



Minnesota Department of Labor and Industry  
 Residential Building Contractors  
 443 Lafayette Road N.  
 St. Paul, MN 55155  
 Phone: 651-284-5065 Fax: 651-284-5749  
 Email: [DLI.contractor@state.mn.us](mailto:DLI.contractor@state.mn.us)

**NOTIFICATION OF  
 ADDRESS CHANGE  
 FOR  
 BUSINESS ENTITY**

Minn. Stat. §45.0112 requires a business entity licensee to provide a street address where the licensee's business is physically located, and requires the licensee to notify the Department of Labor and Industry in writing of any change in street address within ten days.

**Submit this completed form to the Commerce Licensing Division.**

**BUSINESS ENTITY INFORMATION**

Legal Name of Business Entity		
DBA - Assumed Name (if any) as shown on License		
License Number	License Type	Minnesota Tax Identification Number
Business Structure <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (Specify _____) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership		

**F O R M E R   A D D R E S S**

Former Business Address		
City	State	Zip Code
Former Business Telephone Number (    )		

**N E W   A D D R E S S**

New Business Address (P.O. Box must include RR# or Street Address)		
City	State	Zip Code
New Business Telephone Number (    )	Date of Business Address Change	

**CERTIFICATION OF LICENSEE**

**I certify that all the information provided above is true and complete.**

**SIGNATURE OF  
 CORPORATION/LLC/OTHER**

Authorized Officer's Signature
Print Name and Title
Date Signed

**SIGNATURE OF  
 PARTNERSHIP/LP/LLP**

Partner's Signature
Print Name
Date Signed

**SIGNATURE OF  
 INDIVIDUAL PROPRIETOR**

Individual's Signature
Print Name
Date Signed