



CC0105

Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217  
 Phone: (651) 284-5034

## Business Contractor Address/Name Change Form

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

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
 Phone: 651-284-5034

**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)

- 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

LICENSE NUMBER (mandatory)

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