

Assisted Living CHOW Application Checklist

General Instructions

This checklist provides guidance for gathering all items needed to apply for a change of ownership (CHOW) of an assisted living facility (ALF) license or an assisted living facility with dementia care (ALFDC) license.

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 [Minnesota Statutes, chapter 144G.15 \(https://www.revisor.mn.gov/statutes/cite/144G.15\)](https://www.revisor.mn.gov/statutes/cite/144G.15).

Change of ownership

If the licensee is changing for any reason outlined in [Minnesota Statutes, chapter 144G.19 subd.2 \(https://www.revisor.mn.gov/statutes/cite/144G.19\)](https://www.revisor.mn.gov/statutes/cite/144G.19), the prospective licensee must apply for a new license before operating the currently licensed assisted living facility. A license issued through a CHOW application is not considered a provisional license.

Instructions for 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).

The items on the checklist are organized by corresponding section from the provisional application and assisted living plan submittal form. If the applicant submits more than one attachment for the same section, the attachments should contain both its corresponding checklist 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 should be labeled “Applicant Information section Attachment B.”

Keep a copy of the application and attachments for your records. Application and attachment materials will not be returned to the applicant.

Attach the following items from the CHOW Application:

Type of Application

| Item to Attach | Additional Information |
|--|--|
| <input type="checkbox"/> Bill of Sale | Must be signed and notarized by the buyer and seller(s) and submitted prior to license issuance. |
| <input type="checkbox"/> Purchase or Operations Transfer Agreement | Only if the applicant submits a bill of sale. The operations transfer agreement may be included in the bill of sale document. |

Applicant information

| Item to Attach | Additional Information |
|---|--|
| <input type="checkbox"/> IRS SS-4 form | Federal tax ID (FEIN) registered with the IRS. |
| <input type="checkbox"/> Executed Lease | Only if the physical address is rented or leased. |

Capacity

| Item to Attach | Additional Information |
|---|---|
| <input type="checkbox"/> Assisted Living Licensure Application Addendum: Building Information | Only if the licensee is applying for a campus license. Fill out and attach one form for EACH building. |

Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

| Item to Attach | Additional Information |
|---------------------------------|--|
| <input type="checkbox"/> UDALSA | The UDALSA form must be saved as a noneditable PDF before it can be uploaded to the system. If you can see the fillable fields within the PDF, it is still editable. To save it as a noneditable PDF, right-click on the file and open it with a browser, and then print the file as a PDF. Upload the resulting file. |

Managerial Official/Agent

| Item to Attach | Additional Information |
|---|---|
| <input type="checkbox"/> Copy of management company agreement | Only if the licensee has an agreement with a Manager or Managing Agent to act on behalf of the licensee in the on-site management of the assisted living facility. |

Business Entity Type

| Item to Attach | Additional Information |
|---|---|
| <p>SOLE PROPRIETORSHIP</p> <p><input type="checkbox"/> Copy of the certificate of doing business under an assumed name (if applicable)</p> <p>FOR-PROFIT & NON-PROFIT CORPs</p> <p><input type="checkbox"/> Copy of the certificate of doing business under an assumed name (if applicable)</p> <p><input type="checkbox"/> Copy of the certificate of incorporation</p> <p><input type="checkbox"/> Brief description of the organizational structure of the agency & organizational chart</p> <p>FOR-PROFIT & NON-PROFIT LLC</p> <p><input type="checkbox"/> Copy of the certificate of doing business under an assumed name (if applicable)</p> <p><input type="checkbox"/> Copy of the most current articles of organization</p> <p><input type="checkbox"/> Complete list of all board members, managers, and members (owners) indicating position or title of each and the % of ownership of each</p> <p><input type="checkbox"/> If the LLC will be managed by managers who are not members, a copy of the existing management agreement</p> <p><input type="checkbox"/> Brief description of the organizational structure of the agency & organizational chart</p> | <p>Only send the necessary attachments based on your business's legal entity type as registered with the Minnesota Office of the Secretary of State.</p> |

PROVISIONAL LICENSE CHECKLIST FOR ASSISTED LIVING PROVIDERS

| Item to Attach | Additional Information |
|---|---|
| <p>PARTNERSHIP</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the certificate of doing business under an assumed name (if applicable) <input type="checkbox"/> Specification of type of partnership <input type="checkbox"/> Complete list of partners <input type="checkbox"/> If the LLC will be managed by managers who are not members, a copy of the existing management agreement <input type="checkbox"/> Brief description of the organizational structure of the agency & organizational chart <p>STATE/COUNTY/CITY/TRIBAL/CHURCH HEALTH DISTRICT OR AUTHORITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the certificate of doing business under an assumed name (if applicable) <input type="checkbox"/> Brief description of the organizational structure of the agency & organizational chart | <p>Only send the necessary attachments based on your business's legal entity type as registered with the Minnesota Office of the Secretary of State.</p> |

Direct and Indirect Owners

| Item to Attach | Additional Information |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Assisted Living Licensure Application Addendum: Additional Direct or Indirect Owner Information | <p>Only if <i>additional</i> direct or indirect owners need to be identified.</p> |
| <ul style="list-style-type: none"> <input type="checkbox"/> Legal name of direct or indirect owner <input type="checkbox"/> Written explanation & copy of disciplinary action | <p>Only if an owner was convicted or had any disqualifying situations, a written explanation including the reason for action taken, dates, and the jurisdiction in possession of the record, along with a copy of the disciplinary action must be submitted.</p> |

Managerial Officials and Controlling Individuals

| Item to Attach | Additional Information |
|--|---|
| <input type="checkbox"/> Assisted Living Licensure Application Addendum: Additional Managerial Officials and Controlling Individuals Information | Only if <i>additional</i> managerial officials or controlling individuals need to be identified. |
| <input type="checkbox"/> Legal name of the managerial official or controlling individual <input type="checkbox"/> Written explanation & copy of disciplinary action | Only if an individual was convicted or had any disqualifying situations, a written explanation including the reason for action taken, dates, and the jurisdiction in possession of the record, along with a copy of the disciplinary action must be submitted. |

Other Licenses

| Item to Attach | Additional Information |
|---|--|
| <input type="checkbox"/> Written explanation of compliance activities against another license or enrollment | 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 taken, dates, and the jurisdiction in possession of the record. |

Workers' compensation insurance

| Item to Attach | Additional Information |
|--|--|
| <input type="checkbox"/> Copy of insurance certificate | Verify insurance name, carrier name, policy number, and effective dates for proposed new physical address. |

Liability coverage

| Item to Attach | Additional Information |
|--|--|
| <input type="checkbox"/> Copy of liability certificate | Verify insurance name, carrier name, policy number, and effective dates for proposed new physical address. |

Questions

Email: health.assistedliving@state.mn.us

Call: 651-201-4200

Minnesota Department of Health
Assisted Living Licensure
PO Box 3879
St. Paul, MN 55101-3879
651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us/assistedliving

06/27/2025

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