

## City of Minneapolis Licenses and Consumer Services

505 Fourth Ave. S., Room 220 Minneapolis, MN 55415 Telephone: 612-673-2080

www.minneapolismn.gov/businesslicenses

## For Office Use Only

AP: Current Lic # MCO: 259 Adm Issuance: Yes

## **License Application: Corporate Name Change**

**Definition:** You change the name of your legal entity, but no changes are made to your MN Secretary of State file number or MN Sales Tax ID number. There is no fee for this application. Your business continues regular operations. Your business must have a current license in good standing.

If you have questions, send an email to <u>businesslicenses@minneapolismn.gov</u>, contact your <u>License Inspector</u>, or call 612-673-2080.

| Application Requirements  |                            |     |
|---|----------------------------|-----|
| 1. Complete the following information.  |                            |     |
| 2. Attach a Certificate of Organization with new entity name from the Minnesota Secretary of State.   |                            |     |
| Current Legal Name of Business  | New Legal Name of Business |     |
| Business Name (DBA)   | Business Address           |     |
| Business E-mail Address   | Personal E-mail Address    |     |
| Business Telephone Number   | Cell Phone Number          |     |
| Type(s) of License  | License Number(s)          |     |
|   |                            |     |
| Verification  |                            |     |
| A signature is required.  |                            |     |
| ☐ I certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and any attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.  ☐ I have read and agree to the Terms and Conditions for electronic signatures, records and payment |                            |     |
| By typing your name, you are electronically signing this application.   |                            |     |
| Signature of Applicant  | Title Da                   | ate |