and accountability for operating the facility.