



MASTER LICENSE SERVICE
 DEPARTMENT OF LICENSING
 PO BOX 9034
 OLYMPIA, WA 98507-9034

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

UBI NUMBER
OWNER NAME (Please print clearly)

FOR VALIDATION — OFFICE USE ONLY

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01P-400-925-0003

Location Addendum To The Master Application

Complete one Location Addendum for each business location not listed on the Master Business Application. This form must accompany a Master Business Application.

1. LIST REGISTRATIONS, LICENSES, TRADE NAMES AND ANY REQUIRED FEES BELOW

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

REGISTRATION OR LICENSE TYPE	FEE
	\$
	\$
	\$
	\$
Enclose a check for the total amount due , including the Application Fee, which MUST be submitted with this form	\$ 15.00
➤ <i>Make check payable to the WASHINGTON STATE TREASURER.</i>	\$

A BUSINESS INFORMATION (Complete for actual location where business will be conducted.)

Date business first will be (was) conducted, under this owner, at this WA location: <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Mo</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Yr</td> </tr> <tr> <td style="border: none; width: 30px; height: 20px;"></td> <td style="border: none; width: 30px; height: 20px;"></td> <td style="border: none; width: 30px; height: 20px;"></td> </tr> </table>	Mo	Day	Yr				Firm/Trade Name Business Mailing Address (Street or Route, P.O. Box, City, State, Zip) Business Location (Street or Route, City, State, Zip — Physical location only)	Business Telephone Number () FAX Number
Mo	Day	Yr						
Is this location within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which city?	County						
Describe in detail the principal products or services you provide in Washington: (product manufactured or sold, type of construction, etc.)								

B COMPLETE IF THE BUSINESS YOU ARE REGISTERING HAD A PRIOR OWNER

Did you buy, lease or acquire all or part of an existing business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, check one box <input type="checkbox"/> ALL <input type="checkbox"/> PART	Previous Business Name	Previous Owner's Telephone No. ()	Still in Business? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Date Bought/Leased/Acquired <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Mo</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Yr</td> </tr> <tr> <td style="border: none; width: 30px; height: 20px;"></td> <td style="border: none; width: 30px; height: 20px;"></td> <td style="border: none; width: 30px; height: 20px;"></td> </tr> </table>		Mo	Day	Yr				Previous Owner's Name and Address		
Mo	Day	Yr								

C COMPLETE IF YOU EMPLOY OR PLAN TO EMPLOY ONE OR MORE PERSONS IN WASHINGTON

Date of first employment of planned employment at this location	Number of persons you employ or plan to employ at this location (Do not include owners)	Of these, how many are or will be minors (under age 18)?	Are any of these minors under age 16? <input type="checkbox"/> YES <input type="checkbox"/> NO
List the specific duties performed by minors at this location			Are the minors working in an agricultural business? <input type="checkbox"/> YES <input type="checkbox"/> NO
Describe in detail the activities of your employees			

D SIGNATURE OF SOLE PROPRIETOR OR SPOUSE, PARTNER, OR CORPORATE OFFICER

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.

Signature required X	Title	Date
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