

STATE OF MINNESOTA  Department of Commerce	State of Minnesota Department of Commerce Division of Financial Examinations 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 539-1700 Fax: (651) 539-1548 MN.GOV/COMMERCE	NOTIFICATION OF ADDRESS CHANGE FOR BUSINESS ENTITY
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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 Commerce in writing of any change in street address within ten days. This form is to be completed and submitted to the Division of Financial Examinations for the following license types only: **Credit Services Organization, Money Transmitter, and Residential Mortgage Originator or Servicer and Certificate of Exemption.** No fee is required. An amended license will be issued and mailed.

BUSINESS ENTITY INFORMATION

Legal Name of Business Entity		
DBA - Assumed Name (if any) as shown on License		
License Number	License Type	FEIN Number
Business Structure Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation		

FORMER ADDRESS

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

NEW ADDRESS

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

CERTIFICATION OF LICENSEE

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

SIGNATURE OF SOLE PROPRIETOR

Individual's Signature
Print Name
Date Signed

SIGNATURE OF PARTNERSHIP, LLC, OR LLP

Partner's Signature
Print Name
Date Signed

SIGNATURE OF ASSOCIATION OR CORPORATION

Authorized Officer's Signature
Print Name and Title
Date Signed