

Applicant Agreement, Acknowledgement and Verification Form

At initial application only: The authorized agent must review and approve the license application by signing below. **The signature must be made in the presence of a notary public.** An original notarized copy of the Applicant Agreement, Acknowledgement and Verification Form is required for each application.

By signing below, the Authorized Agent agrees:

- The information provided on this application form is true, accurate and complete;
- I consent to electronic communication with DHS throughout the application process;
- If DHS grants a license, I agree the program will comply with the applicable licensing rules and statutes at all times;
- I understand if I choose to receive public funding, I must comply with all applicable laws and rules, that compliance will be monitored by DHS, and that noncompliance will result in penalties;
- I am the Authorized Agent responsible for communicating with DHS throughout the application process (including by electronic communication), on all matters related to the applicable licensing rules and statutes and for accepting service of all notices and orders from DHS.

Authorized agent:

I, _____ (PRINT FULL LEGAL NAME) state that I am the authorized agent for the license holder identified above. I understand that, by signing below, I am responsible for communicating 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 will be made on me, in accordance with Minnesota Statutes, section 245A.04, subd 1.

State of Minnesota, county of _____

Signed or attested before me on (DATE) _____

SIGNATURE OF NOTARY OFFICIAL

SIGNATURE (sign in front of notary public at initial application)

DATE