



Protecting, maintaining and improving the health of all Minnesotans

**ADDENDUM TO REGISTRATION FORM
HOUSING WITH SERVICES (HWS) ESTABLISHMENT**

This addendum does not apply to a HWS establishment serving long term homeless.

Applicants for a HWS registration certificate issued by the Minnesota Department of Health under Minnesota Statutes, Chapter 144D, are responsible for contacting the municipality where the establishment will be located to inquire about applicable local requirements (M.S.144D.06).

The applicant is responsible for taking all necessary actions as directed by the municipality to comply with local ordinance requirements (M.S.144D.06). Please document the following regarding your contact with the local municipality:

| | |
|------------------------------|------------------|
| Name of Municipality/County: | Date of Contact: |
| Name of Official: | Phone Number: |

Name of HWS Establishment: _____

Address: _____

City/Zip: _____

Name and Title of Person Responsible for Completion of this Page:

| | |
|----------------------|---------|
| _____ | _____ |
| Name (Type or Print) | (Title) |
| _____ | _____ |
| (Signature) | (Date) |

Make a copy of this form for your records and send the completed form with your HWS Registration Form to:

Minnesota Department of Health
Licensing and Certification Program
P.O. Box 64900
St. Paul, MN 55164-0900

FAILURE TO SUBMIT A COMPLETE APPLICATION MAY RESULT IN DENIAL OF THE REGISTRATION CERTIFICATE