



Master License Service
 Department of Licensing
 P O Box 9034
 Olympia WA 98507-9034
 Telephone: (360) 664-1400
 www.wa.gov/dol

Information provided may be subject to disclosure under the public disclosure law (RCW 42.17)

Owner Name _____

Unified Business Identifier (UBI) _____

Federal Employer Identification Number (FEIN) _____

For Validation - Office Use Only

01P-400-731-0003

MASTER APPLICATION

(Please type or print clearly in dark ink.)
Mail Directly to the Master License Service
 or file in person at any UBI service location.



1. Purpose of Application

Please check all boxes that apply

- | | |
|---|--|
| <input type="checkbox"/> Open/Reopen Business
<i>complete sections 2, 3, (4 if hiring employees) and 5</i> | <input type="checkbox"/> Hire Employees
<i>complete all sections</i> |
| <input type="checkbox"/> Change Ownership
<i>complete sections 2, 3, (4 if you have employees) and 5</i> | <input type="checkbox"/> Hire Employees Under Age 18
<i>complete all sections</i> |
| <input type="checkbox"/> Add License/Registration to Existing Location
<i>complete sections 2, 3 and 5</i> | <input type="checkbox"/> Hire Persons to Work in or Around Your Home
<i>complete sections 2, 3c, 4 and 5 (no application fee)</i> |
| <input type="checkbox"/> Register Trade Name
<i>complete sections 2, 3 and 5</i> | <input type="checkbox"/> Other _____
<i>complete all sections</i> |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3 and 5
<i>indicate name to be cancelled: _____</i> | |
| <input type="checkbox"/> Change or Open Location - complete sections 2, 3a, 3b, 3c and 5
<i>indicate old address to be closed: _____</i> | |

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/trade name? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance <i>(if you will have employees)</i>	No Fee
<input type="checkbox"/> Unemployment Insurance <i>(if you will have employees)</i>	No Fee
<input type="checkbox"/> Minor Work Permit <i>(if you will have employees under age 18)</i>	No Fee
<input type="checkbox"/> New Trade Name <i>(Doing Business As):</i>	\$ 5.00
Indicate Other Licenses (such as Lottery Retailer) or additional Trade Names (\$5 each name): <i>(see License Fee Sheet for more information.)</i>	
	\$
	\$
	\$
	\$
	\$
	\$

Enclose check for **total amount due**, including the Application Fee, which **MUST** be submitted with this form

Application Fee \$ **15.00**

➤ **Make check payable to the WASHINGTON STATE TREASURER.** **Total Amount Due** \$

3. Business Information

Please complete the appropriate section for business ownership structure. Attach additional sheets if necessary

➤ **Business Open Date** _____ / _____ *If unknown, please estimate*
MM YY

a. Please check the one box that applies to your business:

Sole Proprietor: Should spouse's name appear on license? Yes No *(if applicable)*

Partnership Limited Partnership Limited Liability Partnership Limited Liability Company
 Washington Corporation Out of State Corporation Non Profit Corporation *(educational, religious, charitable)*

Partnership, Corporation, LLC or LLP Name _____

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

Association Trust Municipality Other

Name of Organization _____

b. _____ Inside city limits? Yes No

Doing Business As (DBA)/Trade Name _____ County in Which Business is Located _____

Business Mailing Address (Street or PO Box, Suite No. Do not use building name) _____ Business Street Address in Washington (if different than mailing address) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

() _____ () _____ Internet/E-Mail Address _____

Business Telephone Number _____ Fax Number _____

c. List all owners: Sole proprietor, partners, officers, and LLC members. Attach additional pages if needed.

➤ _____

Name (Last, First, Middle) _____ Title _____

Home Address (Street or PO Box) _____ Date of Birth / / _____ Social Security Number _____ % Owned _____

City _____ State _____ Zip _____ Home Telephone Number _____

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

➤ _____

Name (Last, First, Middle) _____ Title _____

Home Address (Street or PO Box) _____ Date of Birth / / _____ Social Security Number _____ % Owned _____

City _____ State _____ Zip _____ Home Telephone Number _____

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

➤ _____

Name (Last, First, Middle) _____ Title _____

Home Address (Street or PO Box) _____ Date of Birth / / _____ Social Security Number _____ % Owned _____

City _____ State _____ Zip _____ Home Telephone Number _____

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

Social Security Number is required for all sole proprietors (RCW 26.23.150) and for all persons associated with a business that will have liquor, lottery, or private investigator licenses, in accordance with the Washington laws regulating those businesses.



Please continue Business Information on page 3

3. Business Information (continued)

d. Estimated Gross Annual Income in Washington

Please check 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

e. Please indicate which of these business activities you do in Washington State (*check all that apply*):

- Wholesale Retail Manufacturing Services

f. 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*):

g. 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

h. 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: \$ _____

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

j. 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: _____

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

l. List your bank's name: _____

Do you plan to have employees or wish to register for optional coverage?

*(Some LLC members are considered to be employees .
For further information on optional coverage definitions, see License Fee Sheet)*

- Yes No

If NO, skip to section 5.

If YES, complete sections 4 and 5.



4. Employment

Complete if you employ, or plan to employ, one or more persons in Washington State; or if you want optional coverage under this ownership

- 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 18 (minors) you will employ in the next 12 months: _____
- Estimate the number of minors that will be under 16: _____
 - Are any of the minors working in an agricultural business? Yes No
- List the specific duties performed by **minors** at this location: _____

- d. If you operate at more than one location, do you wish to report the employee information at the locations:
 Together Separately
- e. Do you want unemployment insurance coverage for corporate officers?
 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.
- f. Do you want industrial insurance coverage for sole proprietor(s), partners, owners, corporate officers, or LLC members?
 Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Department of Labor and Industries.
- g. Do you want optional industrial insurance 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 and Industries.
- h. If your entity is a Limited Liability Company, is your management vested?
 Yes – If managers are also members, they are exempt from industrial insurance coverage
 No – If managers are not members, they are mandatorily covered for industrial insurance coverage.
- i. Please check the **ONE** box which best describes the major operation of your business and provide activity in detail below.
- | | | | |
|---|--|---|--|
| <input type="checkbox"/> (01) Construction-Wood Frame Bldg. | <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. |

j. Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested.

	3-Month Estimate	
	Number of Employees	Workers' Hours (Include Minors)

5. 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