



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>	<input type="checkbox"/> Other - <i>complete all sections</i> _____
Indicate name to be cancelled : _____	
<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 \$

3. Owner Information

Sole Proprietor

a. Select only one ownership structure:

Sole Proprietor

If married, should spouse's name appear on license? Yes No *(If you answer No, you must still enter the spouse information in section "3f" below.)*

Partnership / Corporation

Corporation* Non Profit Corporation* *(educational, religious, charitable)* Limited Liability Company*
 Partnership (# of partners: _____) Limited Partnership* Limited Liability Partnership* Joint Venture

*These ownership structures must contact the Secretary of State office for additional filing requirements.

 Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: _____ Year incorporated/formed: _____

Other

Association Trust Municipality Tribal Government Other _____

 Name of Organization (example: Anderson Family Trust)

b. Indicate this ownership structure's first date of business at this location.
 Out-of-state businesses should use the first date of operation in WA. ____/____/____ *(Required. If unknown, please estimate.)*

c. _____
 Doing Business As (DBA)/Trade Name

d. _____ City _____ State _____ Zip _____
 Business Mailing Address (Street & Suite No. or PO Box, do not use building name)

e. (____) (____) _____
 Business Telephone Number Fax Number Internet/E-Mail Address

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

Governing Persons

➤ _____
 Name (Last, First, Middle) Date of Birth ____/____/____ Social Security Number _____ % Owned _____

 Home Address (Street or PO Box) City _____ State _____ Zip _____
 _____ (____)
 Title Home Telephone Number _____
 Are you married? Yes No If yes, enter spouse information below.

 Spouse Name (Last, First, Middle) Spouse Date of Birth ____/____/____ Spouse Social Security Number _____

➤ _____
 Name (Last, First, Middle) Date of Birth ____/____/____ Social Security Number _____ % Owned _____

 Home Address (Street or PO Box) City _____ State _____ Zip _____
 _____ (____)
 Title Home Telephone Number _____
 Are you married? Yes No If yes, enter spouse information below.

 Spouse Name (Last, First, Middle) Spouse Date of Birth ____/____/____ Spouse Social Security Number _____

➤ _____
 Name (Last, First, Middle) Date of Birth ____/____/____ Social Security Number _____ % Owned _____

 Home Address (Street or PO Box) City _____ State _____ Zip _____
 _____ (____)
 Title Home Telephone Number _____
 Are you married? Yes No If yes, enter spouse information below.

 Spouse Name (Last, First, Middle) Spouse Date of Birth ____/____/____ Spouse Social Security Number _____

The Social Security Number is required for all sole proprietors (RCW 26.23.150) and for all owners and spouses of a business that will have liquor, lottery or private investigator licenses. Not providing this information will result in application delays.

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.*)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, employment tax returns will be required quarterly **even if you have not hired**.

a. Date of first employment or planned employment at this location: _____ / _____ / _____ First date wages paid: _____ / _____ / _____
MM DD YY MM DD YY

b. 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. Please check the **ONE** box which best describes the major operation of your business.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> (01) Construction-Wood Framing only | <input type="checkbox"/> (05) Shipbuilding | <input type="checkbox"/> (09) Mfg. - Food Products | <input type="checkbox"/> (13) Retail/Wholesale Trade |
| <input type="checkbox"/> (02) Construction - All other | <input type="checkbox"/> (06) Mining/Quarrying/Sand & Gravel | <input type="checkbox"/> (10) Miscellaneous Mfg. | <input type="checkbox"/> (14) Services/Maint./Restaurants |
| <input type="checkbox"/> (03) Logging/Forestry/Trucking | <input type="checkbox"/> (07) Mfg. - Wood/Metal/Stone Products | <input type="checkbox"/> (11) Machine Shops/Auto Repair | <input type="checkbox"/> (15) Communications |
| <input type="checkbox"/> (04) Temp. Help/Employee Leasing | <input type="checkbox"/> (08) Mfg. - Chemicals | <input type="checkbox"/> (12) Agricultural/Farming | <input type="checkbox"/> (16) Clerical/Professional Occup. |

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
Example: Office Staff - reception, accounting, data entry	2	960
>		
>		
>		

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

- | | | |
|-------------------------|---|--|
| Unemployment Insurance: | <input type="checkbox"/> All locations combined | <input type="checkbox"/> Each location separately (multiple reports) |
| Workers' Compensation: | <input type="checkbox"/> All locations combined | <input type="checkbox"/> Each location separately (multiple reports) |

Elective Coverage is available as noted below. (See License Fee Sheet for more information.)

g. Do you want unemployment insurance coverage for corporate officers? (Only available for corporations.)

- Yes** – Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.
 No – The corporation must inform officers *in writing* that they are not covered for unemployment insurance.

h. 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.)

- Yes** – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

i. Do you want elective workers' compensation coverage for excluded employment? (See License Fee Sheet for descriptions.)

- Yes** – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

6. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

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.

X

Signature Required _____

_____/_____/_____
Date

Application Prepared By (Please Print) _____

Title _____

() _____

Telephone No. _____

_____/_____/_____
Date

UBI Agency Representative _____

() _____

Telephone No. _____

_____/_____/_____
Date