

Mailing Address:
 PO Box 64217
 St. Paul, MN 55164-0217

E-mail: dli.license@state.mn.us
 Website: www.dli.mn.gov
 Phone: 651-284-5034

Contractor Address/Name Change Form

This form can be emailed to
dli.license@state.mn.us

YOU MAY BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION TO OUR OFFICE TO COMPLETE THE BUSINESS ADDRESS CHANGE PROCESS DEPENDING ON THE TYPE OF LICENSE HELD.

PRINT IN INK or TYPE

CHECK LIST

BUSINESS/CONTRACTOR LICENSE TYPE (mandatory)

LICENSE NUMBER (mandatory)

- Business/Contractor Address Change Form
- Certificate of Liability Insurance, if applicable
- Certificate of Compliance Minnesota Workers' Comp Law
- Bond Rider and Power of Attorney, if applicable
- Secretary of State, if applicable

CONTACT PERSON (PRINT)

CONTACT PHONE NUMBER

CONTACT E-MAIL

OLD BUSINESS NAME/ADDRESS CHANGE INFORMATION

NEW BUSINESS NAME/ADDRESS CHANGE INFORMATION

LEGAL NAME (as licensed, registered, certified)

LEGAL NAME (as licensed, registered, certified)

ASSUMED NAME (doing business as)

ASSUMED NAME (doing business as)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)

MINNESOTA IDENTIFICATION NUMBER (if applicable)

MINNESOTA IDENTIFICATION NUMBER (if applicable)

BUSINESS STREET ADDRESS

BUSINESS STREET ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

MAILING ADDRESS (if different from above)

MAILING ADDRESS (if different from above)

CITY STATE ZIP CODE

CITY STATE ZIP CODE

PHONE NUMBER

OTHER NUMBER

PHONE NUMBER

OTHER NUMBER

Certification: I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate. I also understand that all information provided on this form may become publicly available data pursuant to Minnesota's Data Practices Act (Chapter 13) when the license, registration, or certificate is updated.

PRINT NAME (owner, partner, member, officer)

TITLE

SIGNATURE (owner, partner, member, officer)

DATE SIGNED