



## Camping Resort Company Registration Renewal

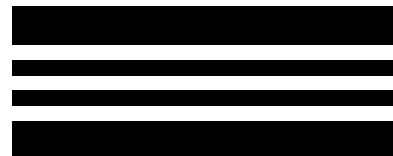
Renew a Camping Resort Company Registration.

Online: <https://professions.dol.wa.gov>

Or mail this completed form, a check or money order (payable to the Department of Licensing), and all required documents to:

**Camping Resorts**  
**Department of Licensing**  
**PO Box 3777**  
**Seattle, WA 98124-3777**

For questions or language help call: (360) 664-6486



**Fees**—to include with renewal

- Fees:   1   renewal registration (includes one camping resort) \$ \_\_\_\_\_
- \_\_\_\_\_ number of additional camping resorts (\$840 each) \$ \_\_\_\_\_
- \_\_\_\_\_ initial contracts—first group of up to 500 contracts (\$500) \$ \_\_\_\_\_
- \_\_\_\_\_ number of additional groups of 500 contracts (\$100 each group) \$ \_\_\_\_\_
- \_\_\_\_\_ late renewal penalty (\$840) \$ \_\_\_\_\_

Licenses are available for self-printing with an online account.  
If you want us to print and mail your license add a \$5 print fee for each.

- \$0 self-print license online. \$ \_\_\_\_\_
- \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ \$ \_\_\_\_\_

**Total fees** \$ \_\_\_\_\_

**Required documents**—to include with application

- Copies of all information required in WAC 308-420-060
- Draft of Public Offering Statement
- Written disclosures as required by RCW 19.105.320(b)
- Statements as required by RCW 19.105.320(c)

**Company information**

TYPE or PRINT Name as you would like it to appear on your license		
Name the company will do business as		
Mailing address		
City	State	ZIP code
Physical address		
City	State	ZIP code
(Area code) Phone number	Email	
Washington corporation number (if applicable)	UBI/UBI Business ID/UBI Location ID (16 digits)	
Type of business (If you check partnership or corporation, attach a copy of the partnership agreement or the current Washington corporation document.)		
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
Full legal name of owner or promoter (First, Middle, Last)		Date of birth (mm/dd/yyyy)
(Area code) Phone number	Email	
Military? (check if applicable)		
Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		

**Legal background**

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? .....  Yes  No
- 2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) .....  Yes  No

**Verification by oath or affirmation—Your signature must be notarized**

I, \_\_\_\_\_ on behalf of the Camping Resort company, hereby affirm I am aware I must comply with the applicable rules and understand the penalties for misconduct.

\_\_\_\_\_  
TYPE or PRINT Name of owner or promoter

**X**

\_\_\_\_\_  
Signature of owner or promoter

\_\_\_\_\_  
Date

**Consent to service—Requirement for all out-of-state applicants (signature must be notarized)**

I, the undersigned, residing in the state of \_\_\_\_\_, have obtained or am about to obtain a registration/license/certification from the state of Washington to engage or continue in the business of a Camping Resort company. I irrevocably consent that suits and actions may be commenced against the company in any county of the state of Washington in which any party/plaintiff having cause of action against the company may preside and that service of any process or pleading in an action or suit may be made by delivering it to the Director of the Department of Licensing of the state of Washington, at Olympia, Washington.

\_\_\_\_\_  
TYPE or PRINT Name of owner or promoter

**X**

\_\_\_\_\_  
Signature of owner or promoter

\_\_\_\_\_  
Date

**Certification**

Answer the following

- 1. Do you understand that we, the Department of Licensing, have the right to inspect the records the Camping Resort company is required to keep by the laws and regulations that govern the license you are applying for? .....  Yes  No
- 2. Do you understand that it is your responsibility as the owner or promoter to cooperate with an investigation by providing the Department of Licensing with the requested documents and a written explanation of the matter contained in a complaint? .....  Yes  No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name of owner or promoter

**X**

\_\_\_\_\_  
Signature of owner or promoter

\_\_\_\_\_  
Date and place

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**

RCW 19.105, 330(1), .333  
WAC 308-420-060

**Notary—All signatures must be notarized**

(Seal or stamp)	State of _____, County of _____
	Signed or attested before me on _____ by _____
	_____
	Signature
	_____
	Printed or stamped name
_____	and _____
Title	Expiration date of appointment