



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

Ima New ForHire, LLC

Legal Entity/Owner Name

603-123-456

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
<i>complete sections 2, 3, 4, (5 if hiring employees) 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"/> Change Ownership
<i>complete sections 2, 3, 4, (5 if you have employees) and 6</i>

<input checked="" type="checkbox"/> Register Trade Name
<i>complete sections 2, 3, 4 and 6</i>

<input type="checkbox"/> Change Trade Name - <i>complete sections 2, 3, 4 and 6</i>
Name(s) to be cancelled : _____

<input type="checkbox"/> Change Location - <i>complete sections 2, 3, 4 and 6</i>
Old address to be closed: _____ | <input type="checkbox"/> Add License/Registration to Existing Location
<i>complete sections 2, 3, 4, and 6</i>

<input type="checkbox"/> Business Has or Will Have Employees
<i>complete all sections</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"/> Hire Persons to Work In or Around Your Home
<i>complete all sections</i>

<input checked="" type="checkbox"/> Other - <i>complete all</i> |
|--|---|

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) – <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 checked="" type="checkbox"/> New Trade Name (Doing Business As): Best Ride	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤ For hire	\$ 75.00
➤ For hire vehicle x 3	\$ 165.00
➤ Taxi meter x 3	\$ 75.00
➤	\$
➤	\$

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 \$ **339.00**

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.

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.*

Ima New ForHire, LLC

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

State incorporated/formed: Washington Year incorporated/formed: 2014
 Association Trust Municipality Tribal Government Other _____

Name of Organization (example: Anderson Family Trust)

b. Business Open Date 06 / 2014 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.)

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

d. 1234 Main Street
 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.
Bigtown WA 98123 _____
 City State Zip code City State Zip code

e. (206) 789-3456 _____ () _____ bestride@mymail.com
 Business Telephone Number Fax Number E-Mail Address

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

Governing Persons

> **Gnu, Ima B** 03 / 03 / 1973 ***-**-1234 100
 Name (Last, First, Middle) Date of Birth Social Security Number* % Owned
22 Side Street Bigtown WA 98123
 Home Address (Street or PO Box) City State Zip code
Manager (206) 789-3456
 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:

Taxi and for hire services

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: Well's Fargo Branch: Bigtown

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.)



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 Business Licensing Service
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UBI # 603-123-454

For Hire Addendum

This addendum form may only be submitted as an attachment to the Business License Application.

Owner name IMA New For Hire LLC
 Firm/trade name BEST RIDE

For Hire permit:

Please have this form completed and signed by your **local jurisdiction authority**, which is the city your business is physically located in. To obtain contact information for your local jurisdiction, please visit mrsc.org/cityprofiles/citylist.aspx. Each For Hire vehicle certificate is \$55.00. If you have NOT paid a For Hire Licensing fee to your local jurisdiction, you must send an additional \$110.00 with this addendum for a state For Hire permit.

Local Jurisdiction Authority

- This certifies that the above-named for hire operator is approved to transport passengers for hire under provisions of local laws enacted for that purpose.
- This local jurisdiction partners with the Business Licensing Service and requires the for hire operator to have a City business license prior to commencing operations in this local jurisdiction.
- This local jurisdiction does not regulate for hire operators.
- This local jurisdiction does not regulate for hire operators that are outside the city limits.
- This local jurisdiction does not recognize this business as a for hire.

City Official comments:

Max Satvan
 Signature of jurisdiction authority

06/29/14
 Date

Bigtown WA
 Local jurisdiction/city

CITY CLERK
 Title of office

(206) 888-1234
 Telephone number