



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

Lawrence Sharif

Legal Entity/Owner Name

603-012-345

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
 Online applications are typically processed within two business days.
 It may take up to 21 days if you file by mail.

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6 |
| <input type="checkbox"/> Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees
complete all sections |
| <input type="checkbox"/> Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
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.) |
| <input checked="" type="checkbox"/> Register Trade Name
complete sections 2, 3, 4 and 6 | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
complete all sections |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled : _____ | <input type="checkbox"/> Other - complete all |
| <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 checked="" 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) – Required if you will have employees.	No Fee
<input type="checkbox"/> Unemployment Insurance – Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit – Required if you will have employees under age 18.	No Fee
<input checked="" type="checkbox"/> New Trade Name (Doing Business As): First Shuttle; Larry's Limo & Shuttle	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤ Limousine business license	\$ 350.00
➤ Vehicle certificate x2 (limousine & shuttle van)	\$ 150.00
➤ Inspection x2	\$ 50.00
➤	\$
➤	\$

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 \$ 574.00

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.

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:

Airport, hotel and tour limousine and shuttle ride service

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: *Washington National* Branch: *Metropolis*

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.)



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia, WA 98507-9034
 1-800-451-7985

UBI	603-012-345
Owner Name (please print clearly)	LAWRENCE SHARIF

Limousine Carrier Chauffeur Addendum

All chauffeurs operating a limousine for your business must meet the qualification requirements outlined in RCW 46.72A and WAC 308-83. Their names and copies of their driver licenses must be submitted to the Business Licensing Service with this form before they may operate a limousine. This information must be kept current at all times. You must certify to the Department of Licensing that you have the required records proving all qualifications for each chauffeur listed below.

- Use this form the first time you file as a Limousine Carrier and to add or remove a chauffeur at other times during the year. List all chauffeurs' names exactly as they appear on their driver license. At least one chauffeur is required.
- Make sure to include yourself on the list if you also operate a limousine.
- Submit a copy of the driver license for each chauffeur listed below.

SAMPLE

Incomplete or unsigned forms will delay your license application or renewal. Attach additional forms if needed.

ADD Limousine Chauffeurs - Complete section below.

Last Name	First Name	Middle	Driver License Copy Attached ✓
SHARIF	LAWRENCE	SAM	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

As the authorized representative of the business, I certify under penalty of perjury under the laws of the state of Washington that the persons listed above have completed the requirements for chauffeurs, and I have the proof as outlined in RCW 46.72A.090, and described in WAC 308-83-140.

X Larry Sharif
 Signature of Authorized Representative

7/31/2014
 Date

REMOVE Limousine Chauffeurs - Complete section below.

Last Name	First Name	Middle	Date of Birth

DRIVER'S LICENSE



SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Henry's Big Insurance - SAMPLE ONLY 4182 Anystreet Way Big City NY 10305		CONTACT NAME: James Henry, III PHONE (A/C, No, Ext): 202-555-2468 E-MAIL ADDRESS: JHENRY3@WAHU.COM FAX (A/C, No): 202-555-3579	
INSURED Lawrence Sharif Larry's Limo & Shuttle 1234 Green Valley Drive Centralia WA 98531		INSURER(S) AFFORDING COVERAGE INSURER A: Underwriters Forever Major Insurer	NAIC # 123569
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: LB 0010204 - SAMPLE ONLY

REVISION NUMBER: NA

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			LLS 9264-1177	07/29/2014	07/28/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,050,000 \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Commercial limousine coverage of the following:
 10TESTVN9A222222, 2010 Lincoln Towncar

CERTIFICATE HOLDER**CANCELLATION**

State of Washington Department of Licensing PO BOX 9039 Olympia WA 98507	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE James Henry, III - SAMPLE ONLY
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07/31/2014

License plate 5588UN	Plate issue date 06/2010	Tax no	Reg expiration 06/01/2015	Value code 33500	Year 2010	Mo reg 12	Mo get	Par G	Use F/H	Mod yr 2010	Make LINC	Body TOWNCAR
Vehicle ident (VIN)/Serial no 10TESTVN9A2222222		Res co 21	Scale wt 4225	Seats 06	Model	BT	Get	Get st	Get exp	Fleet	Equip	
Prev plate	Filing	TSD	FTA Tax	Subagent	Get/Veh wt	Other	Total fees	Get cr				

LARRY'S LIMO AND SHUTTLE
1234 GREEN VALLEY DR
CENTRALIA WA 98531

SAMPLE

SAMPLE

X

Signature of registered owner(s)

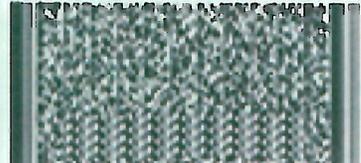
X

Signature of registered owner(s)

Comments:

COLOR-BLACK - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Validation code 76400115142120731140022156653



LIMOUSINE INSPECTION REPORT
STATE OF WASHINGTON – WASHINGTON STATE PATROL
SAMPLE ONLY

Submit this inspection report with your limousine carrier license application. To be acceptable the report must have been completed within the four (4) months before the date of your application.

Owner's Name:	Business Name:	UBI:	DATE of Inspection:	
Lawrence Sharif	Larry's Limo & Shuttle	603012345	07/30/2014	
VIN:10TESTVN9A2222222	Plate: 555BUN	Year: 2010	Make: Lincoln Towncar	
Color: black	Tab: LV203948	Driver: Jimmy Wray		
Inspector's Name:	Inspection Location:	Time In: 1430	Time Out: 1510	
Jerry Humble	Seattle, WA			
Brake Lights	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Head Lights	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Horn	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Signal Lights	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Mirrors both sides	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Seat Belts	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Door Handles	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Door Locks	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Tire Tread Depth	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Tire Inflation	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Front Windshield	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Rear Windshield	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Driver-side Windows	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Passenger-side Windows	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Vehicle Body	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Vehicle Seats	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Brakes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Bumpers	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Steering Wheel	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Suspension	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Hood	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Trunk Latch	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Fuel System	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Exhaust System	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Overall Condition	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Cleanliness	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
Proof of Insurance	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Vehicle Registration	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	

Other information: NA

This vehicle has been passed ___ failed during safety inspection at this facility. The inspector signing below certifies the inspection was carried out according to Washington State laws and regulations in compliance with the requirements of RCW 46.72A, RCW 46.37, WAC 308-83-120, and WAC 204-95-080.

Signed Jimmy Wray

Date signed 7/30/14