

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing  
 Licensing and Certification Services  
 Attn: Address Change  
 443 Lafayette Road North  
 St. Paul, MN 55155  
 Phone: (651) 284-5034  
 E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
[www.dli.mn.gov/cclld.asp](http://www.dli.mn.gov/cclld.asp)



## Business/Contractor Address Change Form

Date Received (DLI Office Use Only)

**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

BUSINESS/CONTRACTOR LICENSE TYPE (mandatory)		CHECK LIST	
LICENSE NUMBER (mandatory)		<input type="checkbox"/> Business/Contractor Address Change Form <input type="checkbox"/> Certificate of Liability Insurance, if applicable <input type="checkbox"/> Certificate of Compliance Minnesota Workers' Compensation Law <input type="checkbox"/> Bond Rider and Power of Attorney, if applicable	
CONTACT PERSON (PRINT)	CONTACT PHONE NUMBER	CONTACT E-MAIL	
<b>OLD BUSINESS ADDRESS INFORMATION</b>		<b>NEW BUSINESS ADDRESS INFORMATION</b>	
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

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.