

Nursing Home Change of Ownership License Application Addendum: Controlling Person

This is an addendum to the nursing home change of ownership license application form. Use this document for submitting information requested in the application for controlling person.

[Minn. Stat. Sect.144A.01 \(https://www.revisor.mn.gov/statutes/cite/144A.01\)](https://www.revisor.mn.gov/statutes/cite/144A.01)

[Minnesota Rules, chapter 4658.0025, subp.15 \(https://www.revisor.mn.gov/rules/4658.0025/\)](https://www.revisor.mn.gov/rules/4658.0025/)

Provide the legal name and contact information for any controlling person.

A controlling person 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; the nursing home administrator; each managerial official; any lease or sublease of the land, structure, facilities comprising a nursing home; any entity or natural person who has any direct or indirect ownership in any corporation, partnership or other business association which is a controlling person; the land or structure on which a nursing home is located; any entity with at least a 5% mortgage, contract for deed of trust, or other security interests in the land or structure comprising the nursing home.

Controlling person

Individual/Entity Name	Title	Address	Telephone	Email Address

NURSING HOME CHOW LICENSE APPLICATION ADDENDUM: CONTROLLING PERSON

Individual/Entity Name	Title	Address	Telephone	Email Address

Submitting attachments

Applicants must attach this document with their application.

Keep a copy of application and attachment materials.

For more information contact:

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
Email: Health.hrd-fedlcr@state.mn.us
Website: www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.