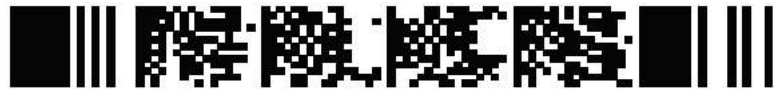




State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 360-705-6741
 BLS@dor.wa.gov
 Fax: 360-705-6699



Business Information Change Form

For faster service make these changes online
 at bls.dor.wa.gov/change.aspx.



This form can be used for simple changes for your business account. This form cannot be processed if the required fields in Section C are not complete. The Business Licensing Service will contact you if additional forms or fees are required.

The information you provide will be shared with regulatory state agencies and/or local jurisdictions that currently have endorsements listed on your business license.

A Account information currently on file

Name of an owner, partner, officer, or LLC manager/member <i>last, first, middle</i>	
Business name/trade name	Current UBI number Required

B Information to be changed

Use this form only for the following changes.

Change license mailing address Change tax account mailing address

Change mailing address to: _____
 If additional tax registration accounts need to be updated please provide: _____

Change location address to: _____
 Please include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.

Old location address: _____

Change phone number to: (_____) _____

Change email address to: _____

Cancel the following trade name(s): _____
 This will **not** cancel a corporation name. To cancel a corporation name visit www.sos.wa.gov. To add a trade name, use the Business License Application at bls.dor.wa.gov/addtradenames.aspx

Change owner's legal name to: _____
 To change ownership structure, e.g., sole owner to corporation, or to assume an existing business, visit bls.dor.wa.gov/changeownership.aspx

Owner's prior name: _____

Add or Remove spouse name: _____
 Effective date: _____ Reason for adding or removing name: _____

Do you want spouse's name to appear on license? Yes No

Close location address: _____

Close account at: (To close a corporate account with Secretary of State - visit www.sos.wa.gov)

Dept. of Revenue Employment Security Labor & Industries Business License

Date business closed: _____ Date last wages paid: _____

Reason for account closure: _____

Other information: _____

C Signature (REQUIRED)

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 change 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 of owner/officer (REQUIRED)		Print name (REQUIRED)
Email address	Date signed	Phone number