



Mailing Address:
 PO Box 64217
 St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
 Website: dli.mn.gov
 Phone: (651) 284-5034

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.

LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)	LICENSE NUMBER
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DBA NAME (Doing business as name / assumed name – if applicable)

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	CITY	STATE	ZIP CODE
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BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS
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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)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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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
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc.)	DATE
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LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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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
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc.)	DATE
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LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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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
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc.)	DATE
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Construction Codes and Licensing Division
Licensing and Certification Services / Residential
PO Box 64217
St. Paul, MN 55164-0217

**Background Disclosure Form
Business / Contractor / Qualifying Person**

E-mail: DLI.License@state.mn.us
Web Site: www.dli.mn.gov
Phone: (651) 284-5034

This form must be completed by every APPLICANT. "APPLICANT" as defined by MS § 326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling, residential roofing, or manufactured home installation activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.

Minnesota Statutes § 326B.83, subd 2, requires the disclosure of certain criminal, civil action, and financial information from the legal business entity applying to be licensed and its directors, officers, members, limited or general partners, controlling shareholders or affiliates. You are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in denial of the same. The information provided by individuals on this form is private data on individuals while the application is pending and then becomes public data after the license is issued. Disclosure of this information to others may occur as authorized or required by law, upon court order, and/or for the purpose of verification and investigation. Failure to submit the Business/Contractor Background disclosure form, failure to disclose any material information, or making false or misleading statements with respect to any material fact is cause to deny, suspend or revoke the license.

LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH	
PHYSICAL STREET ADDRESS (no PO Box)				CITY	STATE	ZIP CODE	COUNTY
LEGAL BUSINESS NAME and DBA						TELEPHONE NUMBER	

Work History for the past five years (attach additional pages if necessary)

Business Name	Description of Employment	Dates of Employment	
		From	To

If you answer yes to any of the questions below you must attach documentation providing details to enable the Department to evaluate your application fairly and completely. Please attach this documentation directly to your application. *NOTE: failure to provide this documentation may significantly delay the processing of your application and may eventually result in the application being denied.*

- 1) Have you ever held any occupational or professional license in any state including Minnesota?
If **Yes**, list the state(s) and the license type(s) for each license you've held. _____ Yes No

- 2) Have you, as the applicant, qualifying person, or any employee ever had a professional or vocational license reprimanded, censured, limited, conditioned, refused, suspended or revoked, or have you ever been the subject of any administrative action or been affiliated with a business entity that has had action taken against it? Yes No

- 3) In the past 10 years, have you been charged with, pleaded to or been convicted of any criminal offense in any state or federal court? Include any felonies, gross misdemeanors or misdemeanors, but do not include any traffic violations (including DUI or DWI). Yes No

- 4) Have you ever been named as a debtor in a judgment arising from a civil action involving allegations of fraud, construction defect, misrepresentation, negligence, breach of contract, or conversion of funds? Yes No

- 5) Have you as the applicant, managing employee or qualifying person ever filed for bankruptcy or protection from creditors or have any unsatisfied judgments against you or a business entity with which you have been affiliated? Yes No

- 6) Has there been a sale or transfer of the business or any other change in ownership, control, or business name within the last five years? Yes No

CERTIFICATION

I certify that all of the information submitted on this disclosure and attachments is true and complete and that this document has not been changed in any manner from the form adopted by the Department of Labor and Industry.

SIGNATURE OF APPLICANT (mandatory)	TITLE (mandatory)	DATE
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