



CC0195

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

E-Mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/ccld.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

**Residential Building Contractor
 Residential Remodeler Contractor
 BUSINESS LICENSE RENEWAL**

**License Fee is Non-Refundable
 Cash Is NOT accepted by Mail or Walk-In**

- If Gross Annual Receipts are less than \$1 million \$565.00*
- If Gross Annual Receipts are \$1 million to \$5 million \$665.00*
- If Gross Annual Receipts are greater than \$5 million \$765.00*

***A \$80.00 late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3**

DID YOUR LEGAL BUSINESS STRUCTURE CHANGE?
 If YES, you must submit a new license application
<http://www.dli.mn.gov/CCLD/RBCCContractorRemodApp.asp>

Avoid Processing delays by submitting your application online at
<https://secure.doli.state.mn.us/license/intro.aspx>

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers License 632422 Recovery 632425	STK B42RCLIC B42RCRECV
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
Application Number	Bus License Number:

FEDERAL TAX ID NUMBER (FEIN) (Tax # call: 1-800-829-4933)		MINNESOTA TAX ID NUMBER (Tax # call: 651-282-5225)		BUS LICENSE NUMBER	
If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.			SOCIAL SECURITY NUMBER		
LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP)		FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT)			
DBA NAME (Doing business as name / assumed name – if applicable)		DBA NAME (Doing business as name / assumed name – Required)			
PHYSICAL BUSINESS STREET ADDRESS (PO Box is not acceptable)		CITY	STATE	ZIP CODE	
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)		CITY	STATE	ZIP CODE	
BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS			
QUALIFYING PERSON REG NO	LEGAL LAST NAME (including suffix)	FIRST NAME	MI		

THIS RENEWAL FORM MUST BE SUBMITTED ALONG WITH ALL OF THE FOLLOWING REQUIRED DOCUMENTS

- LICENSE FEE** – \$565.00 if gross annual receipts are less than \$1 million; \$665.00 if gross annual receipts are \$1 million to \$5 million; or \$765.00 if gross annual receipts are greater than \$5 million. A \$80.00 late fee is due if the renewal is received by DLI after the expiration date.
- MN Secretary of State (SOS) Business Registration Verification** – Include a computer screen print of the **ACTIVE SOS Business Record Detail screen with your license renewal forms**. Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mbportal.sos.state.mn.us/> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration renewal or filing status
- Disclosure of Business Owners, Partners, Officers and Members Form** - All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day-to-day operations of the business entity being licensed, certified, or registered must be disclosed. A missing or incomplete disclosure will cause the application to be deficient and delay processing.
- Certificate of Insurance (Liability)** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT** and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED WITH THIS RENEWAL**. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- Qualifying Person Designation Form** – The Qualifying Person Designation Form **MUST BE COMPLETED AND SUBMITTED** with this renewal form.. Qualifying person registration information can be found by searching by an individual's first and last name at the DLI License Lookup feature: <https://secure.doli.state.mn.us/lookup/licensing.aspx>