

## LICENSE NAME CHANGE FORM

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PLEASE COMPLETE ELECTRONICALLY OR PRINT LEGIBLY

LICENSE NUMBER(S): \_\_\_\_\_

MN ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### CHANGE FROM

CURRENT LICENSE NAME: \_\_\_\_\_

### CHANGE TO

FULL LICENSE NAME: \_\_\_\_\_

\_\_\_\_ CHECK HERE IF ADDING ABOVE AS 'DOING BUSINESS AS' (DBA) NAME

\_\_\_\_ CHECK HERE IF DUAL LICENSE HOLDER AND CHANGING **BOTH** LICENSE NAMES

QR/MM SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*SUBMIT THIS FORM, ATTACHED DOCUMENTATION, AND REQUIRED FEE VIA MAIL TO THE BOARD\*\***

### REQUIRED DOCUMENTATION

- MN Secretary of State Filing
- Updated Bond (ONLY if changing the License Holder name, adding a DBA does not require this)
- Updated Proof of Financial Responsibility (ONLY if changing the License Holder name, adding a DBA does not require this)
- \$25 check or money order