



85 – 7th PLACE EAST, SUITE 280
 ST. PAUL, MN 55101
 651-539-1599

**NOTIFICATION OF CHANGE IN
 OWNER, PARTNER, OFFICER, OR DIRECTOR
 FOR REAL ESTATE COMPANY LICENSE**

Company Name _____

Company License Number _____

Identify all owners with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company.

Name/ Date of Birth	Title	SSN/FEIN	Owner?	Percentage of Ownership Interest
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION: I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.

 Signature of Owner/Officer/Partner

 Title

 Date