



Business/Contractor Address Change Form

Date Received (DLI Office Use Only)

Licensing and Certification Services
 Attn: Address Change
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 E-mail: DLI.License@state.mn.us
www.dli.mn.gov/cclld.asp

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 Name 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 ADDRESS INFORMATION			NEW BUSINESS ADDRESS 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

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.