



**Master License Service**  
 Department of Licensing  
 PO Box 9034  
 Olympia WA 98507-9034  
 Telephone: (360) 664-1400  
 www.dol.wa.gov

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*

## Master Business Application

*For faster service - Apply online @*

*www.dol.wa.gov*

*or print in dark ink and mail to Master License Service*

01P-400-925-0003

### 1. Purpose of Application

Please check all boxes that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Open/Reopen Business<br><i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i>     | <input type="checkbox"/> Add License/Registration to Existing Location<br><i>complete sections 2, 3, 4, and 6</i> |
| <input type="checkbox"/> Open Additional Location<br><i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input type="checkbox"/> Business Has or Will Have Employees<br><i>complete all sections</i>                      |
| <input type="checkbox"/> Change Ownership<br><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<br><i>complete all sections</i>         |
| <input type="checkbox"/> Register Trade Name<br><i>complete sections 2, 3, 4 and 6</i>                               | <input type="checkbox"/> Hire Persons to Work In or Around Your Home<br><i>complete all sections</i>              |
| <input type="checkbox"/> Change Trade Name - <i>complete sections 2, 3, 4 and 6</i>                                  | <input type="checkbox"/> Other - <i>complete all sections</i> _____   |
- Indicate name to be **cancelled**: \_\_\_\_\_
- Change Location - *complete sections 2, 3, 4 and 6*  
 Indicate old address to be closed: \_\_\_\_\_

### 2. Licenses and Fees

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

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

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 WASHINGTON STATE TREASURER.**

**Total Amount Due** \$

### 3. Owner Information

Sole Proprietor

**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.)*

Partnership / Corp.

Corporation\*     Non Profit Corporation\* *(educational, religious, charitable)*     Limited Liability Company\*  
 Partnership (# of partners: \_\_\_\_\_)     Limited Partnership\*     Limited Liability Partnership\*     Joint Venture  
*\*These ownership structures must contact the Secretary of State office for additional filing requirements.*

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

State incorporated/formed: \_\_\_\_\_ Year incorporated/formed: \_\_\_\_\_

Other

Association     Trust     Municipality     Tribal Government    Other \_\_\_\_\_

\_\_\_\_\_  
 Name of Organization (example: Anderson Family Trust)

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

**c.** \_\_\_\_\_  
 Doing Business As (DBA)/Trade Name

**d.** \_\_\_\_\_  
 Business Mailing Address (Street & Suite No. or PO Box, do not use building name)    City    State    Zip code

**e.** (    )    (    )  
 Business Telephone Number    Fax Number    Internet/E-Mail Address

**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

Check the appropriate box and provide the corresponding physical address on line 4.b. below.

- a.  This application is for a Washington location (*provide the Washington address*)  
Is this Location inside city limits?  Yes  No  
 This Business has **No** Washington location (*provide the primary business address*)
- b. \_\_\_\_\_  
Business Street Address (*Do not use a PO Box or PMB Address*) City State Zip code
- c. If the address above is out-of-state and you have employees or representatives working in Washington, please 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
- d. 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
- e. Indicate the business activities in Washington State (*check all that apply*):  
 Wholesale  Retail  Manufacturing  Services
- f. 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*):  
\_\_\_\_\_  
\_\_\_\_\_
- g. 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 \_\_\_\_\_
- h. 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: \$ \_\_\_\_\_
- i. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:  
\_\_\_\_\_
- j. If you are changing your business structure (*such as changing from sole proprietorship to corporation*) and want the old account closed, please indicate 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.*)
- k. If you have ever owned another business, please provide: \_\_\_\_\_  
Business Name UBI Number
- l. 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.)

