



City of Minneapolis  
 Licenses and Consumer Services  
 505 Fourth Ave. S., Room 220  
 Minneapolis, MN 55415  
 Telephone: 612-673-2080

**For Office Use Only**  
 AP: BLAmend/  
 Adm Issuance: Yes

## License Application: New Corporate Name Change

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. Your business continues regular operations. Your business must have a current license in good standing. There is no fee for this application.

Talk to your License Inspector if you are making any other changes to the license including ownership or operations.

If you have questions email [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

1. Application requirements	
Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> , US mail, or drop it off at our office.	
1.	<input type="checkbox"/> <b>Corporate Name Change form</b> - This must be filled out by a current owner, partner, or shareholder.
2.	<input type="checkbox"/> <b>List of all owners, partners and/or shareholders</b> (form #1)
3.	<input type="checkbox"/> <b>State of Minnesota AGE form</b> - ask your Inspector for the correct form for your license type <input type="checkbox"/> <b>N/A</b> - not required, no alcohol license at this business
4.	<input type="checkbox"/> <b>Liability insurance certificate</b> - must have your new corporate name on the certificate <input type="checkbox"/> <b>N/A</b> - not required to have insurance
5.	<input type="checkbox"/> <b>Certificate of Organization</b> - new legal business name from Minnesota Secretary of State <input type="checkbox"/> <b>File number</b> - from Minnesota Secretary of State
6.	<input type="checkbox"/> <b>Corporate minutes with approval of the legal name change</b> <input type="checkbox"/> <b>Articles of corporation with legal name change</b>
7.	<input type="checkbox"/> <b>Signed lease or addendum</b> - must have the new legal name
8.	<input type="checkbox"/> <b>Certificate of Assumed Name, DBA</b> - from Minnesota Secretary of State.
Additional information	
For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or <a href="mailto:Businesslicenses@minneapolismn.gov">Businesslicenses@minneapolismn.gov</a> . People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para asistencia, llame al 311. Rau kev pab 311. Hadii aad Caawimaad u baahantahay 311.	

## Corporate Name Change application

### 2. Business information

Explain in detail the changes to the business

Name of person making the request (must be current owner or shareholder)

Title

Cell phone number

Email

Current legal corporation name

New legal corporation name

Current file number with MN Secretary of State

New file number with MN Secretary of State

Business name (DBA)

Business phone number

Business address

Suite number

City

Zip code

Business Email

MN tax ID number

Current Minneapolis license number

Current license type

Describe any entertainment provided at the business

Manager's name

Email

Phone

Person responsible within 75 miles

Email

Phone

Will you be:

remodeling or

changing or replacing any equipment

Explain the type of remodeling or construction

### 3. Verification

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on application, checklist, and attached documents is true and correct. All information given is subject to verification by the City of Minneapolis. I understand that false information may result in denial, suspension, or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Officers, Owners and Shareholders

Attach additional sheets if needed.

- List all officers, owners and shareholders. Ownership must add up to 100%.
- Company is publicly traded- you do not need to list owners and shareholders.

Name	Address	Telephone	Title	# Shares or % Ownership

I, \_\_\_\_\_, declare under penalty of perjury that as of this date, the following is a true and complete list of all officers,  
(print name)  
owners, and/or shareholders of this company.

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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_