Dear License Applicant:

Thank you for your interest in applying for a license from the Minnesota Department of Human Services (DHS) to provide a residential or nonresidential program or services according to Minnesota Statutes, Chapter 245A, the Human Services Licensing Act. The application must be made on the forms and in the manner prescribed by the Commissioner as required in section 245A.04. This application packet will provide you with information regarding what types of programs and services require DHS licensure, the applicable licensing requirements, and instructions for completing and submitting the application and additional required materials, and paying the required license application fee.

Operating without a license. Under Minnesota Statutes, section 245A.03, subdivision 3, it is a misdemeanor to provide a residential or nonresidential program that is subject to licensure without a license.

Applicant knowledge of licensing requirements. According to section 245A.04, subdivision 1, paragraph (e), an applicant must be able to demonstrate competent knowledge of the applicable requirements of Minnesota Statutes, Chapters 245A and 245C, and other applicable licensing statutes and rules for each program or services subject to licensure. You are strongly encouraged to carefully review all the application requirements and read the materials made available through this application packet.

DHS license types and requirements for licensure. The links provided here will bring you to a description of the licensed program or service and the applicable licensing requirements.

**Adult day services**
- Adult day center (DHS Rule 223); this does not include family adult day services

**Child care**
- Child care center (DHS Rule 3); this does not include family child care

**Child placement agency**
- Child foster care placement and adoption (DHS Rule 4)

**Mental Health**
- Residential facility for adults with mental illness (MN Rules, parts 9520.0500 to 9520.0690)

**Chemical health**
- Substance Use Disorder treatment programs (DHS Rule 31)
- Detoxification programs (DHS Rule 32)

**Services for adolescents**
- Independent living assistance for youth (MN Statutes, section 245A.22)

Mental health – Do NOT use this application for the following programs. Select the link to go to the current application.
- Children’s residential facility (MN Rules, Chapter 2960)
- Outpatient mental health clinic (DHS Rule 29)

July 2015
License Application Instructions

1. License application forms and additional materials
   You must complete and submit the required forms and additional materials in order for your application to be complete. Instructions for completing these forms and materials are provided in the license application form and the license application addendum.

   a. License application form
   b. Applicant agreement and acknowledgement form (the required form is attached to the license application)
   c. Workers compensation insurance verification form (a link to the required form is provided in the license application)
   d. Organizational chart for the program or services to be licensed (the organizational chart requirement is defined in the license application)
   e. Additional required materials and approvals required for the type of license you are applying for. These are identified in the license application addendum for each license type (a link to the license application addendum is provided in the license application)

2. License application fee
   You must submit the $500 license application fee with your application packet.

   a. The license application fee is established in section 245A.10, subdivision 3, paragraph (a).

   b. The application fee is not prorated, is nonrefundable, and is in lieu of the annual license fee for the initial license that expires Dec. 31.

3. Background study requirements and fees
   Before a license will be issued, background studies must be conducted and cleared by DHS for all controlling individuals defined in section 245A.02, subdivision 5a, including:
   (1) the person(s) who signs the license application; and
   (2) the person with the highest degree of decision-making authority over the program.

   Background studies are conducted by DHS pursuant to Minnesota Statutes, Chapter 245C.
   Background study requests must be submitted using NETStudy, the commissioner’s on-line background study submission system, and are subject to a $20 fee which is collected on-line prior to the submission of the background study request. You are responsible for verifying that the information contained in the background study request is correct before submitting the request to DHS.

   Each licensed program must have a designated “sensitive background study information person”. The sensitive background study information person is responsible for receiving background study results, and assuring compliance with any action ordered by the commissioner with regards to background studies. The Authorized Agent of the license holder is considered the sensitive background study information person unless the license holder designates another individual.

   When DHS receives your application, an email will be sent to your sensitive background study information person. The email will include information regarding NETStudy, and:
a) A form on which to designate a sensitive background study information person. The designated sensitive background study information person must sign the form to acknowledge his/her responsibilities upon application, and annually thereafter. (As stated above, if no designation is made, the Authorized Agent of the license holder is considered the sensitive background study information person.)

b) A NETStudy User Access Agreement, which must be completed on an annual basis, by any person for whom you are requesting access to NETStudy.

Following licensure, license holders are required to submit background study requests for all individuals required to be studied according to Minnesota Statutes, section 245C.03, which includes all staff providing direct contact services to persons served by the program.

Transferability of background studies: For a license holder who owns multiple programs or services (or controls multiple licenses) licensed by DHS, the Department of Health, or the Department of Corrections, only one background study is required for an individual who provides direct contact services in one or more of the licensed programs or services when:

a. The license holder designates one individual with one address and telephone number as the person to receive sensitive background study information for the multiple licensed programs or services that depend on the same background study; and

b. The designated individual is capable of determining upon DHS’ request, whether a background study subject is providing direct contact services in one or more of the license holder’s programs or services and, if so, at which location(s).

c. If a background study was conducted on the individual relating to a child foster care program owned by the applicant, the background study is transferable across all of the license holder’s programs. However, background studies conducted for other types of licensed services under the license holder’s programs are not transferable to the license holder’s child foster care program.

4. Submitting the completed application
Print and retain a copy of your completed license application for your records. This includes all forms, records, documents, and approvals required for the application. Retain a copy of this cover letter with your application for future reference. Mail your original completed license application and the license application fee to:

DHS License – Deposit Code 150
Initial License Application
PO Box 64837
St. Paul, MN 55164-0837

5.Incomplete or deficient applications
The DHS Licensing Division will not process an incomplete application or an application submitted before the application fee is paid.

a. Incomplete applications: An application is incomplete if the license application fee is not paid, if the applicant failed to submit required documents, or if the applicant fails to submit the required background studies.

b. Substantially deficient applications: An application is substantially deficient when the documents submitted do not meet licensing requirements.

c. Notice of incomplete or substantially deficient applications: DHS will issue a written notice to the applicant that the application is incomplete or substantially deficient. The written notice will...
identify documents that are missing or deficient and give the applicant 45 days to resubmit a
second application that is substantially complete.

d. Failure to complete or correct an incomplete or substantially deficient application: An applicant's
failure to complete or correct the application after receiving notice from the commissioner is a
basis for license denial under section 245A.05.

6. Other conditions impacting licensure
According to section 245A.04, subdivision 7, DHS shall not issue or reissue a license if the applicant,
license holder, or controlling individual has:

   a. been disqualified and the disqualification was not set aside and no variance has been granted;
   b. been denied a license within the past two years;
   c. had a license revoked within the past five years;
   d. an outstanding debt related to a license fee, licensing fine, or settlement agreement for which
payment is delinquent; or
   e. failed to submit the tax identification information and notarized signature required of an applicant
under section 245A.04, subdivision 1, paragraph (f) or (g).

7. License application evaluation
Applications are processed according to the requirements in section 245A.04. Once a complete
application and the license application fee have been received, a DHS licensor will be assigned to
evaluate your application and the application evaluation will begin.

   a. DHS has 90 working days after receipt of a complete application to act on the application. A
complete application includes all required documents and reports from DHS and from other
state or local agencies or departments.
     (1) If the Commissioner determines that your application complies with all applicable rules
and laws, a license will be issued.
     (2) If your application is denied, you will be informed at that time of your right to appeal the
denial.
   b. Under no circumstances will DHS issue a license before the completion of the application
evaluation or before the required background studies have been submitted and cleared.
   c. A decision by DHS to issue a license does not guarantee that any person or persons will be
admitted to or receive services from the licensed program.

8. Subsequent annual license fee and license reviews
   a. All licenses are effective through Dec. 31 of each year regardless of when the initial license is
issued.
   b. DHS will send programs an invoice for the annual license fee. Licenses are re-issued annually
upon payment of the annual license fee. See the license fee schedule in Minnesota Statutes,
section 245A.10.
   c. After a license is issued, DHS will conduct periodic licensing reviews in order to monitor for
compliance with the applicable laws and rules, including drop-in visits and investigations.
   d. Applicants and license holders are responsible for maintaining ongoing compliance with all
applicable licensing requirements at all times.
9. Changes to licenses
   a. A license is not transferable to another individual, corporation, partnership, voluntary association, other organization, controlling individual, or to another location.
   b. A license holder must notify the commissioner and obtain the commissioner's approval before making any changes that would alter the license information.

Special Needs

This information is available in alternative formats to individuals with disabilities by calling (651) 431-6500. TTY users can call through Minnesota Relay at (800) 627 3529. For Speech-to-Speech, call (877) 627 3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency’s ADA coordinator.

Applicant Privacy Notice

What is the purpose and intended use of this information?
Minnesota Statutes, section 245A.04, requires the Department of Human Services (DHS) to conduct an inspection of the program before issuing a license. These inspections are to be completed according to the requirements of Minnesota Statutes, Chapter 245A. The information requested in this application will be used to facilitate this inspection and the issuance of a license.

May I refuse or am I legally required to provide the information?
According to section 245A.04, subdivisions 5 and 7, an applicant is required to give the Commissioner of DHS access to necessary information whenever the program is in operation and such information is relevant to inspections or investigations conducted by the Commissioner. Failure to comply fully with applicable laws or rules, or to knowingly withhold relevant information or give false or misleading information, may result in investigation, denial of a license, suspension or revocation of your license, and fraud charges.

What happens if I do not answer the questions asked?
DHS needs information about you and your program to determine that requirements for licensure have been met. Without complete information, DHS may not be able determine such conditions exist.

With whom may the Commissioner share the information about my program?
DHS may give private and public information about you and your program to the following agencies, if necessary for investigations or in order to provide assistance to you. This does not mean DHS always shares information about you and your program with these agencies. It only means that there is a law that says DHS may share information with these agencies or with anyone else as required by law. If you have questions about when DHS gives information to these agencies, contact your licensor. Failing to supply this information may jeopardize or delay the issuance of a license.

Unless otherwise noted as “not public,” the information requested by this application is considered to be public information and may be shared with a member of the public in accordance with the Minnesota Data Practices Act.

Federal
- U.S. Dept. of Health & Human Services
- Food and Drug Administration
- U.S. Dept. of Labor
- Internal Revenue Service

State
- MN Dept. of Corrections
- MN Dept. of Economic Security
- MN Dept. of Education
- MN Dept. of Health
- MN Dept. of Human Services

Local
- County social/human service agencies
- Child and adult protection teams
- City and county attorneys
| • Federal auditors | • MN Dept. of Labor & Industry | • City and county law enforcement |
| • MN Dept. of Public Safety | • MN Dept. of Revenue | |
| • State Auditors | • Attorney General’s Office | |
| • Ombudsman for Mental Health and Developmental Disabilities | | |
License Application
Minnesota Statutes, Chapter 245A (Human Services Licensing Act)

Read and follow the detailed instructions provided for completion of this application form. Please type or neatly print using black or blue ink. If you do not currently have a license from DHS, you must complete all items on the license application and the license application addendum in order for your entire application to be complete. Follow the instructions on page 3 of the License Application Instructions for submitting your completed license application.

If you currently hold a license from DHS, you do not need to answer Sections 3-5 and 11. DHS Licensing Staff will disregard any information entered there if you are a current license holder. If you need to update information in Sections 3-5 and 11, please use the DHS Online Information Update System at www.dhs.state.mn.us/licenseupdate.

1. License type

A single application is required for each type of license you are applying for. Check the applicable box below. You may select only one. For each license type you must submit materials and approvals in addition to this application form in order for your application to be complete. Select the link for license type you are applying for to find details on the additional required materials and approvals.

An application for adult foster care, child foster care, family child care, or family adult day services must be obtained from the county where the services will be provided.

Adult day services
- Adult day center (DHS Rule 223) to serve six or more adults; does not include family adult day services

Child placement agency
- Child foster care placement and adoption (DHS Rule 4)

Child care
- Child care center (DHS Rule 3); does not include family child care

Services for adolescents
- Independent living assistance for youth (MN Statutes, section 245A.22)

Chemical health
- Chemical dependency treatment program (DHS Rule 31)
- Detoxification program (DHS Rule 32)

Mental health
- Residential facility for adults with mental illness (MN Rules, parts 9520.0500 to 9520.0690)

Mental health – Do NOT use this application for the following programs. Select the link to go to the current application.
- Children’s residential facility (MN Rules, Chapter 2960)
- Outpatient mental health clinic (DHS Rule 29)
2. License history

2.1. Do you currently hold other licenses issued by DHS?    ☐ Yes    ☐ No

- IF YES, enter your DHS License Holder ID Number and either your MN Tax ID Number if you are a “nonindividual” License Holder or your Social Security Number if you are an individual License Holder. If you do not know your License Holder ID Number, your Authorized Agent can contact DHS Licensing staff to request this information.

<table>
<thead>
<tr>
<th>DHS License Holder ID Number:</th>
<th>MN Tax ID Number for “nonindividual” license holder OR Social Security Number for “individual” license holder:</th>
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2.2. Have you ever had a DHS license denied or revoked?    ☐ Yes    ☐ No

If yes, list the date of denial or revocation and license type or the license number(s), attach additional page as needed:

<table>
<thead>
<tr>
<th>DATE OF LICENSE DENIAL</th>
<th>LICENSE TYPE FOR DENIED LICENSE</th>
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<table>
<thead>
<tr>
<th>DATE OF LICENSE REVOCATION</th>
<th>LICENSE TYPE &amp; NUMBER FOR REVOKED LICENSE</th>
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3. License holder information

The license holder is the business entity that is responsible for the license. Minnesota Human Services Licensing Act makes a distinction between “individual” and “nonindividual” license holders. Please read the following section carefully.

An “individual” license holder is generally a sole owner or sole proprietorship where the business is owned and run by one individual and in which there is no legal distinction between the owner and the business. This means you have not formed a corporation (e.g., business, for profit, nonprofit, limited liability corporation) and have not organized as a partnership, association, other organization and are not a government entity. You may have registered with the Minnesota Secretary of State’s office to use an assumed name, and you may have employees, but you are still a sole owner/sole proprietor. If you are an “individual” license holder, you should list your full legal name as the license holder.

A “nonindividual” license holder means that you have created a business organization in order to make a legal distinction between the owner and the business. Generally, this means you are operating as a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or you are a government entity. In this case, the license holder is the business or government agency. If you are a “nonindividual” license applicant, you should list the business name as it
appears on your tax forms or as it is listed with the Secretary of State’s business registration as the license holder.

For information on the types of business ownership go to the Minnesota Secretary of State’s online Business, Nonprofit & UCC page.

### 3.1 License holder type and name:
Complete ONLY ONE section – A or B.

<table>
<thead>
<tr>
<th>☐ A. Has the License Applicant formed a corporation or other business or is a government entity? Yes, the business that is requesting a DHS license is a “nonindividual” with the following business type (check only ONE box):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Business Corporation</td>
</tr>
<tr>
<td>☐ Nonprofit Corporation</td>
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<tr>
<td>☐ Limited Liability Corporation (LLC)</td>
</tr>
<tr>
<td>☐ Limited Partnership</td>
</tr>
<tr>
<td>☐ Limited Liability Partnership (LLP)</td>
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<tr>
<td>☐ Government Entity</td>
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</table>

Throughout this application, you will be referred to as a “nonindividual” license holder.

You must provide the full name of your business as it appears on your tax forms. This is usually the same business name you registered with the Minnesota Secretary of State if you completed a business filing. This information will be printed on your license certificate as the name of the license holder under, “Issued To:”

**Business Name of “nonindividual” License Holder (or name of Government Entity):**

*Print Full Business as it appears on business tax forms or on filing with the Secretary of State’s office – do not abbreviate*

| ☐ B. Has the License Applicant formed a corporation or other business? No, I am an “individual” and not a business corporation, nonprofit corporation, limited liability corporation, partnership, limited liability partnership, voluntary association, or other organization, or government entity, and I am operating as a sole owner/sole proprietor. |

Two or more individuals may be co-applicants or co-license holders if they are not a corporation, partnership, voluntary association, or other organization or government entity.

Throughout this application, you will be referred to as an “individual license holder”.

You must provide your full legal name as it appears on your driver’s license or state-issued identification card. This information will be printed on your license certificate as the name of the license holder under, “Issued To:”.

**Legal Name of “individual” License Holder:**

*Print your name as it appears on your driver’s license or other state-issued ID.*

If another person (not a business entity) is joining you as a co-applicant and will be a co-license holder, please provide his/her name:

*Print name as it appears on their driver’s license or other state-issued ID.*
### 3.2 License Holder Address
This is the primary business address of the license holder; P.O. Box is not acceptable.

<table>
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<tr>
<th>ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)</th>
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<tr>
<td>CITY</td>
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<td>COUNTY</td>
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<tr>
<td>STATE</td>
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<td>ZIP</td>
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<tr>
<td>TELEPHONE NUMBER</td>
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<tr>
<td>FAX NUMBER</td>
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### Address for Second “individual” Co-Applicant
For use ONLY when Section B is completed above and two (2) “individuals” are applying for a license together.

<table>
<thead>
<tr>
<th>ADDRESS of SECOND “INDIVIDUAL” CO-APPLICANT (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)</th>
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<td>CITY</td>
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<td>ZIP</td>
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<tr>
<td>TELEPHONE NUMBER</td>
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<tr>
<td>FAX NUMBER</td>
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### 3.3 Tax identification information
This information is not public.) You are required to provide your tax identification information, including your Federal Employer ID Number (FEIN), if you have one.

You must provide your Minnesota Tax Identification Number, if you have one. The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue. For information on registering for a Minnesota Tax ID, go to the Minnesota Department of Revenue website. You must also provide your FEIN, if you have one. This is a nine-digit number you obtained from the Internal Revenue Service (IRS) because you have employees or operate your business as a corporation of partnership.

If you completed Section B, above, and are applying as an “individual” license holder, you must also provide your Social Security Number (SSN). If the FEIN and the SSN are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only.

<table>
<thead>
<tr>
<th>MN TAX ID (IF YOU HAVE ONE)</th>
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<tbody>
<tr>
<td>SSN (IF YOU ARE AN INDIVIDUAL LICENSE HOLDER )</td>
</tr>
<tr>
<td>FEDERAL EMPLOYER ID NUMBER (FEIN)</td>
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</table>

Tax identification information is not public, except that under section 270C.72, DHS is required to provide the Minnesota Department of Revenue the tax identification number and the Social Security Number of each license applicant. Under the Minnesota Government Data Practices Act, we must advise you that:

i. This information may be used to deny the issuance of a license, or to revoke a license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.

ii. DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
4. Controlling individual(s) information (skip this section if you currently hold a DHS license; your information is already on file)

**Controlling individual**: As part of applying for a license, you are required to disclose individuals and businesses that make up your ownership and/or management structure. You must identify all controlling individuals as defined under section 245A.02, subdivision 5a.

"Controlling individual" means a public body, governmental agency, business entity, officer, owner, or managerial official whose responsibilities include the direction of the management or policies of a program. An organization must identify all of the officers, owners, and managerial officials of the organization as controlling individuals.

- Owner means an individual who has direct or indirect ownership interest in a corporation, partnership, or other business association issued a license under this chapter.
- Managerial official means those individuals who have the decision-making authority related to the operation of the program, and the responsibility for the ongoing management of or direction of the policies, services, or employees of the program.

"Controlling individual" includes organizations ("nonindividuals") and individuals.

- For an individual, provide your first, middle, and last name as it appears on your driver’s license or state-issued identification card and your residential address.
- For organizations that are controlling individuals, this is the business or organization name as it appears on your tax forms and primary business address. Provide the full name, do not abbreviate.

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<th>FULL LEGAL NAME DO NOT ABBREVIATE</th>
<th>POSITION/TITLE</th>
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<td>ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)</td>
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<tr>
<td>CITY</td>
<td>STATE</td>
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<tr>
<td>TYPE OF CONTROLLING INDIVIDUAL (check all applicable boxes)</td>
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<tr>
<td>OWNER, ____% of ownership if 5% or more</td>
<td>OFFICER</td>
</tr>
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<tr>
<td>OWNER, ____% of ownership if 5% or more</td>
<td>OFFICER</td>
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5. Authorized Agent information (skip this section if you currently hold a DHS license; your information is already on file)

**Authorized Agent:** The agent must be authorized to accept service on behalf of all of the controlling individuals of the program. Service on the agent is service on all of the controlling individuals of the program. It is not a defense to any action arising under chapter 245A that service was not made on each controlling individual of the program. The designation of one controlling individual as your authorized agent does not affect the legal responsibility of any other controlling individual. It is the responsibility of the authorized agent to ensure that any mail received from DHS is distributed as needed and a response provided within stated timelines when required.

- If you are an **individual** applicant and completed Section 3B above, then you are the authorized agent and your name must be entered here.

- If you are a “nonindividual” applicant and completed Section 3A above, you must designate a controlling individual to act as the Authorized Agent for the license holder. A completed and notarized **Applicant Agreement, Acknowledgement and Verification Form** is required for the authorized agent. The form is provided with this application on the last page.
6. Sensitive background study information person. FOR ALL APPLICANTS: If you want to designate your Authorized Agent to be your sensitive background study information person, leave this section blank. Otherwise, please designate your sensitive background study information person.

This is the individual you designate to maintain all background study documentation submitted to and received from DHS as required under sections 245C.07 and 245C.20. The individual’s name, address, telephone number, and email address must be provided. It is the responsibility of the sensitive background study information person to maintain background study records and to comply with all background study notices from DHS.

This person will receive an email allowing temporary access to the DHS online background study system, NETStudy, in order to submit the background studies required for the application. This person’s email address is required in order for the temporary access email to be sent.

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<th>FIRST, MIDDLE, LAST NAME</th>
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<tr>
<td>ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)</td>
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<td>CITY</td>
<td>COUNTY</td>
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<tr>
<td>TELEPHONE NUMBER</td>
<td>FAX NUMBER</td>
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<tr>
<td>FOR DHS ONLY - LICENSE NUMBER</td>
<td>FOR DHS ONLY - LICENSOR</td>
</tr>
</tbody>
</table>

7. Program name and location

Please enter the name and physical location of your program. The “Program Name” may be different from the license holder name, meaning the license holder is "doing business as" (dba) the program name. Your licensed program or service will be listed under this program name on DHS’ online Licensing Information Look Up. Licensing Information Lookup is used by the public to find programs and services they are interested in. This information will also be printed on your license certificate under, “Doing Business At.” A street address is required; a PO Box is not acceptable.

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<tr>
<th>PROGRAM NAME</th>
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<tr>
<td>ADDRESS (STREET ADDRESS REQUIRED, A PO BOX IS NOT ACCEPTABLE)</td>
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<td>TELEPHONE NUMBER</td>
<td>FAX NUMBER</td>
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8. Workers compensation insurance verification

You must complete and submit the Certificate of Compliance Minnesota Workers’ Compensation Law (MN LIC 04) form with your license application in order for your application to be complete. Under section 176.182 DHS is prohibited from issuing a license until the applicant presents acceptable evidence of compliance with the worker's compensation insurance requirement of Minnesota Statutes, Chapter 176.
Minnesota workers’ compensation law requires all employers to purchase workers’ compensation insurance or become self-insured. This is often referred to as “mandatory coverage.” Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another, for hire, including minors and workers who are not citizens. For information on worker’s compensation insurance requirements go to the Minnesota Department of Labor and Industry website at: http://www.dli.mn.gov/WorkComp.asp.

9. Organizational chart
You must submit a chart showing the organizational structure and authority within the program. The list must identify the individual positions and the names of the people in those positions. In addition, DHS may request a corporation’s Articles of Incorporation; a Limited Liability Company’s (LLC) Articles of Organization; a Limited Liability Partnership’s (LLP) registration; or a Limited Partnership’s certificate. DHS may request the Certificate of Assumed Name for any individual/sole proprietor, corporation, limited partnership or limited liability company that conducts business in Minnesota under a name other than their full legal name.

10. License application fee
You must submit the application fee with each license application.

11. Applicant acknowledgement of public funding reimbursement for licensed services (skip this section if you currently hold a DHS license; your information is already on file)
Under section 245A.04, subdivision 1, DHS license holders who elect to receive any public funding reimbursement, including Medical Assistance or Child Care Assistance, for the licensed services, must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that they know the consequences for noncompliance with those requirements. As a DHS license applicant you must verify whether you intend to receive any public funding by checking the applicable box for item 1 or 2 below. If you check item 2, you are acknowledging the conditions stated in (a) to (c):
1. ☐ I do not elect to receive any public funding reimbursement for the licensed services.
2. ☐ I do elect to receive public funding reimbursement for the licensed services and I acknowledge the following:
   a. I must comply with the provider enrollment agreement or registration requirements for receipt of public funding;
   b. My compliance with the provider enrollment agreement or registration requirements for receipt of public funding may be monitored by DHS Licensing as part of a licensing investigation or licensing inspection; and
   c. That noncompliance with the provider enrollment agreement or registration requirements for receipt of public funding that is identified through a licensing investigation or licensing inspection, or noncompliance with a licensing requirement that is a basis of enrollment for reimbursement for a service, may result in:
      (1) a correction order or a conditional license under section 245A.06, or sanctions under section 245A.07;
      (2) nonpayment of claims submitted by the license holder for public program reimbursement;
      (3) recovery of payments made for the service;
      (4) disenrollment in the public payment program; or
      (5) other administrative, civil, or criminal penalties as provided by law.
If you checked item 2, above, you must indicate whether you intend to receive funding from Medical Assistance. If you do, you must name a Compliance Officer as described below:

☐ Check here if you intend to receive Medical Assistance funding as reimbursement for the program or service you will be providing under this license and then designate your compliance officer.

**Compliance officer.** If you will be or are enrolled as a Minnesota Health Care Program (MHCP) provider, and will or do receive reimbursement through Medical Assistance for the licensed program or services, you must **designate a compliance officer** who is responsible for ensuring the program complies with Medical Assistance laws or regulations in accordance with section 256B.04, subdivision 21, paragraph (b). If you have questions about MHCP Provider Enrollment, go to DHS’ online [MHCP Enrolled Providers Home](#) page.

<table>
<thead>
<tr>
<th>FIRST, MIDDLE, LAST NAME AND TITLE/POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (STREET ADDRESS IS PREFERRED, A PO BOX MAY BE USED)</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

### 12. Applicant Agreement, Acknowledgement and Verification Form

The Authorized Agent named above in Section 5 (or the Authorized Agent already on file with DHS if you currently hold a DHS license) must act as the authorized signatory on the application. The Authorized Agent must review and approve the license application before it is submitted to DHS, and must sign below only in the presence of a notary public.

By signing below, I agree that the information that I have provided on this application form is true, accurate and complete. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license. I acknowledge that the Commissioner’s representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect the facility/service at any time during the hours that services are provided. Further, I acknowledge that the documentation and inspection required by statutes and rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws. Finally, I understand that the Commissioner may fine, suspend, revoke or make conditional, or deny a license if an applicant or a license holder fails to comply fully with the applicable laws or rules, or knowingly withholds relevant information from or gives false or misleading information to the Commissioner in connection with an application for a license or during an investigation.

In accordance with Minnesota Statutes, section 245A.04, subdivision 1, by signing your name you are affirming that you are the individual applicant or the authorized agent for the “nonindividual” applicant, responsible for dealing with the Commissioner of Human Services on all matters provided for in Minnesota Statutes, Chapter 245A and on whom service of all notices and orders must be made.

[Continued on next page]
I, __________________________________________________________________________
(PRINT FULL NAME OF AUTHORIZED AGENT LISTED IN SECTION 5 ABOVE, OR ALREADY ON FILE WITH DHS IF YOU ARE A CURRENT LICENSE HOLDER.),

being sworn, state that I am the Authorized Agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of human services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the License Holder identified above may be made on me, in accordance with Minnesota Statutes 2012, section 245A.04, subdivision 1.

____________________________________________
Signature of Authorized Agent
(WAIT- SIGN ONLY IN FRONT OF A NOTARY PUBLIC)

If there are two people applying for this license as noted on page 3 of the license application, please have the second applicant complete this section:

I, __________________________________________________________________________
(PRINT FULL NAME OF AUTHORIZED AGENT LISTED IN SECTION 5 ABOVE, OR ALREADY ON FILE WITH DHS IF YOU ARE A CURRENT LICENSE HOLDER.),

being sworn, state that I am the Authorized Agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of human services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the License Holder identified above may be made on me, in accordance with Minnesota Statutes 2012, section 245A.04, subdivision 1.

____________________________________________
Signature of Authorized Agent
(WAIT- SIGN ONLY IN FRONT OF A NOTARY PUBLIC)

Subscribed and sworn to before me on this ____ day of _________________, 20____, ____________________________________________________________
Notary Public

Original signature verified on _____________ (MM/DD/YYYY) by _________ (Initial)

DO NOT WRITE IN THIS BOX – FOR DHS USE ONLY