

# Provisional Assisted Living Licensure Information and Application (6 or Fewer Residents)

## General Instructions

This application is for applying for an assisted living license, either a license for an assisted living facility or an assisted living facility with dementia care with six or fewer residents. No assisted living services shall be provided until the Minnesota Department of Health (MDH) issues a license.

This application contains references to statutory authority and other information. For example, a reference to Minnesota

Statutes § 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, remove suspend, restrict, or refuse to renew the license or impose conditions according to [Minnesota Statutes Sec. 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).

State law requires that applicants for assisted living licensure disclose the legal names, email, mailing addresses and telephone numbers of all owners, managerial officials, and controlling individuals regardless of the nature of the entity applying for licensure. MDH collects personal information, including date of birth (DOB), to verify identity and evaluate the applicant's eligibility for licensure. Information submitted with this application is private while the application is under review. If a provisional license is issued, the information submitted with the application becomes public pursuant to [Minnesota Statutes §13.41 \(https://revisor.mn.gov/statutes/cite/13.41\)](https://revisor.mn.gov/statutes/cite/13.41) and [Minnesota Statutes §144.051 \(https://revisor.mn.gov/statutes/cite/144.051\)](https://revisor.mn.gov/statutes/cite/144.051).

## Instructions for Attachments

This application contains a structure with numbered sections. Some of the application 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 Provisional License Checklist \(PDF\)](https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/checklist.pdf) (<https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/checklist.pdf>).

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

## Acknowledgment of receipt of Application and Attachments

<https://www.revisor.mn.gov/statutes/cite/144G.15>

[Minnesota Statutes § 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 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 submitted, MDH will contact the applicant to request payment of the application fee.

## Fees

[Minnesota Statutes § 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 submitted, 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 review process that ends with the license-required background studies.

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

If you do not respond to MDH communications regarding your application, MDH may issue a notice of intent to deny your application if you remain unresponsive [Minnesota Statutes § 144G.15 c\(1\)](https://www.revisor.mn.gov/statutes/cite/144G.15) (<https://www.revisor.mn.gov/statutes/cite/144G.15>). If at any time you no longer wish to pursue licensure, you may withdraw your application by submitting a written request to MDH. **Application fees are non-refundable**, including if an application is denied or withdrawn.

An MDH Credentialed will conduct a thorough review of the application to determine whether the applicant meets the requirements for assisted living licensure under Minnesota Statutes § 144G, and whether the application is complete, including all required information, documentation, and attachments. As part of the review process, MDH Engineers will review the proposed assisted living facility building plans and conduct an inspection. MDH may also consult with Minnesota Department of Labor and Industry (DLI), the Minnesota Department of Human Services (DHS), the Minnesota Board of Executives for Long Term Services and

Supports (BELTSS), or other applicable authorities as necessary. Once all application requirements have been satisfied, including completion and verification of required background studies, MDH will issue the appropriate assisted living license to approved applicants.

## Additional DHS Review Required

Before MDH may issue an assisted living facility license with a licensed resident capacity of six or fewer residents, DHS must determine that the proposed location meets the requirements of [Minnesota Statutes § 245A.042](https://www.revisor.mn.gov/statutes/cite/245A.042) (<https://www.revisor.mn.gov/statutes/cite/245A.042>), and is not on the same property or an adjoining property of another qualifying licensed residential setting.

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

MDH cannot issue a license until DHS has completed its review and provided its determination. MDH will coordinate directly with DHS; however, applicants may be contacted if additional information is needed to complete the review.

## Questions

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

Call: 651-201-4200

Minnesota Department of Health | Assisted Living Licensure  
651-201-4200 | [health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

July 1, 2026

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

## Application for Assisted Living Provisional License

### Type of Application

Select one:

- Provisional Assisted Living License
- Provisional Assisted Living License with Dementia Care

### Facility Information

[Minnesota Statutes § 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.

Applicants who are a part of a campus defined in [Minnesota Statutes § 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 email address provided must be permanent. Critical information about renewal of licensure will be sent to this email address if MDH issues a license pursuant to this application.

Pursuant to [Minnesota Statutes § 144G.10 subd.5\(b\) \(https://www.revisor.mn.gov/statutes/cite/144G.10\)](https://www.revisor.mn.gov/statutes/cite/144G.10) the licensee’s name for an assisted living facility may not include the terms “Home Care” or “Nursing Home.”

Please provide the Assumed name/“Doing Business As” (DBA) name:

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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):

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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:**

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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 \_\_\_\_\_

What is the applicant's legal interest in the facility location?

Owned by the applicant

Leased or rented by the applicant

**If the facility is leased or rented, provide a copy of the executed lease agreement as an attachment.** If the lease terms are included in a management agreement, you may submit the management agreement to satisfy this requirement.

## 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 \_\_\_\_\_

## License Category and Building Identification (if applicable)

[Minnesota Statutes § 144G.12, subd. 1\(4\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12) Only one license category can be selected per license.

An assisted living facility means a licensed facility that provides sleeping accommodations and assisted living services to one or more adults. [Minnesota Statute Sec. 144G. 08, subd.7 www.revisor.mn.gov/statutes/cite/144G.08#state.144G.08.7](#)

OR

An assisted living facility with dementia care means a licensed assisted living facility that advertises, markets, or otherwise promotes itself as providing specialized care for individuals with Alzheimer’s disease or other dementias. [Minnesota Statute Sec. 144G. 08, subd.8 \(www.revisor.mn.gov/statutes/cite/144G.08#state.144G.08.8\)](#)

An assisted living facility with a secured dementia care unit must be licensed as an assisted living facility with dementia care. [Minnesota Statute Sec. 144G. 08, subd.8 \(www.revisor.mn.gov/statutes/cite/144G.08#state.144G.08.8\)](#)

1. Select the assisted living license category you are applying for:

- Assisted living facility
- Assisted living facility with dementia care

2. How will your assisted living license be structured?

- Single building license  
Applying for one building at one address with one property identification number.
- Campus license

Applying for:

- A single building having two or more addresses, located on the same property with a single property identification number; OR
- Two or more buildings, each with a separate address, located on the same property with a single property identification number; OR
- Two or more buildings at different addresses, located on properties with different property identification numbers, that share a portion of a legal property boundary.

If you are applying for an assisted living facility license, proceed to [Capacity](#) section.

If you are applying for an assisted living facility with dementia care license, proceed to [Assisted Living Facilities with Dementia Care Requirements](#) section.

## Assisted Living Facilities with Dementia Care Requirements

[Minnesota Statutes Sec. 144G.80 \(www.revisor.mn.gov/statutes/cite/144G.80\)](#)

[Minnesota Statutes Sec. 144G.81 \(www.revisor.mn.gov/statutes/cite/144G.81\)](http://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 § 144G.80, subd. 2\(b\) \(https://www.revisor.mn.gov/statutes/cite/144G.80\)](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, section 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/).

Is there a secured dementia care unit at the facility?

- Yes
- No

## Capacity

[Minnesota Statutes § 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 (**must be 6 or fewer**):

**If the resident capacity is more than 6 residents, complete the *Provisional Assisted Living Licensure Information and Application (7 or More Residents)* application.**

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

If applying for a campus license, complete and attach an Assisted Living Licensure Application Addendum: Building Information form for **EACH building and/or address** included in the application: [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).

## Community Information

Pursuant to [Minnesota Statutes § 144G.15, Subdivision 1.\(c\) \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15), the commissioner must consider certain community factors before issuing a provisional license for an assisted living facility with a licensed resident capacity of six or fewer.

Provisional Assisted Living Licensure Information and Application (6 or Fewer Residents)

Pursuant to [Minnesota Statutes § 144G.15, subd.2. \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15), before MDH can issue a provisional license for an assisted living facility with a licensed resident capacity of six or fewer, DHS must determine that the proposed facility location meets the requirements of [Minnesota Statutes § 245A.042 \(https://www.revisor.mn.gov/statutes/cite/245A.042\)](https://www.revisor.mn.gov/statutes/cite/245A.042).

MDH cannot issue a provisional license until DHS has completed its review and provided its determination.

Please provide the following information regarding the community in which the facility will operate:

1. Is the proposed facility located within:

An incorporated city; or

An incorporated township; or

An unincorporated county

2. Name of the local jurisdiction (city, township, or county) in which the facility intends to operate

\_\_\_\_\_

3. Please provide the following contact information for the local jurisdiction (city administrator, township clerk, or county administrator).

• Position Title \_\_\_\_\_

• Name \_\_\_\_\_

• Telephone \_\_\_\_\_

• Email address \_\_\_\_\_

4. Please provide the most recent total population of the local jurisdiction (city, township, or county) as listed on the [Minnesota State Demographic Center](#). \_\_\_\_\_

5. Describe the general characteristics of the community, including available community services that residents may access (examples include: healthcare, transportation, recreational, social services).

**6. Please provide a copy of the local jurisdiction's (city, township, or county) land use plan, or similar planning document that addresses how land within the community is intended to be used and developed as an attachment.**

This document is often available from the city, township, or county planning, zoning, or community development department, or on the local government’s website. If you are unable to locate a land use plan or similar planning document, indicate this below and describe the efforts made to obtain the information.

A land use plan or similar planning document is not available or could not be located.

Explanation:

## Uniform Disclosure of Assisted Living Services and Amenities

Pursuant to [Minnesota Statutes § 144G.40, subd. 2 \(https://www.revisor.mn.gov/statutes/cite/144G.40\)](https://www.revisor.mn.gov/statutes/cite/144G.40), all assisted living facilities must provide a Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) to prospective residents.

Attach a copy of the UDALSA the facility intends to use with prospective residents. The submitted UDALSA must be in a PDF format with facility-specific information but **must not contain signatures, dates, or other resident-specific information.**

[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 § 144G.12, subd. 1\(2\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12) Before MDH issues an assisted living license, the Assisted Living Director’s license must be active and verified through the Minnesota Board of Executives for Long Term Services and Supports (BELTSS).

**When all application review components are complete, MDH will coordinate with BELTSS to establish the facility within the BELTSS database system. The Assisted Living Director will then be responsible for ensuring they are appropriately affiliated with the facility as the director of record with BELTSS.**

Failure to establish the required BELTSS affiliation may delay issuance of the assisted living license.

Please 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 \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

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

License number \_\_\_\_\_

Will the assisted living director be responsible for and have decision making authority over the day-to-day operation of the facility, including management or direction of facility policies, services, or staff?

Yes

No

## Authorized Agent

[Minnesota Statutes § 144G.12 subd. 1\(2\)](#)

<https://www.revisor.mn.gov/statutes/cite/144G.12> Provide the legal name and contact information for the authorized agent.

**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 \_\_\_\_\_

## Managing Agent/Manager

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

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 managing agent represents a legal entity):

\_\_\_\_\_

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

Telephone \_\_\_\_\_

## Clinical Registered Nurse Supervisor

[Minnesota Statutes § 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#stat.144G.41.4)

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 \_\_\_\_\_

Will the clinical nurse supervisor be responsible for and have decision making authority over the day-to-day operation of the facility, including management or direction of facility policies, services, or staff?

- Yes  
 No

## Business Entity Type

[Minnesota Statutes § 14GG.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
- 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.
  - Complete list of all board members, including the president and/or board chair and treasurer; indicating position or title of each member.

- 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.
- Brief description of the organization structure of the agency and organizational chart.

Trust

- Copy of the certificate of trust, trust agreement, trust deed, or other documentation establishing the trust, identifying the trustee(s) authorized to act on behalf of the trust, identifying the grantor or settlor who created and funded the trust, and detailing or outlining the rules for managing and distributing trust assets.
- Complete list of all trustee(s), indicating each trustee's title and authority to act on behalf of the trust, and any associated Trustee Acceptance Forms for each trustee.
- If a trustee delegates management authority of the facility to another individual or entity, a copy of the applicable management agreement or delegation of authority document.
- Brief description of the trust structure, including any entity or individuals with authority to control or direct the operation of the facility.
- Organizational chart depicting the trust, trustee(s), and any affiliated entities involved in the ownership or management of the facility.

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

Pursuant to [Minnesota Statutes § 144G.16, subd.3\(c\)](https://www.revisor.mn.gov/statutes/cite/144G.16)

<https://www.revisor.mn.gov/statutes/cite/144G.16> **The owners and managerial officials of a provisional licensee whose license is denied are ineligible to apply for an assisted living facility license for 1-year following the facilities closure date.**

Provide the information below for all direct and indirect owners of the assisted living facility. If unknown, see [C MS 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 that applicants for assisted living licensure disclose the legal names, email, mailing addresses and telephone numbers of all owners, managerial officials, and controlling individuals regardless of the nature of the entity applying for licensure. MDH collects personal information, including date of birth (DOB), to verify identity and evaluate the applicant's eligibility for licensure. Information submitted with this application is private while the application is under review. If a provisional license is issued, the information submitted with the application becomes public pursuant to [Minnesota Statutes §13.41](https://www.revisor.mn.gov/statutes/cite/13.41) (<https://www.revisor.mn.gov/statutes/cite/13.41>) and [Minnesota Statutes §144.051](https://www.revisor.mn.gov/statutes/cite/144.051) (<https://www.revisor.mn.gov/statutes/cite/144.051>).

**For non-profit entities:** The non-profit corporation should be listed as 100% direct owner, and the President and Treasurer of a non-profit board should be listed as direct owners with 0% ownership interest.

If they have different titles (like Chair) then list the equivalent of the President and Treasurer roles. These individuals will need to have complete eligible background studies for the license to be granted. [Minnesota Statutes § 144G.08 subd.48 \(https://revisor.mn.gov/statutes/cite/144G.08\)](https://revisor.mn.gov/statutes/cite/144G.08).

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 or 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) \_\_\_\_\_

DOB (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 § 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 § 144G.12, subd. 1\(2\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Pursuant to [Minnesota Statutes § 144G.16, subd.3\(c\) \(https://www.revisor.mn.gov/statutes/cite/144G.16\)](https://www.revisor.mn.gov/statutes/cite/144G.16) **The owners and managerial officials of a provisional licensee whose license is denied are ineligible to apply for an assisted living facility license for 1-year following the facilities closure date.**

Provide the information below for all managerial officials and controlling individuals of the assisted living.

The purpose of this section is to collect information about the person(s) and/or entity responsible for the operations of the assisted living facility. Depending upon responsibilities, this may include an Assisted Living Director (LALD), Clinical Nurse Supervisor (CNS), or other individual(s) exercising operational authority. All such individuals must be disclosed.

State law requires that applicants for assisted living licensure disclose the legal names, email, mailing addresses and telephone numbers of all owners, managerial officials, and controlling individuals regardless of the nature of the entity applying for licensure. MDH collects personal information, including date of birth (DOB), to verify identity and evaluate the applicant's eligibility for licensure. Information submitted with this application is private while the application is under review. If a provisional license is issued, the information submitted with the application becomes public pursuant to [Minnesota Statutes §13.41 \(https://www.revisor.mn.gov/statutes/cite/13.41\)](https://www.revisor.mn.gov/statutes/cite/13.41) and [Minnesota Statutes §144.051 \(https://www.revisor.mn.gov/statutes/cite/144.051\)](https://www.revisor.mn.gov/statutes/cite/144.051).

**If more than one person(s) or entity must be listed, 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 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 polices, services, or employees of the facility.

Direct contract 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) \_\_\_\_\_

DOB (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 § 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 Minnesota Statutes § 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.

## Background Studies

Pursuant to, [Minnesota Statutes § 144G.13, subd. 1](#) (<https://www.revisor.mn.gov/statutes/cite/144G.13>) applicants must ensure that certain individuals associated with the assisted living facility have an eligible and current background study before a license can be issued.

Background studies are conducted by DHS. Information about initiating background studies will be provided to applicants by DHS once the application is accepted by MDH and after the application fee is paid. Applicants must complete background studies as required by [Minnesota Statutes § 144.057](#) (<https://www.revisor.mn.gov/statutes/cite/144.057>). **DHS will provide onboarding information at that time.**

**In general, a background study is required for:**

- Any individual with a direct ownership interest of five percent (5%) or more in the licensee;
- Any managerial official providing direct contact: this may also include the assisted living director and/or clinical nurse supervisor who has direct contact with residents.

**For purposes of the background study requirements:**

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

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

**Entity Specific Guidance:**

- For non-profit organizations, the board chair (president) and treasurer must have eligible and current background studies.
- For limited liability companies (LLCs), background studies are required for members with five percent (5%) or greater ownership interest.
- For trusts, background studies are required for trustee(s) and other individuals identified as owners, controlling individuals, or managerial officials.
- If no individual person has five percent (5%) or greater ownership and no managerial official has direct contact with residents, the applicant must identify at least one managerial official with direct contact for the purposes of the background study requirement.

Failure to obtain required background study clearances may delay or prevent issuance of an assisted living license.

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

## Other Licenses

[Minnesota Statutes § 144G.12, subd. 1\(16\)](#) (<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.**

## Physical Environment

[Minnesota Statutes § 144G.45 \(https://www.revisor.mn.gov/statutes/cite/144G.45\)](https://www.revisor.mn.gov/statutes/cite/144G.45)

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

All new license applications require MDH Engineers to review the proposed assisted living facility building plans and conduct an inspection. Please be advised building requirements vary by assisted living licensure type and capacities. For additional information, visit the MDH Engineering Services webpage: [Engineering Services for Assisted Living Facilities - MN Dept. of Health](#). If you have specific questions regarding building requirements or plan review, contact MDH Engineering Services at [health.healthcareengineers@state.mn.us](mailto:health.healthcareengineers@state.mn.us).

Complete and attach an [Assisted Living Plan Submittal Form \(PDF\) \(https://www.health.state.mn.us/facilities/regulation/engineering/docs/submittalformalf.pdf\)](#) when submitting the application.

## Workers' Compensation Insurance

[Minnesota Statutes § 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 withholds 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.

**For purposes of this application, the insured entity listed on the workers' compensation certificate must match the legal name of the applicant business entity identified in this application.**

You will not be issued a license to operate as an assisted living facility unless acceptable evidence of compliance with [Minnesota Statutes § 176.181 \(https://www.revisor.mn.gov/statutes/cite/176.181\)](#) and [Minnesota Statutes § 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 \(https://www.dli.mn.gov/business/workers-compensation-businesses\)](#).

**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 § 60A.06, subd. 1\(5\)\(b\)](https://www.revisor.mn.gov/statutes/cite/60A.06) ([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 § 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 § 176.181, subd. 2](https://www.revisor.mn.gov/statutes/cite/176.181) ([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 § 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 § 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 § 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 § 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 § 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 § 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 § 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 § 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 \_\_\_\_\_

### For more information, contact:

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](mailto:health.assistedliving@state.mn.us) [www.health.state.mn.us](http://www.health.state.mn.us)

7/1/2026

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