

# Assisted Living Licensure Application Addendum: Additional Managerial Officials and Controlling Individuals Information

This is an addendum to the assisted living licensing application form. Use this document if additional managerial officials or controlling individuals need to be identified when submitting the assisted living licensure 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](mailto:health.assistedliving@state.mn.us)

## Additional Managerial Officials and Controlling Individuals Information

[Minn. Stat, sect. 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 information below for all managerial officials and controlling individuals of the assisted living. State law requires that all applicants for assisted living licensure disclose the legal names, email, mailing addresses and telephone numbers of all managerial officials and controlling individuals regardless of the nature of the entity applying for licensure. The purpose of this section is to collect information about the person(s) and/or entity responsible for the operation this assisted living facility.

**A separate addendum is required for each managerial official and controlling individual.**

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 a 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 policies, services, or employees of the facility.

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

ASSISTED LIVING LICENSURE APPLICATION ADDENDUM:  
BUILDING INFORMATION

Legal name (or entity name): \_\_\_\_\_

Known names (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 [Minn. Stat. sect. 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 [Minn. Stat. sect. 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.

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

3/24/2021

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