



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
<i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input type="checkbox"/> Add License/Registration to Existing Location
<i>complete sections 2, 3, 4, and 6</i> |
| <input type="checkbox"/> Open Additional Location
<i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input type="checkbox"/> Hire Employees
<i>complete all sections</i> |
| <input type="checkbox"/> Change Ownership
<i>complete sections 2, 3, 4, (5 if you have employees) and 6</i> | <input type="checkbox"/> Hire Employees Under Age 18
<i>complete all sections</i> |
| <input type="checkbox"/> Register Trade Name
<i>complete sections 2, 3, 4 and 6</i> | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
<i>complete all sections</i> |
| <input type="checkbox"/> Change Trade Name - <i>complete sections 2, 3, 4 and 6</i>
Indicate name to be cancelled : _____ | <input type="checkbox"/> Other - <i>complete all sections</i> _____ |
| <input type="checkbox"/> Change Location - <i>complete sections 2, 3, 4 and 6</i>
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	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Unemployment Insurance – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Minor Work Permit – <i>Required if you will have employees under age 18.</i>	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

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 \$

4. Location / Business Information

Check the appropriate box and provide the corresponding physical address on line "a" below.

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*)

a. _____
Business Street Address (*Do not use a PO Box or PMB Address*) City State Zip

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):

Street Address (*Do not use a PO Box or PMB Address*) City State Zip

b. 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

c. Indicate the business activities in Washington State (*check all that apply*):

Wholesale Retail Manufacturing Services

d. 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*):

e. 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 ()

f. 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: \$ _____

g. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:

h. 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.*)

i. If you have ever owned another business, please provide: _____
Business Name UBI Number

j. 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.*)

