

# Nursing Home Change of Ownership License Application Addendum: Direct or Indirect Owner Information

This is an addendum to the Nursing Home Change of Ownership License Application. Use this document to identify direct or indirect owners of the nursing home license. Complete this form for each owner.

## Additional direct and indirect ownership information

[Minn. Stat. sect. 144A.03, subd. 1\(b\)\(3\), \(12\) \(https://www.revisor.mn.gov/statutes/cite/144A\)](https://www.revisor.mn.gov/statutes/cite/144A)

Provide the information below for all direct and indirect owners of the nursing home license. Refer to [CMS Medicare Enrollment Application \(https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf\)](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf). State law requires all applicants for nursing home license disclose the names, email, mailing addresses, and telephone numbers of all owners.

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.

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

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

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

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

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

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

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

Owner percentage of ownership: \_\_\_\_\_

Type of ownership:

Direct

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

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

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

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

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

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

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

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

Owner percentage of ownership: \_\_\_\_\_

Type of ownership:

Direct

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

\_\_\_\_\_

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

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

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

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

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

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

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

Owner percentage of ownership: \_\_\_\_\_

Type of ownership:

Direct

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

\_\_\_\_\_

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

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

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

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

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

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

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

NURSING HOME CHOW LICENSE APPLICATION  
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Owner percentage of ownership: \_\_\_\_\_

Type of ownership:

Direct

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

\_\_\_\_\_

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

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

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

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

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

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

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

Owner percentage of ownership: \_\_\_\_\_

Type of ownership:

Direct

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

\_\_\_\_\_

## 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](mailto:Health.hrd-fedlcr@state.mn.us)

Website: [www.health.state.mn.us](http://www.health.state.mn.us)

10/14/2022

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