

Assisted Living Licensure Application Addendum: Building Information

This is an addendum to the assisted living licensing application form. Use this document if additional building identification information is needed for your 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

Building Information

Minn. Stat, sect. 144G.12, subd. 1(4) (<https://www.revisor.mn.gov/statutes/cite/144G.12>)

For **each building**, provide the requested information below.

1. Building Health Facility Identification (HFID) number, if the building was previously assigned one: _____
2. Address: _____
3. Building identification information (ex. Building A or Building B): _____
4. City: _____
5. State: _____
6. ZIP: _____
7. Building property identification number: _____
8. Building total licensed resident capacity for licensed period: _____
9. Number of floors in building not including basement: _____
10. Does the building have a basement?
 Yes
 No
11. Building size in square feet: _____
12. Indicate type of construction per [National Fire Protection Association 220, Standard on Types of Building Construction](https://www.nfpa.org/) (<https://www.nfpa.org/>): _____

ASSISTED LIVING LICENSURE APPLICATION ADDENDUM:
BUILDING INFORMATION

I (442)

I (332)

II (222)

II (111)

II (000)

III (211)

III (200)

IV (2HH)

V (111)

V (000)

13. Does the building have an approved supervised automatic sprinkler system?

Yes

No

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
www.health.state.mn.us

3/24/2021

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