



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

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)

Legal Entity/Owner Name _____

Unified Business Identifier (UBI) _____

Federal Employer Identification Number (FEIN) _____

For Validation - Office Use Only

03N-400-925-0003

Business License Application

For faster service - Apply online at business.wa.gov/BLS

or print in dark ink and mail to Business Licensing Service

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</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 - complete sections 2, 3, 4 and 6
Name(s) to be cancelled : _____ | <input type="checkbox"/> Other - complete all sections _____ |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6
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 Processing Fee, which **MUST** be submitted with this form.

Processing Fee \$ **15.00**

Make check payable to the *Department of Revenue*.

Total Amount Due \$

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.)

Example: Office Staff - reception, accounting, data entry

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
➤	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.*)

Note: Profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form.

Visit www.esd.wa.gov/uitax/corporateofficers/exempt-officers-defined.php for the form and more information.

g. If your profit corporation doesn't have employees, do you want unemployment insurance coverage for corporate officers?

Yes – Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.

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 _____