



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: 1-800-451-7985
 http://business.wa.gov/BLS

Legal Entity/Owner Name

Unified Business Identifier (UBI)

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

Business License Application

For faster service apply online at business.wa.gov/BLS
 Online applications are typically processed within two business days.
 It may take up to 21 days if you file by mail.

03N-400-925-0003

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|---|
| <input type="checkbox"/> Open/Reopen Business
<i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input type="checkbox"/> Add License/Registration to Existing Location
<i>complete sections 2, 3, 4, and 6</i> |
| <input type="checkbox"/> Open Additional Location
<i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input type="checkbox"/> Business Has or Will Have Employees
<i>complete all sections</i> |
| <input type="checkbox"/> Change Ownership
<i>complete sections 2, 3, 4, (5 if you have employees) and 6</i> | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
<i>complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.)</i> |
| <input type="checkbox"/> Register Trade Name
<i>complete sections 2, 3, 4 and 6</i> | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
<i>complete all sections</i> |
| <input type="checkbox"/> Change Trade Name - <i>complete sections 2, 3, 4 and 6</i>
Name(s) to be cancelled : _____
_____ | <input type="checkbox"/> Other - <i>complete all</i> |
| <input type="checkbox"/> Change Location - <i>complete sections 2, 3, 4 and 6</i>
Old address to be closed: _____ | |

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) – Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Unemployment Insurance – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Minor Work Permit – <i>Required if you will have employees under age 18.</i>	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

Enclose check for **total amount due**, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee \$ **19.00**

Total Amount Due \$

Make check payable to the [Department of Revenue](#).

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

3. Owner Information

Ownership Structures

a. Select only ONE ownership structure:

- Sole Proprietor
If married, should spouse's name appear on license? Yes No *(If you answer No, you must still enter the spouse information in section "3f" below.)*
- Corporation* Non Profit Corporation* *(educational, religious, charitable)* Limited Liability Company*
 Partnership (# of partners: _____) Joint Venture
 Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership*
**These ownership structures must contact the Secretary of State office for additional filing requirements.*

Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: _____ Year incorporated/formed: _____
 Association Trust Municipality Tribal Government Other _____

Name of Organization (example: Anderson Family Trust)

b. Business Open Date ____/____/____ Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. **(Required. If unknown, please estimate.)**
MM YY

c. _____ Is this location inside city limits? Yes No
Business Name/Trade Name

d. _____ Business Mailing Address *(Street or PO Box, Suite No. do not use building name)* Business Street Address *(if different than mailing) Do not use a PO Box or PMB.*

City State Zip code City State Zip code

e. (____) (____) _____ E-Mail Address
Business Telephone Number Fax Number

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

Governing Persons

➤ _____
Name *(Last, First, Middle)* Date of Birth _____ Social Security Number* _____ % Owned _____

Home Address *(Street or PO Box)* City State Zip code
 _____ (____)
Title Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Spouse Name *(Last, First, Middle)* Spouse Date of Birth _____ Spouse Social Security Number* _____

➤ _____
Name *(Last, First, Middle)* Date of Birth _____ Social Security Number* _____ % Owned _____

Home Address *(Street or PO Box)* City State Zip code
 _____ (____)
Title Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Spouse Name *(Last, First, Middle)* Spouse Date of Birth _____ Spouse Social Security Number* _____

➤ _____
Name *(Last, First, Middle)* Date of Birth _____ Social Security Number* _____ % Owned _____

Home Address *(Street or PO Box)* City State Zip code
 _____ (____)
Title Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Spouse Name *(Last, First, Middle)* Spouse Date of Birth _____ Spouse Social Security Number* _____

**The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)*

4. Location / Business Information

- a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?
 Yes No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

_____ Business Street Address (Do not use a PO Box or PMB Address)

_____ City

_____ State

_____ Zip code

- b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No

Check "Independent Contractors" definition at www.lni.wa.gov/IPUB/101-063-000.pdf

- c. Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

- d. Mark the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

- e. Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

- f. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: _____ / _____ / _____
MM DD YY

Prior Business Name

()

Prior Owner's Name

Telephone Number

- g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$ _____

- h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name:

- i. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide the UBI number to be closed: _____

Do you wish to cancel all the trade names registered under the old UBI number? Yes No

You must re-register all trade names you use under the new business structure.

- j. If you have ever owned another business, provide: _____
Business Name UBI Number

- k. Provide your bank's name: _____ Branch: _____

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.
(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, employment tax returns will be required quarterly **even if you have not hired**.

- a.** Date of first employment or planned employment at this location: / / First date wages paid: / /
MM DD YY MM DD YY
- b.** Number of persons you employ or plan to employ at this location (do not include owners): _____
- c.** Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:
- | Number | Duties to be performed by minors (Check www.teenworkers.lni.wa.gov) |
|---------------------|--|
| Ages 16-17: _____ | _____ |
| Ages 14-15: _____ | _____ |
| Under age 14: _____ | _____ |
- d.** Check the **ONE** box which best describes the major operation of your business.
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> (01) Drywall Operations | <input type="checkbox"/> (05) Maritime/Vessels/Longshore | <input type="checkbox"/> (09) Vehicle Svcs/Transportation | <input type="checkbox"/> (13) Retail/Whlsl: Stores & Warehsing |
| <input type="checkbox"/> (02) Logging/Forestry | <input type="checkbox"/> (06) Electronics/Utilities/Vending Mch | <input type="checkbox"/> (10) Mfg - Chem/Textiles/Paper | <input type="checkbox"/> (14) Food Svcs/Chore/Asst Lvg/Janitor |
| <input type="checkbox"/> (03) Construction/Engrg/Property Mgmt | <input type="checkbox"/> (07) Wood Prod/Stone/Glass & Mining | <input type="checkbox"/> (11) Mfg - Food/Ice/Beverages | <input type="checkbox"/> (15) Media/Entertainment/Lodging |
| <input type="checkbox"/> (04) Temp Help Co/Employee Leasing | <input type="checkbox"/> (08) Mfg - Metal/Mach Shops/Millwright | <input type="checkbox"/> (12) Agriculture/Farming | <input type="checkbox"/> (16) I.T./Prof Svcs/Med/Salon/Schools |

- e.** Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
Example: Office Staff - reception, accounting, data entry	2	960
➤ _____		
➤ _____		
➤ _____		

- f.** If you have more than one Washington location, how do you wish to receive the following quarterly reports?
- Unemployment Insurance: All locations combined Each location separately (multiple reports)
- Workers' Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See License Fee Sheet for more information.)

- g.** If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?
- Yes** – Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.
- No** – The corporation must inform officers in writing that they are not covered for Unemployment Insurance.
- h.** Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)
- Yes** – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- No**
- i.** Do you want elective workers' compensation coverage for excluded employment? (See License Fee Sheet for descriptions.)
- Yes** – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- No**

6. Signature *Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.*

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

X _____ / _____ / _____
 Signature Required Date

Application Prepared By (Please Print) _____ Title _____ Telephone No. _____ () / _____ / _____
Date

Some agencies can provide language assistance. Would you like assistance? **Yes** **No** Specify language _____