

## Contractor Address/Name Change Form

E-mail: [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

**This form can be emailed to  
[dli.license@state.mn.us](mailto:dli.license@state.mn.us)**

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

PRINT IN INK or TYPE		CHECK LIST	
BUSINESS/CONTRACTOR LICENSE TYPE (mandatory)		<input type="checkbox"/> Business/Contractor Address Change Form <input type="checkbox"/> Certificate of Liability Insurance, if applicable <input type="checkbox"/> Certificate of Compliance Minnesota Workers' Comp Law <input type="checkbox"/> Bond Rider and Power of Attorney, if applicable <input type="checkbox"/> Secretary of State, if applicable	
LICENSE NUMBER (mandatory)			
CONTACT PERSON (PRINT)	CONTACT PHONE NUMBER	CONTACT E-MAIL	
OLD BUSINESS NAME/ADDRESS CHANGE INFORMATION		NEW BUSINESS NAME/ADDRESS CHANGE 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
CITY	STATE	ZIP CODE	CITY
MAILING ADDRESS (if different from above)		MAILING ADDRESS (if different from above)	
CITY	STATE	ZIP CODE	CITY
CITY	STATE	ZIP CODE	CITY
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

**This material can be made available in different forms, such as large print, braille or on audio.**