



For Validation - Office	ose Only		

### **Business License Application**

For faster service apply online at business.wa.gov/BLS

Online applications are typically processed within ten business days. It may take up to three weeks if you file by paper.

Legal Entity/Owner Name
Unified Business Identifier (UBI)
Federal Employer Identification Number (FEIN)

## 1. Purpose of Application

Please check all boxes that apply.

☐ Open/Reop	pen Business ections 2, 3, 4, (5 if hiring employees) and 6	Add Endorsement/Registration to Existing Location complete sections 2, 3, 4, and 6
•	tional Location actions 2, 3, 4, (5 if hiring employees) and 6	Business Has or Will Have Employees complete all sections
☐ Change Ov	wnership actions 2, 3, 4, (5 if you have employees) and 6	Business Has or Will Have Employees Under Age 18 complete <b>all</b> sections (If this business location has an active
☐ Register Tr	rade Name actions 2, 3, 4 and 6	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
☐ Change Tra	Change Trade Name - complete sections 2, 3, 4 and 6	proprietors], 5c, and 6.)
Name(s) to	be <i>cancelled</i> :	Hire Persons to Work In or Around Your Home complete all sections
_	ocation - complete sections 2, 3, 4 and 6 s to be closed:	Other - complete all

### 2. Endorsements and Fees

Mark Registrations Needed:		F	ees Due
☐ Tax Registration (State Dept. of Revenue) — Do you want a separate tax return for each business?	☐ Yes	□ No	No Fee
☐ Industrial Insurance (Workers' Compensation) — Required if you will have employees.			No Fee
☐ Unemployment Insurance – Required if you will have employees.			No Fee
☐ Minor Work Permit – Required if you will have employees under age 18.			No Fee
☐ New Trade Name (Doing Business As):			\$5.00
		\$	
>		\$_	
<b>&gt;</b>		—————————————————————————————————————	
<b>&gt;</b>		\$	
Enclose check for total amount due, including the	ssing Fe	ee (\$	19.00
non-refundable Processing Fee, which MUST be submitted with this form.		• <u> </u>	10100

Make check payable to the Department of Revenue.

Total Amount Due | 🍑

## 3. Owner Information

	a.*	Select only ONE ownership structure:			
		☐ Sole Proprietorship			
		If married, should spouse's name appear on license?  \(\sigma\) Yes	S No (If you answer No, you spouse information in		
Ownership Structures		□ Corporation* □ Non Profit Corporation* (educational Partnership (# of partners:) □ Joint Venture □ Limited Partnership* □ Limited Liability Partnership* *These ownership structures must contact the Secretary of S	☐ Limited Liability Limite		Company*
wnersh		Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name	e (examples: ABC, Inc. OR Fir Tree	es Unlimited LLC)	
0		State incorporated/formed:	Year incorporated/formed:		
		$\square$ Association $\square$ Trust $\square$ Municipality $\square$ Tri	bal Government Other_		
$\searrow$		Name of Organization (example: Anderson Family Trust)			
	b. <sup>3</sup>	Dusiness Open Date	re's first date of business at this loca in WA. ( <b>Required.</b> If unknown, plea		inesses should
C Is this location inside city limits? $\square$ Yes $\square$ No				No	
		*Primary Business Name/Trade Name	•		
	d.				
		*Business Mailing Address (Street or PO Box, Suite No. do not use builiding name,	*Business Street Address (if diffe	rent than mailing) Do n	ot use PO Box or PMB
		City State Zip code	City	State	Zip code
	e.	( )			
		Business Telephone Number Fax Number	E-Mail Ad	dress	
$\nearrow$	f.	List all owners & spouses: Sole proprietor, partners, offi	cers or LLC members (Atta	ach additional pag	es if needed )
		>		//	
		*Name (Last, First, Middle)	Social Security Number*	Date of Birth	% Owned*
		Home Address (Street or PO Box)	City	State	Zip code
		( )	Are you married? ☐ Yes ☐ No	o If ves enter spous	•
		Title Home Telephone Number*	7110 you mamou. In 100 In 10	y ii yoo, omor opoud	o momation bolow.
					<u>/</u>
		Spouse Name (Last, First, Middle)	Spouse Social Security Numb	er Spou	use Date of Birth
(n					
sons		Name (Last, First, Middle)	Social Security Number*	Date of Birth	% Owned*
Pers		·			
ng		Home Address (Street or PO Box)	City	State	Zip code
<b>Governing Persons</b>		Title Home Telephone Number*	Are you married? ☐ Yes ☐ No	) If yes, enter spous	se information below.
NO.					//
		Spouse Name (Last, First, Middle)	Spouse Social Security Number	er Spo	ouse Date of Birth
		Name (Last, First, Middle)	Social Security Number*	/// Date of Birth	
		realite (East, 1 list, whole)	Social Security Number	Date of Birtin	76 OWNEG
		Home Address (Street or PO Box)	City	State	Zip code
		( )	Are you married? ☐ Yes ☐ No	o If yes, enter spous	se information below.
		Title Home Telephone Number*			
		Spouse Name (Last, First, Middle)	Spouse Social Security Number	er Sno	use Date of Birth

<sup>\*</sup>The Social Security Number is required for sole proprietors, partners, officers, and LLC members of businesses that will have employees. (WAC 192-310-010) Not fully completing section "f" will result in application delays.

# 4. Location / Business Information

a.	Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?					
	Employees: ☐ Yes ☐ No Representives: ☐ Yes ☐ No					
If yes, provide <b>one</b> 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 <b>estimated</b> gross annual income in Washington <i>(check the one box that applies to your business):</i> □ \$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 <i>(check all that apply):</i> ☐ Wholesale ☐ Retail ☐ Manufacturing ☐ Services					
е.	*Describe in detail the principal products or services you provide in Washington State:					
f.	Did you buy, lease, or acquire all or part of an existing business? ☐ Yes ☐ No					
-						
	Date bought/leased/acquired:    MM   DD   YY   Prior Business Name   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 and UBI number:					
	Entity Name UBI Number					
	Control Name					
i.	Entity Name  UBI Number  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?   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					
ما						
ĸ.	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 Endorsement Fee Sheet.)

# 5. Employment / Elective Coverage

	<b>mployment accounts</b> cannot be established unless you plan to employ persons within th tablished, Employment Security and Labor and Industries reports will be required quarterly <b>ev</b> o				
a.	*Date of first employment or planned employment at this location:// First date wages paid:/_/ MM DD YY				
	Number of persons you employ or plan to employ at this location (do not include owners):				
C.	*Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:  *Number Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)				
	Ages 16-17:				
	Ages 14-15:				
	Under age 14:				
d.	Check the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which best describes the major operation of your business.  One of the ONE box which should be one of the ON				
e.	Describe in detail the activities of your workers. Then estimate the total workers'	3-Month			
	hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)	Number of Workers	Workers' Hours (Include Minors)		
I	Example: Office Staff - reception, accounting, data entry	2	960		
-					
-					
_	>				
f.	<ul> <li>If you have more than one Washington location, how do you wish to receive the following quarterly reports?</li> <li>Unemployment Insurance: ☐ All locations combined ☐ Each location separately (multiple reports)</li> <li>Workers' Compensation: ☐ All locations combined ☐ Each location separately (multiple reports)</li> </ul>				
A	dditional Coverage is available as noted below. (See Endorsement Fee Sheet for more inform	nation.)			
g.	<ul> <li>If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?</li> <li>Yes – Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.</li> <li>No – The corporation must inform officers in writing that they are not covered for Unemployment Insurance.</li> </ul>				
h.	<ul> <li>Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/ managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)</li> <li>☐ Yes − Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor &amp; Industries.</li> <li>☐ No</li> </ul>				
i.	<ul> <li>Do you want elective workers' compensation coverage for excluded employment? (See Endorsement Fee Sheet for descriptions.)</li> <li>☐ Yes − Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor &amp; Industries.</li> <li>☐ No</li> </ul>				
	Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability				
re	the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that presentative of the firm making this application and that the answers contained, including any accompany me and that the matters and things set forth are true, correct and complete.	I am the applican ring information, h	t or authorized ave been examined		
<u>X</u>	Signature Required				
App	plication Prepared By (Please Print)  Title  Telephone No.		Date		
Sor	me agencies can provide language assistance. Would you like assistance? 🔲 Yes 🔲 No Specify language	e			