

Construction Codes and Licensing Division  
 Licensing and Certification Services  
 443 Lafayette Road North  
 PO Box 64217  
 St. Paul, MN 55155



Email: [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

**Residential Building Contractor  
 Residential Remodeler Contractor  
 BUSINESS LICENSE RENEWAL**

**License Fee is Non-Refundable  
 Cash is NOT accepted by Mail or Walk-In**

- If Gross Annual Receipts are less than \$1 million \$505.00\*
- If Gross Annual Receipts are \$1 million to \$5 million \$605.00\*
- If Gross Annual Receipts are greater than \$5 million \$705.00\*

\*A \$90.00 late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3

**DID YOUR LEGAL BUSINESS STRUCTURE CHANGE?**

If YES, you must submit a new license application  
<https://www.dli.mn.gov/business/get-licenses-and-permits/change-business-structure>

Avoid Processing delays by submitting your application online at  
<https://secure.doli.state.mn.us/license/intro.aspx>

SPACE IN BOX FOR OFFICE USE ONLY			
Account Numbers License 632422 Recovery 632425		STK B42RCLIC B42RCRECV	
PCK	CCK	MO	DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.			
Application Number		Bus License Number:	

FEDERAL TAX ID NUMBER (FEIN) (Tax # call: 1-800-829-4933)		MINNESOTA TAX ID NUMBER (Tax # call: 651-282-5225)		BUS LICENSE NUMBER	
If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.			SOCIAL SECURITY NUMBER		
LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP)			FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT)		
DBA NAME (Doing business as name / assumed name – if applicable)			DBA NAME (Doing business as name / assumed name – Required)		
PHYSICAL BUSINESS STREET ADDRESS (PO Box is not acceptable)		CITY	STATE	ZIP CODE	
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)		CITY	STATE	ZIP CODE	
BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS			
QUALIFYING PERSON REG NO	LEGAL LAST NAME (including suffix)	FIRST NAME	MI		

**THIS RENEWAL FORM MUST BE SUBMITTED ALONG WITH ALL OF THE FOLLOWING REQUIRED DOCUMENTS**

- LICENSE FEE** – \$505.00 if gross annual receipts are less than \$1 million; \$605.00 if gross annual receipts are \$1 million to \$5 million; or \$705.00 if gross annual receipts are greater than \$5 million. A \$90.00 late fee is due if the renewal is received by DLI after the expiration date.
- MN Secretary of State (SOS) Business Registration Verification** – Include a computer screen print of the **ACTIVE SOS Business Record Detail screen with your license renewal forms**. Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mbisportal.sos.state.mn.us> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration renewal or filing status
- Disclosure of Business Owners, Partners, Officers and Members Form** - All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day-to-day operations of the business entity being licensed, certified, or registered must be disclosed. A missing or incomplete disclosure will cause the application to be deficient and delay processing.  
[http://www.dli.mn.gov/sites/default/files/pdf/rbc\\_disclosecompanyowners.pdf](http://www.dli.mn.gov/sites/default/files/pdf/rbc_disclosecompanyowners.pdf)
- Certificate of Insurance (Liability)** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT and SUBMITTED WITH THIS RENEWAL**. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at [http://www.dli.mn.gov/sites/default/files/pdf/ccld\\_lic-01G.pdf](http://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-01G.pdf)
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED WITH THIS RENEWAL**. Pursuant to Minn. Stat. § 176.215, Subd.1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at [http://www.dli.mn.gov/sites/default/files/pdf/ccld\\_lic-04\\_workcomp.pdf](http://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-04_workcomp.pdf)
- Qualifying Person Designation Form** – The Qualifying Person Designation Form **MUST BE COMPLETED AND SUBMITTED** with this renewal form.. Qualifying person registration information can be found by searching by an individual's first and last name at the DLI License Lookup feature: [http://www.dli.mn.gov/sites/default/files/pdf/qp\\_register.pdf](http://www.dli.mn.gov/sites/default/files/pdf/qp_register.pdf)

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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>
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**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>
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<b>BUSINESS TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
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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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Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217

## Qualifying Person Designation Form

Email: [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

**License Type:**

- Residential Builder (BC)**                      **Residential Roofer (RR)**  
**Residential Remodeler (CR)**

**CHECK BOX** if this is a Change of Qualifying Person. You must also complete the Application for Change of Qualifying Person Designation packet which includes the **Background Disclosure Form** and the **BCA Form** for the NEW Qualifying Person. This packet is located on our website at [http://www.dli.mn.gov/sites/default/files/pdf/qp\\_register.pdf](http://www.dli.mn.gov/sites/default/files/pdf/qp_register.pdf)

The information you as an individual provide in this form will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this form is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your non-designated address, becomes public data and may be released to anyone upon request.

**QUALIFYING PERSON INFORMATION** - The qualifying person is also responsible for taking **14 hours of CCLD-approved continuing education** which includes one hour of energy in order to renew the company's license every two years.

**\*QUALIFYING PERSON REGISTRATION NUMBER** Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>

<b>FULL LEGAL LAST NAME</b> (including suffix Jr., Sr., I, II, etc)		<b>FULL LEGAL FIRST NAME</b>		<b>MI</b>
<b>RESIDENTIAL ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PUBLIC MAILING ADDRESS</b> (if different from residential address)		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>SOCIAL SECURITY NUMBER</b>	<b>*QP REGISTRATION #</b>	<b>DAYTIME TELEPHONE</b>	<b>E-MAIL ADDRESS</b>	

**BUSINESS LICENSE INFORMATION**

**LEGAL BUSINESS NAME OF CONTRACTOR** (Individual name only if no company name used)

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

<b>BUSINESS ADDRESS</b> (PO Box must include street address)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>CONTRACTOR LICENSE NUMBER</b>	<b>BUSINESS TELEPHONE NUMBER</b>		

**Are you the qualifying person for more than one business entity?**     Yes     No

If you have checked "Yes" above, you must disclose the business entity for which you are the qualifying person.

<b>LEGAL BUSINESS NAME</b> (licensed by Department of Labor and Industry)	<b>LICENSE NUMBER</b>
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**For an individual to act as the QP for more than one entity there must be at least 25% common ownership among the entities. On the line below, provide the name of the individual or entity that owns at least 25% of the business entities for which you will act as QP:**

**PRINT NAME:** \_\_\_\_\_

This is to verify that I am the designated qualifying person for the contractor named above pursuant to M.S. § 326B.805 and, as such, I have fulfilled the examination requirements; and shall fulfill the continuing education requirements on behalf of the licensed contractor; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, if I am not identified as an owner, partner, officer, or member of the contractor named above, I am a managing employee as required in M.S. § 326B.805, Subd. 4 who is regularly employed by the licensee and is actively engaged in the business of residential contracting, residential remodeling, residential roofing or manufactured home installing on behalf of the licensee.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.801 to 326B.89, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

<b>SIGNATURE OF QUALIFYING PERSON</b> (mandatory)	<b>DATE</b>
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Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217

Email: [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

## Certificate of Insurance Covering General Liability and Property Damage

PRINT IN INK or TYPE. Unreadable or illegible certificates will be denied.

**Form must be completed by the insurance agent or insurance company, not by the business/contractor.**

**Liability Insurance Coverage:** This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.86, Subd. 2.

<b>LICENSE TYPE</b>	<b>LICENSE NO (if applicable)</b>	<b>POLICY NUMBER (pending is not acceptable)</b>	
<b>Residential Contractor/Remodeler</b>			
<b>INSURED</b> (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		<b>FROM (mm/dd/yyyy)</b>	<b>TO (mm/dd/yyyy)</b>
		<b>Check - Mandatory</b> Insurance policy meets the minimum statutory requirements. <b>STATUTORY REQUIREMENT</b>  Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits. This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
<b>DBA ("doing business as" or also known as an assumed name) (if applicable)</b>			
<b>STREET ADDRESS (no PO Box)</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>MAILING ADDRESS (if different from above)</b>		<b>NAME OF INSURANCE COMPANY</b>	<b>NAIC ID</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>Data Practices Notice</b> Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		<b>MN INSURANCE AGENT'S LICENSE NO.</b>	Resident  Non-resident
		<b>NAME OF INSURANCE AGENCY/CO.</b>	<b>PHONE NUMBER</b>
		<b>ADDRESS</b>	
<b>Cancellation</b> Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>
		<b>INSURANCE AGENT'S SIGNATURE</b>	<b>DATE</b>

<b>OFFICE USE ONLY</b> Date of DLI Receipt
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**Certificate Holder**

Minnesota Department of Labor and Industry  
 CCLD Licensing and Certification Services  
 443 Lafayette Road North  
 St. Paul, MN 55155

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## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

#### 1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

#### 2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.