

Construction Codes and Licensing Division  
 Licensing and Certification Services  
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 St. Paul, MN 55155



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

**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.

|   |                       |
|---|-----------------------|
| <b>LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)</b> | <b>LICENSE NUMBER</b> |
|---|-----------------------|

**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 NUMBER | 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 |
|-----------------------------|------|-------|----------|--------------|

|                                 |  |      |
|---------------------------------|--|------|
| APPLICANT SIGNATURE (mandatory) | TITLE (owner, partner, officer, or member, etc...) | DATE |
|---------------------------------|--|------|

|   |            |             |                        |                           |
|---|------------|-------------|------------------------|---------------------------|
| LAST NAME (include suffix Jr., Sr., I, II etc.) | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER | 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 |
|-----------------------------|------|-------|----------|--------------|

|                                 |  |      |
|---------------------------------|--|------|
| APPLICANT SIGNATURE (mandatory) | TITLE (owner, partner, officer, or member, etc...) | DATE |
|---------------------------------|--|------|

|   |            |             |                        |                           |
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|                     |      |       |          |              |
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|-----------------------------|------|-------|----------|--------------|
| DESIGNATED (Public) ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |
|-----------------------------|------|-------|----------|--------------|

|                                 |  |      |
|---------------------------------|--|------|
| APPLICANT SIGNATURE (mandatory) | TITLE (owner, partner, officer, or member, etc...) | DATE |
|---------------------------------|--|------|