



Mailing Address:  
 PO Box 64222  
 St. Paul, MN 55164-0222

## Disclosure of Business Owners, Partners, Officers and Members

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/cclcd.asp](http://www.dli.mn.gov/cclcd.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

**This form must be completed by all business types.**

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

**LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)**

**DBA NAME** (Doing business as name / assumed name – if applicable)

<b>PHYSICAL BUSINESS ADDRESS</b> (PO Box not accepted)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>BUSINESS TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		

**LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)**

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

**This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call**

**1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198**