

Provisional Assisted Living Licensure Information and Application

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.

This application contains references to statutory authority and other information. For example, a reference to Minnesota Statutes (Minn. Stat.) section 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, revoke, suspend, restrict or refuse to renew the license or impose conditions according to [Minn. Stat. section 144G.15](https://www.revisor.mn.gov/statutes/cite/144g.15) (<https://www.revisor.mn.gov/statutes/cite/144g.15>).

Instructions for Attachments

This application contains a structure with numbered sections. Some of the application’s 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.”

The Attachment Checklist section of this application contains more instructions and a checklist of **REQUIRED** attachments the applicant must submit with this application.

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

Submitting the Application and Attachments

Applicants must upload the application and required attachments to the MDH application portal. See the Fees section for payment information and submission to MDH.

No assisted living services shall be provided until MDH issues a license.

Assisted living services can be provided during an application for licensure that results from a change of ownership.

Acknowledgment of Receipt of Application and Attachments

MDH will acknowledge receipt of the application in an email to the applicant. Incomplete or inaccurate applications may be rejected and will be sent back to the applicant ([Minn. Stat. sect. 144G.15\(a\)\(1\) \(https://www.revisor.mn.gov/statutes/cite/144g.12\)](#)). Once MDH determines it has all required application information, signatures, and attachments, MDH will contact the applicant to request payment of the application fee.

Submission of Application Fee Payment

License application fee is non-refundable ([Minn. Stat. sect. 144G.12, subd. 3\(b\) \(https://www.revisor.mn.gov/statutes/cite/144G.12#stat.144G.12.3\)](#)).

Review Process

As part of the review process, additional information may be requested. If additional information is needed, MDH will contact you to request the additional information. Answer all questions completely and accurately to avoid unnecessary delay.

Finally, a thorough verification and review process of the application will take place. The application is deemed complete when all documentation and background studies have been submitted and fully verified. MDH will notify and issue the appropriate assisted living license to successful applicants.

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

Questions

Email: health.assistedliving@state.mn.us

Application for Assisted Living Provisional License

Type of Application

Select one:

- Initial license.** Applying for new assisted living provisional license.
- Initial license resulting from a change in ownership.** Applying for new assisted living license. Attach, if applicable, the operations transfer or similar agreement.

Existing licensee's health facility ID (HFID): _____

Proposed effective date: _____

*Applicants are unable to obtain a different license type through the change of ownership.

**Bill of sale must be provided to MDH when sale of the business is complete.

Applicant Information

[Minn. Stat. sect. 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 [Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 4 \(https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/\)](https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/) may choose to submit only one application for an assisted living facility license. If you are using a home address for your business, please let the post office know your legal business name to ensure mail delivery.

The business's email address provided needs to be permanent. Critical information about licensure renewal will be sent to this email address if MDH issues a license pursuant to this application.

Assumed name/"Doing Business As" (DBA) name:

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/):

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:

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 licensed, licensees are unable to change the physical address of a facility. Licensees will be required to submit a new provisional application for licensure and be granted a new provisional license PRIOR to moving to a new physical address.**

Business mailing address:

City: _____ State: _____

ZIP: _____ Website (if applicable): _____

Permanent business email address: _____

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)

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

Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 11

(<https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/>)

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. Minn. Stat. sect. 144G.08, subd. 7
(<https://www.revisor.mn.gov/statutes/cite/144G.08#stat.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. Minn. Stat. sect. 144G.08, subd. 8
(<https://www.revisor.mn.gov/statutes/cite/144G.08#stat.144G.08.8>)

An assisted living facility with a secured dementia care unit must be licensed as an assisted living facility with dementia care. Minn. Stat. sect. 144G.08, subd. 8
(<https://www.revisor.mn.gov/statutes/cite/144G.08#stat.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?

Applying for one building at one address with one property identification number.

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

[Minn. Stat. sect. 144G.80 \(https://www.revisor.mn.gov/statutes/cite/144g.80\)](https://www.revisor.mn.gov/statutes/cite/144g.80)

[Minn. Stat. sect. 144G.81 \(https://www.revisor.mn.gov/statutes/cite/144g.81\)](https://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 [Minn. Stat. sect 144G.80, subd. 2\(b\) \(https://www.revisor.mn.gov/statutes/cite/144G.80#stat.144G.80.2\)](https://www.revisor.mn.gov/statutes/cite/144G.80#stat.144G.80.2) 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, chapter 4659 \(https://www.revisor.mn.gov/rules/4659/\)](https://www.revisor.mn.gov/rules/4659/).

2. Is there a secured dementia care unit at the facility?

Yes

No

Capacity

[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)

If an applicant provides inaccurate or incomplete information on the application, the Commissioner of Health may deny, revoke, suspend, restrict or refuse to renew the license or

impose conditions according to [Minn. Stat. section 144G.15](https://www.revisor.mn.gov/statutes/cite/144G.15) (<https://www.revisor.mn.gov/statutes/cite/144G.15>).

1. Provide the requested information below:

Total licensed resident capacity for license period: _____

Be sure to include in your totals above the capacities for all buildings listed in attachments to this section.

2. If applying for a campus license, fill out and attach one [Building Information form \(PDF\)](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>) for EACH BUILDING.

Uniform Disclosure of Assisted Living Services and Amenities

[Minn. Stat. sect. 144G.40, subd. 2](https://www.revisor.mn.gov/statutes/cite/144G.40#stat.144G.40.2)

(<https://www.revisor.mn.gov/statutes/cite/144G.40#stat.144G.40.2>)

Provide your [Uniform Disclosure of Assisted Living Services and Amenities \(PDF\)](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>) **as an attachment.**

Assisted Living Director

[Minn. Stat. sect. 144G.12, subd. 1\(2\)](https://www.revisor.mn.gov/statutes/cite/144g.12) (<https://www.revisor.mn.gov/statutes/cite/144g.12>)

[Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 11](https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/)

(<https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/>)

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: _____ Telephone: _____

Email address: _____

License number (if known): _____

Authorized Agent

[Minn. Stat. sect. 144G.12, subd. 1\(2\)](https://www.revisor.mn.gov/statutes/cite/144g.12) (<https://www.revisor.mn.gov/statutes/cite/144g.12>)

Provide the legal name and contact information for the authorized agent, if applicable or different than **Assisted Living Director** section.

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: _____

Managerial Official/Agent

[Minn. Stat. sect. 144G.12, subd. 1\(3\) \(https://www.revisor.mn.gov/statutes/cite/144g.12\)](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 managerial official/agent represents a legal entity):

Email address: _____

Telephone: _____

Clinical Registered Nurse Supervisor

[Minn. Stat. sect. 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: _____

Business Entity Type

[Minn. Stat. sect. 144G.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.
 - 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.
 - 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.
- 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

[Minn. Stat. sect. 144G.12, subd. 1\(2\) \(https://www.revisor.mn.gov/statutes/cite/144G.12\)](https://www.revisor.mn.gov/statutes/cite/144G.12)

Provide the information below for all direct and indirect owners of the assisted living facility. (If unknown, see [CMS 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 all applicants for assisted living licensure disclose the legal names, email and mailing addresses, and telephone numbers of all owners regardless of the nature of the entity applying for licensure.

Attach [Additional Direct and 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) forms, if applicable.

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.

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): _____

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 [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.

Managerial Officials and Controlling Individuals

[Minn. Stat. sect. 144G.12, subd. 1\(2\)](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.

Attach [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> forms, if applicable.

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.

Full 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) (<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.

Background Studies

[Minn. Stat. sect. 144G.13, subd. 1](#) (<https://www.revisor.mn.gov/statutes/cite/144g.13>)

All owners, managerial officials, assisted living director, consultants, clinical nurse supervisor on assisted living license applications must complete and pass background studies, as required by [Minn. Stat. sect. 144.057](#) (<https://www.revisor.mn.gov/statutes/cite/144.057>), prior to MDH issuing the assisted living license. Background studies are conducted by the Department of Human Services (DHS). Information about initiating background studies will be provided to applicants when MDH identifies the application is complete.

After MDH identifies the application is complete, providers must complete background studies as required by [Minn. Stat. sect. 144.057](#) (<https://www.revisor.mn.gov/statutes/cite/144.057>). DHS will provide more information at that time.

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

Other Licenses

[Minn. Stat. sect. 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

[Minn. Stat. sect. 144G.45](#) (<https://www.revisor.mn.gov/statutes/cite/144g.45>)

All new license applications will require a plan review and on-site inspection of the applicant's proposed building. Attach all signed architectural and engineering plans and specifications

along with the completed application pursuant to [Minn. Rules. 1800.4200](https://www.revisor.mn.gov/rules/1800.4200/) (<https://www.revisor.mn.gov/rules/1800.4200/>).

New construction means a new building, renovation, modification, reconstruction, physical changes altering the use of occupancy, or addition to a building.

All new license applications with five or fewer residents must meet [Minn. Stat. sect. 144G.45, subd. 1-3, 6, and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 17](https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/) (<https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/>); and as applicable sections [144G.80, 144G.81, and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22](https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/) (<https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/>).

All new license applications with six or more residents must meet [Minn. Stat. sect. 144G, subd. 1-6, and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 18 to 19](https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/) (<https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/>); and as applicable sections [144G.80, 144G.81, and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22](https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/) (<https://www.revisor.mn.gov/laws/2020/7/Session+Law/Chapter/1/>).

A. Existing Building

Complete this section if the facility is using an existing building (no new construction).

1. Number of floors (not including a basement): _____
2. Does the building have a basement?
 Yes No
3. Building size in square feet: _____
4. Total square feet of existing building and project (if applicable): _____
5. Indicate type of construction per [National Fire Protection Association: Types of Construction and Material Combustibility](https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility) (<https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility>):
 - I (442)
 - I (332)
 - II (222)
 - II (111)
 - II (000)
 - III (211)
 - III (200)
 - IV (2HH)
 - V (111)

V (000)

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

Yes No

B. New Construction

Complete this section if the facility to be used is new construction OR an existing building with new construction.

Did you apply for your building permit before August 1, 2021?

Yes

- Add the complete permit application as an attachment to this application.
- Permit application date: _____

No

Provide the requested information below:

1. Construction scope description:

2. Identify which building(s) in Capacity section that is part of the construction project:

3. Architecture/Engineering/Design firm name: _____

4. Firm contact name: _____

5. Firm contact mailing address: _____

6. Firm contact email address: _____

7. Firm contact phone number: _____

8. Was there a preliminary plan review with MDH?

Yes

If yes, please indicate the appropriate MDH engineer or architect:

No

9. Indicate construction project type:

Renovation

Modification

- Reconstruction
- Change of use or change of occupancy
- Addition

10. Number of floors involved in project: _____

11. Project size in square feet: _____

12. Total square feet of existing building and project (if applicable): _____

13. Indicate type of construction per [National Fire Protection Association: Types of Construction and Material Combustibility \(https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility\)](https://www.nfpa.org/News-and-Research/Publications-and-media/Blogs-Landing-Page/NFPA-Today/Blog-Posts/2021/02/19/Construction-Types-and-Material-Combustibility):

- I (442)
- I (332)
- II (222)
- II (111)
- II (000)
- III (211)
- III (200)
- IV (2HH)
- V (111)
- V (000)

14. Estimated construction cost: _____

Facility Kitchen/Food Prep

[Minn. Stat. sect. 144G.41 \(https://www.revisor.mn.gov/statutes/cite/144G.41\)](https://www.revisor.mn.gov/statutes/cite/144G.41)

[Minn. Rules chpt. 4626 \(https://www.revisor.mn.gov/rules/4626/\)](https://www.revisor.mn.gov/rules/4626/)

All food service kitchens in assisted living facilities are required to comply with the MN Food Code, Minn. Rules Chapter 4626. As a part of your provisional license application, and physical environment plan review, MDH will need to complete a food code kitchen plan review of your proposed kitchen for compliance with the Mn Food Code. Attach the following to this application:

- One complete set of plans of the kitchen drawn to scale, including proposed layout of appliances/equipment including sink(s).
- Finish schedule for kitchen floors, base cove, walls and ceilings (finishes may be indicated on floor plans – please include ALL surfaces).
- A proposed menu.

- Appliance/equipment specifications sheets for all food service equipment including sink(s) and range hood(s) (All food service equipment shall be National Sanitation Foundation International (NSF) or equivalent - Edison Testing Laboratories (ETL Sanitation Listed), Underwriters Laboratory (Classified UL EPH), Canadian Standards Association (CSA) as meeting applicable NSF International standards for sanitation).
- One complete set of elevations and drawings for all custom-fabricated equipment (this is not a common occurrence).
- If on well and septic, provide information on well (unique well number) and septic system (certificate of compliance) for private systems. If connected to city water and sewer, please indicate as such.

Workers' Compensation Insurance

[Minn. Stat. sect. 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 withhold 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. An application for workers' compensation insurance is not acceptable as evidence of coverage.

You will not be issued a license to operate as an assisted living facility unless acceptable evidence of compliance with [Minn. Stat. sect. 176.181 \(https://www.revisor.mn.gov/statutes/cite/176.181\)](https://www.revisor.mn.gov/statutes/cite/176.181) and [sect. 176.182 \(https://www.revisor.mn.gov/statutes/cite/176.182\)](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 \(https://www.dli.mn.gov/business/workers-compensation-businesses\)](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 [Minn. Stat. sect. 60A.06, Subd. 1\(5\)\(b\) \(https://www.revisor.mn.gov/statutes/cite/60A.06\)](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 [Minn. Stat. chpt. 79A](#)

(<https://www.revisor.mn.gov/statutes/cite/79A>) and [Minn. Rules chpt. 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 [Minn. Stat. sect. 176.181, subd. 2](https://www.revisor.mn.gov/statutes/cite/176.181,subd.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

[Minn. Stat. sect. 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

[Minn. Stat. sect. 144G.12, subd. 1\(15\)](https://www.revisor.mn.gov/statutes/cite/144g.12) (<https://www.revisor.mn.gov/statutes/cite/144g.12>)

[Minn. Stat. sect. 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 Minn. Stat. chpt. 144G](https://www.revisor.mn.gov/statutes/cite/144G) (<https://www.revisor.mn.gov/statutes/cite/144G>)

[Assisting Living Licensure rules in Minnesota Rules, chpt. 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 [Minn. Stat. sect. 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 [Minn. Stat. sect. 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 [Minn. Stat. chapter 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 [Minn. Stat. chapter 144G \(https://www.revisor.mn.gov/statutes/cite/144G\)](https://www.revisor.mn.gov/statutes/cite/144G) and [Minn. 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: _____

Fees

[Minn. Stat. sect. 144.122\(d\) \(https://www.revisor.mn.gov/statutes/cite/144.122\)](https://www.revisor.mn.gov/statutes/cite/144.122)

MDH will review your application submission and materials. If your application is not filled out properly, required attachments are not submitted, or other issues prevent your application from being deemed complete, MDH will not ask for payment. Once MDH determines it has all required application information, signatures, and attachments, MDH will contact the applicant to request payment of the application fee.

At that time, MDH will ask the applicant to submit the total license fee based on the requested license category type selected in the License Category and Building Identification section and the total licensed resident capacity listed in Capacity section.

If an applicant provides inaccurate or incomplete information on the application, the commissioner of health may deny, revoke, suspend, restrict or refuse to renew the license or impose conditions according to [Minn. Stat. section 144G.15](https://www.revisor.mn.gov/statutes/cite/144g.15) (<https://www.revisor.mn.gov/statutes/cite/144g.15>).

Once MDH receives payment, MDH will begin a thorough verification process that ends with the license-required background studies.

Fees are non-refundable. 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 + (\$75 x licensed resident capacity)

Assisted living facility with dementia care = \$3000 base rate + (\$100 x licensed resident capacity)

Attachment Checklist

Applicants must include all applicable attachments outlined below with an application. 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 Applicant Information section, the first document should be labeled “Application Information Section Attachment A” and the second document “Application Information Section Attachment B.”

Type of Application – Bill of sale, if applicable. This is required with a change of ownership application.

Type of Application – Operations transfer or similar agreement, if applicable. This information is required if the applicant submits a bill of sale attachment above.

Application Information – Federal tax identification number (FEIN) documentation (IRS form SS-4).

Authorized Agent – Management agreement, if applicable.

Capacity – Building Information form, if applicable. [Building Information form](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/buildinginfo.pdf) (www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/buildinginfo.pdf)

Uniform Disclosure of Assisted Living Services and Amenities – [Uniform Disclosure of Assisted Living Services and Amenities form](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/udalsa.pdf) (www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/udalsa.pdf)

Business Entity Type – Appropriate documents identified in Business Entity Type section about your organizational type.

Direct and Indirect Owners – Appropriate documents about direct or indirect owners identified in Business Entity Type section.

Direct and Indirect Owners – Additional Direct and Indirect Ownership Information forms, if applicable. [Additional Direct or Indirect Owner Information \(www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/directindirectowner.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/directindirectowner.pdf)

Managerial Officials and Controlling Individuals – Appropriate documents about managerial or controlling individuals identified in Direct and Indirect Owners section.

Managerial Officials and Controlling Individuals – Additional Managerial Officials and Controlling Individuals Information forms, if applicable.
Additional [Managerial Officials and Controlling Individuals Information \(www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/managerialofficials.pdf\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/managerialofficials.pdf)

Other Licenses – Detail 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 – Signed architectural and engineering plans and specifications per Rule reference above, if applicable.

Physical Environment – Copy of complete permit application, if applicable.

Kitchen Plan Review – Include all information identified in Facility Kitchen/Food Prep section above.

Workers' Compensation Insurance – Evidence of workers' compensation coverage.

Liability Coverage – Evidence of liability insurance coverage.

Other – Other items, if applicable.

For more information, contact:

Minnesota Department of Health
Health Regulation Division
PO Box 3879
St. Paul, MN 55164-0900
651-201-4200
health.assistedliving@state.mn.us

03/21/23

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