

Construction Codes and Licensing
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



CC0105

**Business 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

| | | | |
|--|----------------------|--|---------------------|
| 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 | |
| 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 |