

# Assisted Living Facility Change of Ownership (CHOW) Application

## General Instructions

This application is for a change of ownership (CHOW) involving an assisted living facility license—either a license for an assisted living facility or an assisted living facility with dementia care. Assisted living services may continue to be provided during the licensure process resulting from a change of ownership.

If the licensee is changing for any reason outlined in [Minnesota Statutes, chapter 144G.19 subd.2 \(https://revisor.mn.gov/statutes/cite/144G.19\)](https://revisor.mn.gov/statutes/cite/144G.19), the prospective licensee must apply for a new license before operating the currently licensed assisted living facility. A license issued through a CHOW application is not considered a provisional license.

This application contains references to statutory authority and other information. For example, a reference to Minnesota Statutes, chapter 144G.12 could include a broad reference to the entire section (i.e., “144G.12”) or a detailed reference to a part of the section (i.e., 144G.12, subd. 1 refers to all of subdivision 1). A different reference type may include a specific subitem reference such as 144G.12, subd. 1(1). This refers to specific item (1) of subdivision (1). The statute references link to the Office of the Revisor of Statutes website. If you are working from a printed document, you can search for the statutory reference at the Office of the Revisor of Statutes website.

If an applicant provides inaccurate or incomplete information on the application, the commissioner of health may deny, revoke, suspend, restrict or refuse to renew the license or impose conditions according to [Minnesota Statutes, chapter 144G.15 \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15).

## Submitting the Application and Attachments

Applicants must upload the application and required attachments to the [MDH Facility and Provider Licensing System \(https://hrdlicensing.web.health.state.mn.us\)](https://hrdlicensing.web.health.state.mn.us).

## Instructions for Attachments

This application contains a structure with numbered sections. Some of the application’s sections require the applicant to submit attachments. At other times, an applicant may submit attachments containing additional information for MDH. For either case, if the applicant submits more than one attachment for the same section, the attachments should contain both its corresponding application section name and a letter. For example, if the applicant has two documents to attach for the Applicant Information section, the first document should be labeled “Applicant Information Section Attachment A” and the second document “Applicant Information Section Attachment B.”

More instructions and a checklist of **REQUIRED** attachments the applicant must submit with this application are contained in the [Assisted Living CHOW Checklist \(PDF\) \(https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/chowchecklist.pdf\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/chowchecklist.pdf).

Keep a copy of the application and attachments for your records.

## Acknowledgment of Receipt of Application and Attachments

[Minnesota Statutes, chapter 144G.15 \(a\)\(1\) \(https://www.revisor.mn.gov/statutes/cite/144g.15\)](https://www.revisor.mn.gov/statutes/cite/144g.15)

[Minnesota Statutes, chapter 144G.12 \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

MDH will acknowledge receipt of the application in an email to the applicant. If an applicant provides incomplete or inaccurate information on the application, it will be rejected and sent back to the applicant. Once MDH determines all required application information, signatures, and attachments are complete, MDH will contact the applicant to request payment of the application fee.

## Fees

[Minnesota Statutes, chapter 144.122 \(d\) \(https://www.revisor.mn.gov/statutes/cite/144.122\)](https://www.revisor.mn.gov/statutes/cite/144.122)

Once MDH determines all required application information, signatures, and attachments are complete, MDH will contact the applicant to request payment of the application fee. The total license fee is calculated based on the license category type and the total licensed resident capacity listed in the application. Once MDH receives payment, MDH will begin a thorough verification process that ends with the license-required background studies.

License application fee is non-refundable per [Minnesota Statutes, chapter 144G.12, subd. 3\(b\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12).

Only online payments will be accepted.

If payment is rejected due to insufficient funds, an additional \$30.00 fee will apply.

Assisted living facility = \$2000 base rate + (\$125 x licensed resident capacity).

Assisted living facility with dementia care = \$3000 base rate + (\$150 x licensed resident capacity).

## Review Process

As part of the review process, MDH may request additional information. If additional information is needed, MDH will contact you directly. To avoid unnecessary delays, please maintain communication with MDH and answer all questions completely and accurately.

Finally, MDH will conduct a thorough verification and review process of the application. When all application components and background studies are submitted and fully verified, the application is deemed complete. MDH will notify and issue the appropriate assisted living license to successful applicants.

Application and attachment materials will not be returned to the applicant.

## Questions

Email: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us) or Call: 651-201-4200

## CHOW Application for Assisted Living Facility

Existing licensee's 5-digit health facility ID (HFID): \_\_\_\_\_

Proposed change of ownership effective date: \_\_\_\_\_

### Type of Application

Select one:

- Assisted Living Facility License
- Assisted Living Facility with Dementia Care License

Applicants are unable to obtain a different license type through the change of ownership. For example, an existing assisted living facility cannot be changed to an assisted living facility with dementia care. In such an event, you will need to apply for a provisional assisted living with dementia care license and contact MDH for guidance.

Select the Change of Ownership Event Category per [Minnesota Statutes, chapter 144G.19, subd. 2](https://www.revisor.mn.gov/statutes/cite/144G.19) (<https://www.revisor.mn.gov/statutes/cite/144G.19>):

- The licensee's legal entity structure is converted or changed to a different type of legal entity;
- The licensee dissolves, consolidates, or merges with another legal organization and the licensee's legal organization does not survive;
- Within the previous 24 months, 50 percent or more of the licensee is transferred, whether by a single transaction or multiple transactions, to:
  - a different person; or
  - a person who had less than a five percent ownership interest in the facility at the time of the first transaction; or
- Any other event or combination of events that results in a substitution, elimination, or withdrawal of the licensee's responsibility for the facility.

Prior to issuing a license, MDH requires proof the ownership transaction has been executed. While acceptable transaction documents may come in a variety of forms, it commonly includes a purchase or operations transfer agreement that outlines the terms of the sale, and a bill of sale confirming that the transaction was completed in accordance with those terms.

### Applicant Information

[Minnesota Statutes, chapter 144G.12, subd. 1\(1\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)

Provide the requested information below as it relates to the assisted living facility. Separate applications must be submitted for each physical address.

PROVISIONAL ASSISTED LIVING LICENSURE INFORMATION AND APPLICATION

Applicants who are a part of a campus defined in [Minnesota Statutes, chapter 144G.08, subd. 4a](https://www.revisor.mn.gov/statutes/cite/144g.08) (<https://www.revisor.mn.gov/statutes/cite/144g.08>) may choose to submit only one application for an assisted living facility license.

If you are using a home address for your business, please inform the post office of your legal business name to ensure mail delivery. The business's email address provided must be permanent. Critical information about licensure renewal will be sent to this email address if MDH issues a license pursuant to this application.

Assumed name/"Doing Business As" (DBA) name: \_\_\_\_\_

Print the full legal entity name as it appears on file with the Minnesota Office of the Secretary of State. Do not abbreviate. Legal name as registered with Minnesota Secretary of State can be found at [Secretary of State](https://mblsportal.sos.state.mn.us/Business/Search) (<https://mblsportal.sos.state.mn.us/Business/Search>): \_\_\_\_\_

Federal tax identification number (FEIN) registered with the [Internal Revenue Service \(IRS\)](https://www.irs.gov/) (<https://www.irs.gov/>). **Attach IRS form SS-4 with application:** \_\_\_\_\_

Minnesota Tax ID Number as registered with [Minnesota Department of Revenue](https://www.revenue.state.mn.us) (<https://www.revenue.state.mn.us>): \_\_\_\_\_

**Facility physical address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Once an assisted living license is issued, the physical address of the facility cannot be changed. If you plan to move to a new location, you must either:

- Apply for relocation of your existing assisted living license, or
- Apply for a new provisional license.

Failing to complete one of these steps and obtain approval PRIOR to moving may result in operating without a valid license at the new location.

**Business mailing address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Permanent business email address: \_\_\_\_\_

Is the facility rented or leased?

Yes (If yes, provide the executed lease agreement as an attachment)

No

## Application Contact Information

Provide the legal name and contact information of the individual MDH can contact regarding questions about this application.

Full legal name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

## Assisted Living Facilities with Dementia Care (ALFDC) Requirements

This section applies to change of ownership applications **for ALFDC facilities ONLY**.

[Minnesota Statutes, chapter 144G.80 \(https://www.revisor.mn.gov/statutes/cite/144G.80\)](https://www.revisor.mn.gov/statutes/cite/144G.80)

[Minnesota Statutes, chapter 144G.81 \(https://www.revisor.mn.gov/statutes/cite/144G.81\)](https://www.revisor.mn.gov/statutes/cite/144G.81)

1. Minnesota Statutes section 144G.08, subdivision 16, defines dementia as the loss of cognitive function, including the ability to think, remember, problem solve, or reason, of sufficient severity to interfere with an individual's daily functioning. Dementia is caused by different diseases and conditions, including but not limited to Alzheimer's disease, vascular dementia, neurodegenerative conditions, Creutzfeldt-Jakob disease, and Huntington's disease.

Do you have experience managing residents with dementia?

Yes

No. Pursuant to [Minnesota Statutes, chapter 144G.80, subd. 2\(b\) \(https://www.revisor.mn.gov/statutes/cite/144G.80#stat.144G.80.2\)](https://www.revisor.mn.gov/statutes/cite/144G.80) the applicant must employ a consultant. The consultant must have two years of work experience related to dementia care and must be employed for at least the first six months of operation. The consultant must meet the training requirements for staff as mentioned in 144G.64 and applicable rules [Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/).

2. Is there a secured dementia care unit at the facility?

Yes

No

## Capacity

[Minnesota Statutes, chapter 144G.12, subd. 1\(4\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12).

Provide the requested information below:

Total licensed resident capacity for license period: \_\_\_\_\_

Be sure to include in your totals above, the capacities for all buildings.

If applying for a campus license, fill out and attach one form for EACH building: [Assisted Living Licensure Application Addendum: Building Information \(PDF\) \(https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/buildinginfo.pdf\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/buildinginfo.pdf).

If the prospective licensee intends to change the licensed resident capacity, the request must be submitted separately from the application. Please follow the instructions on the forms linked below.

[Licensed Resident Capacity Increase Request \(PDF\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacity.pdf)

(<https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacity.pdf>)

[Licensed Resident Capacity Decrease Request \(PDF\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacitydec.pdf)

(<https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/capacitydec.pdf>)

## Uniform Disclosure of Assisted Living Services and Amenities

[Minnesota Statutes, chapter 144G.40, subd. 2](https://www.revisor.mn.gov/statutes/cite/144G.40)

(<https://www.revisor.mn.gov/statutes/cite/144G.40#stat.144G.40.2>)

**Provide your UDALSA as an attachment:** [Uniform Disclosure of Assisted Living Services & Amenities \(UDALSA\) \(PDF\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/udalsa.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/udalsa.pdf>).

## Assisted Living Director

[Minnesota Statutes, chapter 144G.12, subd. 1\(2\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)

Provide the requested information for the assisted living director.

The assisted living director is the person who administers, manages, supervises, or is in general administrative charge of an assisted living facility.

Full legal name: \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

License number (if known): \_\_\_\_\_

## Authorized Agent

[Minnesota Statutes, chapter 144G.12 subd. 1\(2\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)

Provide the legal name and contact information for the authorized agent, if applicable or different than **Assisted Living Director** section.

The authorized agent is the person who is authorized to accept service of notices and orders on behalf of the licensee.

Full legal name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Managerial Official/Agent

[Minnesota Statutes, chapter 144G.12, subd. 1\(3\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Provide the legal name and contact information for the managing agent, if different than the licensee.

The managing agent is the individual or legal entity designated by the licensee through a management agreement to act on behalf of the licensee in the on-site management of the assisted living facility or assisted living facility with dementia care.

**Attach a copy of the management company agreement, if applicable.**

Full legal name: \_\_\_\_\_

Business entity name (if managerial official/agent represents a legal entity): \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Clinical Registered Nurse Supervisor

[Minnesota Statutes, chapter 144G.41, subd. 4 \(https://www.revisor.mn.gov/statutes/cite/144G.41#stat.144G.41.4\)](https://www.revisor.mn.gov/statutes/cite/144G.41)

Provide the requested information below for the clinical nurse supervisor.

The clinical nurse supervisor must be a registered nurse licensed in Minnesota. [Minnesota Board of Nursing \(https://mn.gov/boards/nursing/\)](https://mn.gov/boards/nursing/).

Full legal name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

RN license number: \_\_\_\_\_

## Business Entity Type

[Minnesota Statutes, chapter 144G.12, subd. 1 \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Provide the requested information below for the entity applying to be the assisted living licensee. The information provided should be how the legal entity is registered with the [Minnesota Office of the Secretary of State \(https://www.sos.state.mn.us/\)](https://www.sos.state.mn.us/).

**Attach the requested documents listed for the type selected.**

- Sole Proprietorship
  - Copy of the certificate of doing business under an assumed name (if applicable).
- For-Profit Corporation

PROVISIONAL ASSISTED LIVING LICENSURE INFORMATION AND APPLICATION

- Copy of the certificate of doing business under an assumed name (if applicable).
- Copy of the certificate of incorporation.
- Brief description of the organization structure of the agency and organizational chart.

Nonprofit Corporation

- Copy of the certificate of doing business under an assumed name (if applicable).
- Copy of the certificate of incorporation.
- Brief description of the organization structure of the agency and organizational chart.

For-Profit Limited Liability Company

- Copy of a certificate of doing business under an assumed name (if applicable).
- Copy of the most current articles of organization.
- Complete list of all board members, managers (including Chief Manager), and members (owners) indicating position or title of each and the percent of ownership of each member.
- If the LLC will be managed by managers who are not members, a copy of the existing management agreement between the LLC and the manager.
- Brief description of the organization structure of the agency and organizational chart.

Nonprofit Limited Liability Company

- Copy of a certificate of doing business under an assumed name (if applicable).
- Copy of the most current articles of organization.
- Complete list of all board members, managers (including Chief Manager), and members (owners) indicating position or title of each and the percent of ownership of each member.
- If the LLC will be managed by managers who are not members, a copy of the existing management agreement between the LLC and the manager.
- Brief description of the organization structure of the agency and organizational chart.

Partnership

- Copy of a certificate of doing business under an assumed name (if applicable).
- Specification of type of partnership.
- Complete list of partners.
- If the LLC will be managed by managers who are not members, a copy of the existing management agreement between the LLC and the manager.
- Brief description of the organization structure of the agency and organizational chart.

State

- Copy of a certificate of doing business under an assumed name (if applicable).
- Brief description of the organization structure of the agency and organizational chart.

County

- Copy of a certificate of doing business under an assumed name (if applicable).
- Brief description of the organization structure of the agency and organizational chart.

City

- Copy of a certificate of doing business under an assumed name (if applicable).
- Brief description of the organization structure of the agency and organizational chart.

Tribal

- Copy of a certificate of doing business under an assumed name (if applicable).
- Brief description of the organization structure of the agency and organizational chart.

Church

- Copy of a certificate of doing business under an assumed name (if applicable).
- Brief description of the organization structure of the agency and organizational chart.

Health District or Authority

- Copy of a certificate of doing business under an assumed name (if applicable).
- Brief description of the organization structure of the agency and organizational chart.

## Direct and Indirect Owners

[Minnesota Statutes, chapter 144G.12, subd. 1\(2\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Provide the information below for all direct and indirect owners of the assisted living facility. If unknown, see [CMS 855A \(https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf\)](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf). State law requires all applicants for assisted living licensure disclose the legal names, email and mailing addresses, and telephone numbers of all owners regardless of the nature of the entity applying for licensure.

**If applicable, attach the [Assisted Living Licensure Application Addendum: Additional Direct or Indirect Owner Information \(PDF\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/directindirectowner.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/directindirectowner.pdf>).**

Direct ownership interest means an individual or legal entity with the possession of at least five percent equity in capital, stock, or profits of the licensee, or who is a member of a limited liability company of the licensee.

Indirect ownership interest means an individual or legal entity with a direct ownership interest in an entity that has a direct or indirect ownership interest of at least five percent in an entity that is a licensee.

Direct contact means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to residents of a facility.

Full legal name (or entity name): \_\_\_\_\_

Known names (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Owner/Member percentage of ownership: \_\_\_\_\_

Type of ownership:

Direct

Indirect - List what entity is represented by individual or legal entity:

Will this individual provide direct [care] contact?

Yes

No

Has any individual listed above been convicted of or had any of the disqualifying situations listed in [Minnesota Statutes, chapter 144G.12 subd. 1\(13\)\(14\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)?

Yes (see below)

No

**If yes**, attach the following information for individual found guilty of the actions listed in [Minnesota Statutes, chapter 144G.12, subd. 1\(13\)\(14\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>):

- Legal name of direct or indirect owner.
- Written explanation including the reason for action taken, dates, and the jurisdiction in possession of your record.
- A copy of the disciplinary action.

## Managerial Officials and Controlling Individuals

[Minnesota Statutes, chapter 144G.12, subd. 1\(2\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)

Provide the information below for all managerial officials and controlling individuals of the assisted living. State law requires that all applicants for assisted living licensure disclose the legal names, email, mailing addresses and telephone numbers of all managerial officials and controlling individuals regardless of the nature of the entity applying for licensure. The purpose of this section is to collect information about the person(s) and/or entity responsible for the operation this assisted living facility.

**If applicable, attach the [Assisted Living Licensure Application Addendum: Additional Managerial Officials and Controlling Individuals Information \(PDF\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/managerialofficials.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/managerialofficials.pdf>).**

A controlling individual means an owner and the following individuals or entities, if applicable: each officer of the organization, including the chief executive officer and chief financial officer; each managerial official; and any entity with at least a five percent mortgage, deed of trust, or other security interest in the facility.

A managerial official is an individual who has the decision-making authority related to the operation of the facility and the responsibility for the ongoing management or direction of the policies, services, or employees of the facility.

Direct contact means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to residents of a facility.

Full legal name (or entity name): \_\_\_\_\_

Known names (if applicable): \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Type:

- Controlling Official
- Managerial Official

Will this individual provide direct [care] contact?

- Yes
- No

Has any individual listed above been convicted of or had any of the disqualifying situations listed in [Minnesota Statutes, chapter 144G.12 subd. 1\(13\)\(14\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)?

- Yes (see below)
- No

**If yes**, attach the following information for individual found guilty of the actions listed in [Minnesota Statutes, chapter 144G.12, subd. 1\(13\)\(14\)](https://www.revisor.mn.gov/statutes/cite/144G.12) (<https://www.revisor.mn.gov/statutes/cite/144G.12>):

- Legal name of direct or indirect owner.
- Written explanation including the reason for action taken, dates, and the jurisdiction in possession of your record.
- A copy of the disciplinary action.

## Background Studies

[Minnesota Statutes, chapter 144G.13, subd. 1](https://www.revisor.mn.gov/statutes/cite/144G.13) (<https://www.revisor.mn.gov/statutes/cite/144G.13>)

All owners, managerial officials, assisted living director, consultants, clinical nurse supervisor on assisted living license applications must complete and pass background studies, as required by [Minnesota Statutes, chapter](https://www.revisor.mn.gov/statutes/cite/144G.13)

[144.057 \(https://www.revisor.mn.gov/statutes/cite/144.057\)](https://www.revisor.mn.gov/statutes/cite/144.057), prior to MDH issuing the assisted living license. Background studies are conducted by the Department of Human Services (DHS). Information about initiating background studies will be provided to applicants when MDH confirms the application is complete.

After MDH confirms the application is complete, providers must complete background studies as required by [Minnesota Statutes, chapter 144.057 \(https://www.revisor.mn.gov/statutes/cite/144.057\)](https://www.revisor.mn.gov/statutes/cite/144.057). DHS will provide more information at that time.

Questions about background studies? Contact [DHS Background Studies \(https://mn.gov/dhs/general-public/background-studies/\)](https://mn.gov/dhs/general-public/background-studies/) or 651-431-6620.

## Other Licenses

[Minnesota Statutes, chapter 144G.12, subd. 1\(16\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Identify all states where the applicant or any individual having 5% or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority.

**Attach details of any past, current, or pending compliance activities against license or enrollment including the reason for the action, action taken, dates, and the jurisdiction in possession of your record.**

## Workers' Compensation Insurance

[Minnesota Statutes, chapter 144G.12, subd. 1\(7\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Provide the requested information below. State law requires that the commissioner of health withhold the license for the operation of an assisted living facility until the applicant presents acceptable evidence of compliance with workers' compensation requirements. If the applicant has employees, it must have active workers' compensation insurance, and the applicant must be listed as the insured entity. An application for workers' compensation insurance is not acceptable as evidence of coverage.

You will not be issued a license to operate as an assisted living facility unless acceptable evidence of compliance with [Minnesota Statutes, chapter 176.181 \(https://www.revisor.mn.gov/statutes/cite/176.181\)](https://www.revisor.mn.gov/statutes/cite/176.181) and [Minnesota Statutes, chapter 176.182 \(https://www.revisor.mn.gov/statutes/cite/176.182\)](https://www.revisor.mn.gov/statutes/cite/176.182) is presented with this application or you meet an exception from coverage. Applicants can find information on the [Department of Labor website Workers' Compensation – Businesses \(https://www.dli.mn.gov/business/workers-compensation-businesses\)](https://www.dli.mn.gov/business/workers-compensation-businesses).

**Attach evidence of workers' compensation insurance.**

Insurance name: \_\_\_\_\_

Carrier name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_

Check the type of evidence of coverage that is attached to this application:

- Certificate of workers' compensation insurance coverage.** This document is supplied by an authorized workers' compensation carrier pursuant to [Minnesota Statutes, chapter 60A.06, subd. 1\(5\)\(b\) \(https://www.revisor.mn.gov/statutes/cite/60A.06\)](https://www.revisor.mn.gov/statutes/cite/60A.06). The insurance must be in effect prior to the issuance of a license.
- Self-insured workers' compensation (including its Attachment "A").** This type of coverage is generally held by large organizations. The certificate is issued from the commissioner of commerce permitting an organization to self-insure pursuant to [Minnesota Statutes, chapter 79A \(https://www.revisor.mn.gov/statutes/cite/79A\)](https://www.revisor.mn.gov/statutes/cite/79A) and [Minnesota Rules, chapter 2780 \(https://www.revisor.mn.gov/rules/2780/\)](https://www.revisor.mn.gov/rules/2780). Questions regarding self-insurance should be directed to the Minnesota Department of Commerce.
- Self-insured as a government entity.** Written confirmation from your third-party administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to self-insure as a government entity/political subdivision pursuant to [Minnesota Statutes, chapter 176.181, subd. 2 \(https://www.revisor.mn.gov/statutes/cite/176.181#stat.176.181.2\)](https://www.revisor.mn.gov/statutes/cite/176.181#stat.176.181.2). The reinsurance certificate must be renewed annually on a calendar year basis.

## Liability Coverage

[Minnesota Statutes, chapter 144G.12, subd. 1\(8\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant has liability coverage.

**Attach evidence of liability coverage.**

## Official Verification of Owner or Authorized Agent

[Minnesota Statutes, chapter 144G.12, subd. 1\(15\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

[Minnesota Statutes, chapter 144G.15\(b\)\(6\) \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15)

The information I ("I" means the owner or authorized agent, and not the applicant) have provided in this application is true and accurate to the best of my knowledge and belief. If information is found to be inaccurate or untrue, it is cause for denial of an assisted living license.

Read the following statements, check each item acknowledging you have read and understand each referenced material(s) or statement, and sign below.

I certify I have read and understand the following:

- [Assisted Living Licensure statutes in Minnesota Statutes, chapter 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G)
- [Assisted Living Licensure rules in Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/)
- [Reporting of Maltreatment of Vulnerable Adults \(https://www.revisor.mn.gov/statutes/cite/626.557\)](https://www.revisor.mn.gov/statutes/cite/626.557)
- [Electronic Monitoring in Certain Facilities \(https://www.revisor.mn.gov/statutes/cite/144.6502\)](https://www.revisor.mn.gov/statutes/cite/144.6502)
- I understand pursuant to [Minnesota Statutes, chapter 13.04 Rights of Subjects of Data \(https://www.revisor.mn.gov/statutes/cite/13.04\)](https://www.revisor.mn.gov/statutes/cite/13.04), the commissioner will use information provided in this

application, which may include an in-person or telephone conference, to determine if the applicant meets the requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.

- I understand in accordance with [Minnesota Statutes, chapter 144.051 Data Relating to Licensed and Registered Persons \(https://www.revisor.mn.gov/statutes/cite/144.051\)](https://www.revisor.mn.gov/statutes/cite/144.051), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license.
- I declare that, as the owner or authorized agent, I attest that I have read [Minnesota Statutes, chapter 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G), and [Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/), governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.
- I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and belief, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.
- I attest to have all required policies and procedures of [Minnesota Statutes, chapter 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G) and [Minnesota Rules, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/), in place upon licensure and to keep them current as applicable.

Owner or authorized agent signature of acknowledgment

Legal name (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_

Title:

- Owner
- Authorized Agent

Date: \_\_\_\_\_

Minnesota Department of Health  
Health Regulation Division - Assisted Living Licensure  
PO Box 3879  
St. Paul, MN 55164-3879  
651-201-4200  
health.assistedliving@state.mn.us  
www.health.state.mn.us

6/27/25

To obtain this information in a different format, call: 651-201-4101.