Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North 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 nondesginated address becomes public data and may be released to anyone upon request.

may be followed to differ equation.			
LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT) LICENSE NUMBER			
DBA NAME (Doing business as name / assumed name	e – if applicable)		
DEA NAME (Doing business as name / assumed name in applicable)			
PHYSICAL BUSINESS ADDRESS (PO Box not accep	tod)	CITY	STATE ZIP CODE
ritiologe bookless Abbitess (1 o box not accepted)			STATE ZIF CODE
BUSINESS TELEPHONE NUMBER		EMAIL ADDRESS	
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)
	WIBBLE TO WIL	COOM LE GEOOTHT THOMBEN	Ditte of Birth (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NO
Is the residential address a non-designated (Private DESIGNATED (Public) ADDRESS	) address?	STATE ZIP CODE	a designated (Public) address.  TELEPHONE NO
DESIGNATED (Public) ADDRESS	CITT	STATE ZIP CODE	TELEPHONE NO
A DDI LOANIT CLONIA TUDE (			DATE
APPLICANT SIGNATURE (mandatory)	IIILE (owner, partn	er, 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)
	WIDDLE NAME	SOCIAL SECONT I NOWBER	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NO
In the regidential address a new designated (Drivets	gnated (Private) address?		
Is the residential address a non-designated (Private DESIGNATED (Public) ADDRESS	) address?	☐ No If <b>yes</b> , you must provide a	TELEPHONE NO
DEGIGIANTED (I dolle) NODINEGO	OTT	OTATE ZII GODE	TEELI TIONE NO
ADDITIONAL CIONATUDE (man determ)	TITI E /avenage magete	#:	DATE
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partn	er, 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)
	. WIBBLE WAR		Division of the state of the st
RESIDENTIAL ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NO
			1
Is the residential address a non-designated (Private		No If <b>yes</b> , you must provide a	a designated (Public) address.
DESIGNATED (Public) ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	IIILE (owner, partne	er, officer, or member, etc)	DATE