



Massachusetts Department of Public Health Determination of Need Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date:

Application Number:

Applicant Information

Applicant Name:

Contact Person: Title:

Phone: Ext: E-mail:

Affiliated Parties

1.9 Affiliated Parties:

List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
+ -	Cavelier	David	625 Wellman Ave	No. Chelmsford	MA		Officer/Director/Owner	Stock	100%	No		Yes

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Determination of Need