

APPLICATION FOR MINNESOTA CPA FIRM PERMIT INSTRUCTIONS

Please refer to the following statutes and rules regarding CPA Firm licensure:

- Initial firm permit requirements: [MN Statute 326A.05](#) and [MN Rules 1105.4000-4200](#)
- Peer review: [MN Rules 1105.4300 to 1105.5400](#)
- Firm name: [MN 1105.6300 to 1105.6400](#)

Refer to the [Minnesota Secretary of State's office](#) for their rules regarding forming a business in Minnesota.

Complete and return these **REQUIRED** items:

1. Firm Permit Application (pages [1](#) and [2](#)). *The application must be notarized.*
2. Firm Peer Review Statement (page [3](#))
3. Workers' Compensation Liability Certificate of Compliance (page [4](#))
4. **Minnesota firms:** Enclose a certified copy of the Articles of Incorporation, Articles of Organization, or LLP registration on file with the Minnesota Secretary of State's Office.
Non-Minnesota or foreign firms: Enclose a certified copy of your Certificate of Authority from the Minnesota Secretary of State's Office.
5. Firm permit application fee: [\\$100.00](#)

Complete and return the following items if applicable:

1. Minnesota Non-CPA Owner of Firm Statement Form (page [5](#))
Complete a form and include \$45.00 fee for each Minnesota non-CPA owner.
2. List of firm locations (see [question 2 on page 1](#))
3. A copy of any PCAOB report or peer review* completed within the last year (see Firm Peer Review Statement, page [3](#))

*If existing, include Final Acceptance Letter, Reviewer's Report, Letter of Comment, Letter of Response, and Corrective Action.

Once all of the required documents are received, your application will be presented to the Board at the next [regularly scheduled meeting](#).

If you have questions regarding your application, please call the Board office at 651-296-7938.

DATA PRACTICES ACT WARNING

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2016). All data except social security number become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

**APPLICATION FOR MINNESOTA
CPA FIRM PERMIT**

1. FIRM INFORMATION

Are any of the firm’s owners, partners, shareholders, members, directors, or officers an active duty military member? Or have left service in the last two years with an honorable or general discharge? No Yes

Proposed Firm Name _____

Firm Address _____

City _____ Main Phone _____

State _____ Zip _____ FEIN # or MN Taxpayer ID # _____

Name of Manager / Partner in Charge _____ MN Certificate # (if applicable) _____
(First) (Last)

2. Does your firm have more than one office in Minnesota? No Yes

If yes, attach a sheet listing the addresses for all offices and the person in charge at each.

3. Provide the date the firm was formed _____ **and select the firm type below:**
(MM/DD/YYYY)

- CPA Corporation CPA Limited Liability Partnership
 CPA Partnership CPA Limited Liability Company

4. List all CPAs and/or RAPs at your firm and provide the requested detail. Attach list, if necessary.

Name	Minnesota CPA Certificate or RAP Registration # (if applicable)	Owner, manager, director or officer?		Practicing in Minnesota?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. List of Minnesota resident non-CPA owners:*

Provide the names of all non-CPA owners, partners, members, shareholders, directors and officers of the firm who reside in Minnesota. Attach list, if necessary.

* Be sure to complete a [Non-CPA Owner of Firm Statement](#) (page 5) and enclose the \$45.00 fee for each individual listed.

6. Non-CPA owners—resident and nonresident combined—hold, in total, what percentage of:

Voting interest in the firm? _____ % Financial interest in the firm? _____ %

7. DESIGNATION AFFIDAVIT FOR FIRM PERMIT APPLICATION

Read all statements and sign the affidavit below.

1. The firm has verified that two-thirds of all CPA owners, partners, shareholders, members, managers, directors and officers of the firm who have their principal place of business located in Minnesota have an active certificate.
2. All attest and compilation services rendered by the firm in this state are under the charge of a person holding a valid certificate with an active status or a person who has been granted practice privileges under Minnesota Statute §326A.14 (2016).
3. The firm has an audit documentation retention and destruction policy that complies with Minnesota Rules 1105.7850 (F) (2015).
4. The firm has verified that—if applicable—all Minnesota non-CPA owners have completed a Minnesota Non-CPA Owner of Firm Statement and registered with the Board.
5. All individual employees of the firm who have been granted practice privileges under Minnesota Statute §326A.14 (2016), or who hold certificates and reside or practice in this state and those persons specified in part 1105.4000.D (2015), who are responsible for supervising attest or compilation services or who sign or authorize someone to sign an accountant’s report on financial statements have met the competency requirements set out in professional standards.

Affidavit: I swear or affirm that I have read the foregoing application and that the statements are true and complete.		
Printed Name of Partner/Shareholder/Officer	Signature of Partner/Shareholder/Officer	Date

8. Notarization (To be completed by a notary public.)

I, _____, a Notary Public in and for the County of _____,
 State of _____, do certify that this application was subscribed
 and sworn to before me by _____, on this _____
 day of _____, 20_____.



Notary Signature: _____

FIRM PEER REVIEW STATEMENT

1. Did/will your firm do work under the following standards?	Current Year		Next Year	
Statements on Auditing Standards (SAS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statements on Standards for Accounting and Review Services (SSARS)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statements on Standards for Attestation Engagements (SSAE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Generally Accepted Government Auditing Standards (the Yellow Book)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PCAOB Auditing Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Excludes engagements done under SSARS No. 21, AR-C section 70

If you answered **“No”** to all items in question 1, **sign** the affidavit below, then **skip** to the **next page**.

I swear or affirm that during the past year my firm did not perform attest or compilation services and does not plan to do so in the coming year. If the firm does engage in such practice, I will notify the Minnesota Board of Accountancy within 30 days. Therefore my firm is exempt from peer review requirements. I further certify that this information is correct and understand that my deliberate misrepresentation may result in disciplinary action against my certificate and/or the firm permit.

Signature

Printed Name

Date

If you answered **“Yes”** to any item in question 1 above, **complete questions 2-5 below**.

Note: Under [MN Statute 326A.05 Subd. 8](#) and [MN Rule 1105.4600-5400](#), your firm is required to undergo a peer review with respect to the nonpublic company practice. If your firm is not currently participating in a peer review program, please see [MN Rule 1105.5100](#).

2. Is your firm registered with the Public Company Accounting Oversight Board (PCAOB)? Yes No

If yes: A. What year was it registered? _____
B. When was the last review report on your public practice released by the PCAOB? _____
(If none released, write “none released.”)

3. Indicate the Report Acceptance Body (RAB) you are/will be working with:

AICPA MAPA MNCPA Other (specify): _____

4. What 12-month period will be reviewed during your initial required peer review?

_____/_____/_____ to ____/____/_____
(Beginning Month) (Beginning Year) (Ending Month) (Ending Year)

5. Affidavit: I certify that the information provided above is complete and accurate.

Signature

Printed Name

Date

WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

1. Firm Information

Firm Name _____

Contact Name _____

Address _____

City _____

State _____ Zip _____

2. Check the applicable option (A or B) and provide the requested details.

A. I have workers' compensation liability coverage, and below is information regarding it:

Insurance Company: _____

Policy Number: _____ Dates of Coverage: _____

B. I am not required to have workers' compensation liability coverage because:

The firm has no employees.

I have no employees who are covered by the workers' compensation law.
(Employed spouses, parents, and children are exceptions to coverage requirements.)

I am self-insured and am including a copy of my permit to self-insure with this form.

3. Affidavit:

I certify that the information provided above is complete and accurate.

Signature

Date

Note: [Minnesota Statute § 176.182](#) requires every state and local agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage. **If this information is not provided or is falsely stated, it may result in a penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.** This information will be collected by the licensing agency and retained in their files.

MINNESOTA NON-CPA OWNER OF FIRM STATEMENT

Complete if you are a **non-CPA owner who is a resident of Minnesota**
(regardless of the firm's location[s])
and submit **\$45.00 fee**.

1. Personal Information

I am a resident of Minnesota.

Name _____
(First) (M.I.) (Last) (Suffix)

Former Name _____
(if used previously)

Work Phone _____

Firm Name _____

Address _____

City _____

State _____ Zip _____

2. What percentage of voting interest do you hold in the firm? _____ %

3. What percentage of financial interest do you hold in the firm? _____ %

4. List all the Minnesota professional licenses you hold and any disciplinary action taken against those licenses in the last five years:

License #	Profession	Disciplinary Action (if any)

5. Affidavit:

I certify that the above information is complete and accurate, that I actively participate in the firm on a full-time basis, and that I agree to comply with the rules adopted by the Minnesota Board of Accountancy.

Signature

Date