

Assisted Living & Assisted Living w/Dementia Care Transfer of Ownership or Control – Notice Form

Complete all of the following sections.

Facility identification

Facility Name (Doing Business As): _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone number: _____

Fax number (if applicable): _____

Name of county in which facility is located: _____

Health Facility Identification (HFID) number (if applicable): _____

Prospective new ownership or control information

Prospective for-profit legal entity name (as registered with the Minnesota Secretary of State): _____

Name of Contact Person: _____

Title: _____

Direct telephone number: _____

Direct email: _____

Change of Ownership Information

A new license is required whenever there is a change of ownership. The prospective licensee must apply for a license before operating a currently licensed Assisted Living or Assisted Living w/Dementia Care. For more information, please visit our webpage [Assisted Living: Resources and Frequently Asked Questions \(FAQs\) - MN Dept. of Health](#).

Ownership Interest Disclosure

Names of each individual with an interest in the for-profit entity and the percentage of interest each individual holds in the for-profit entity. Calculate the total percentage; it must equal to 100%.

First and Last Name	

ASSISTED LIVING (AL) – NOTICE FORM

First and Last Name	Percent Interest
Total Percentage:	

Affirmation

☐ I certify that the information provided on this form is accurate and complete.

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

ASSISTED LIVING (AL) – NOTICE FORM

Title: _____

Date: _____

Next Steps

- Email the notice form to:
 - Commissioner of Health: health.assistedliving@state.mn.us
 - Attorney General: Sara.Noel@ag.state.mn.us
- The provider must also notify the Department of Human Services (DHS) Minnesota Health Care Programs (MHCP) at least 30 days before the effective date of the sale or transfer. MHCP requires new copies of all enrollment documents as well as a copy of the [Provider Entity Sale or Transfer Addendum \(DHS-5550\) \(PDF\)](#). These can be submitted through the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#). Please refer to the [Sale or Transfer of a Provider Entity](#) page for more information. Please contact the DHS [Provider Resource Center](#) at 651-431-2700 or 800-366-5411 with any questions regarding the change in ownership process and provider enrollment requirements.

Minnesota Statutes

- [Minnesota Statutes, section 145D](#)

For Internal Use Only by MDH

Date notice received:

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

09/02/2025