# Controlling Persons - Designated Agent - Responsible Party GUIDELINES

These are general guidelines. Please ensure that the organization's information is correct and up-to-date.

ORGANIZATION	CONTROLLING PERSONS
Partnership	<ul> <li>General Partner</li> <li>Any Limited Partner who holds at least ten percent of voting rights</li> </ul>
Corporations Associations Limited Liability Company Municipal Corporations/Agencies	<ul> <li>President</li> <li>Chief Executive Officer</li> <li>Incorporator</li> <li>Agent</li> <li>Any person owning or controlling at least ten percent of the voting securities</li> </ul>
School Districts Counties	Authorized Signatory
Other	<ul> <li>Owner(s) having the power to vote at least ten percent of the outstanding voting securities</li> <li>Any person holding a beneficial interest in at least ten percent of the liabilities of the applicant or licensee</li> </ul>

### A.R.S. § 36-881.4

## "Controlling person" means a person who:

- (a) Through ownership, has the power to vote at least ten percent of the outstanding voting securities.
- (b) If the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten percent of the voting rights of the partnership.
- (c) If the applicant or licensee is a corporation, an association or a limited liability company, is the president, the chief executive officer, the incorporator, an agent or any person who owns or controls at least ten percent of the voting securities.
- (d) Holds a beneficial interest in ten percent or more of the liabilities of the applicant or the licensee.

## A.R.S. § 36-889

- D. Each applicant or licensee shall **designate an agent** who is authorized to receive communications from the department, including legal service of process, and to file and sign documents for the applicant or licensee. The designated agent shall be all of the following:
  - 1. A controlling person.
  - 2. A citizen of the United States or a legal resident alien.
  - 3. A resident of this state.

Please complete page 2 or page 3 and return to the Department with the license application.

If the owning entity is a Charter School, both pages may be required. Please contact the Department for clarification if needed.

Name of facility:		Arizona Department of Health Services  Bureau of Child Care Licensing				
CONTROLLING PERSONS INFORMATION						
Please provide the required information for the controlling members of the organization. (A separate list may be submitted with this form.)						
Name	Title	Address (Street, City, State, Zip)				
Name	Title	Address (Street, Sity, State, 21p)				
	DESIGNATE	ED PERSON* INFORMATION				
communication from the Depar	tment, including	shall designate an *agent who is authorized to receive legal service of process, and to file and sign documents for the information and provide the requested information.				
The designated agent for a co      A controlling person u      A resident of this state	ınder 36-881.4.	ciation or limited liability company <b>must be</b> :				
Designated Agent Name:						
Upload copies of forms/documentation:  □ Citizenship □ Fingerprint Clearance Card □ Criminal History Affidavit □ Centralized Background Check						
Child Care Facility for the care of chi	ildren in this state o	Certificate to operate a Child Care Group Home or a License to operate a or another state or has had a License to operate a Child Care Facility or a ed for reasons that relate to the endangerment of the health and safety of				
Under penalty of law, I declare	that the informa	ation provided in the application is accurate and complete.				
LICENSEE/BOARD MEMBER of the organization signature:						

**Print:** 

Date:

Date:

Name of facility:
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#### **RESPONSIBLE PARTY INFORMATION**

# Public School / Government Agency / Charter School

To be filled out by those programs owned by a Public School District, Government Agency or Charter School

List all those persons responsible for the district policies, procedures, and decisions. They may be the

governing board, superintendent ar with this form.)	nd may or may not	tinclude the principal. (A	A separate list may be submitted		
Printed Name	Title	Address (Street, City, State, Zip)			
Signatory / Designated Person*:  A Board member of the organizatio from the Department, including legal licensee.	al service of proce	ss, and to file and sign d	ocuments for the applicant or		
Complete the following information and attach copies of the requested information					
Authorized Signatory Name:					
Upload copies of forms/documentation:					
☐ Citizenship ☐ Fingerprint Clearance Card ☐ Criminal History Affidavit ☐ Centralized Background Check					
I affirm that no Controlling Person/Responsible party has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.					
Under penalty of law, I declare that the information provided in the application is accurate and complete.					

**Print:** 

**Board Member/Responsible Party:** 

Signature: