

Business/Contractor Name Change Form

Date Received (DLI Office Use Only)

YOU MAY BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION TO OUR OFFICE TO COMPLETE THE BUSINESS NAME CHANGE PROCESS DEPENDING ON THE TYPE OF LICENSE HELD.

PRINT IN INK or TYPE This form may not be used to change the legal structure of a licensed, registered, or certified business/contractor.
A FULL NEW APPLICATION IS REQUIRED FOR STRUCTURE CHANGES.

BUSINESS/CONTRACTOR LICENSE TYPE	CHECK LIST <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 <input type="checkbox"/> Copy of Secretary of State filing(s)
LICENSE NUMBER (mandatory)	
BUSINESS/CONTRACTOR LEGAL STRUCTURE	

- Change Legal Name (submit copy of Amendment form filed with Minnesota Secretary of State to make this change.)
 Change Assumed Name (submit Amendment to Certificate of Assumed Name as filed with Minnesota Secretary of State.)
 Add Assumed Name (submit Certificate of Assumed Name as filed with Minnesota Secretary of State.)

CONTACT PERSON (PRINT)	CONTACT PHONE NUMBER	CONTACT E-MAIL
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OLD BUSINESS NAME AND INFORMATION			NEW BUSINESS NAME AND 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