

## Assisted Living Licensure Application Addendum: Additional Direct or Indirect Owner Information

This is an addendum to the assisted living licensing application form. Use this document if additional direct or indirect owners need to be identified when submitting the Assisted Living Licensure application.

### Submitting Attachments

Applicants must upload attachments to the MDH application portal with their application.

**No assisted living services shall be provided until MDH issues a license.**

**Keep a copy of application and attachment materials. They will not be returned to applicants.**

### Questions?

EMAIL: [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)

### Additional Direct and Indirect Ownership Information

[Minn. Stat. sect. 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.

**A separate addendum is required for each additional direct or indirect owner.**

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.

Legal name (or entity name): \_\_\_\_\_

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

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

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

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

ASSISTED LIVING LICENSURE APPLICATION  
ADDENDUM: ADDITIONAL OWNER INFORMATION

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 [Minn. Stat. sect. 144G.12 subd. 1\(13\)\(14\)](#) (<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 [Minn. Stat. sect. 144G.12, subd. 1\(13\)-\(14\)](#) (<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.

## For more information contact:

Minnesota Department of Health  
Health Regulation Division  
PO Box 64900  
St. Paul, MN 55164-0900  
651-539-3049 or 844-926-1061  
[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

3/24/2021

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