

Business name		Active UBI/UBI Business ID/UBI Location ID (16 digits)	
DBA or salon shop name		License number <i>(renewals only)</i>	
Mailing address			
City	State	ZIP code	County
Physical address <i>(Salon shop or mobile unit only)</i>			
City	State	ZIP code	County
Email		(Area code) Business phone number	
Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			

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Name of insurance company	Policy number
Expiration date	Policy amount <i>(minimum \$100,000)</i>

Answer the following

- Do you have a current certificate of insurance showing not less than \$100,000 for public liability insurance for combined bodily injury and property damage? Yes No
- Do you agree to provide us with documentation to support these statements if we request it? Yes No

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Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
- Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT name of sole proprietor or person authorized to sign on behalf of the partnership, corporation, or LLC
W
Signature of sole proprietor or person authorized to sign on behalf of the partnership, corporation, or LLC

Date and place

Providing false information in this application may cause for denial, suspension, or revocation your professional license in the State of Washington.