Department of Revenue
Washington State

**Form BLS 700 028**

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
360-705-6705

*For Validation - Office Use Only*

[redacted]

# Business License Application

Legal Entity/Owner Name:

Unified Business Identifier (UBI): --

## For faster service apply online at dor.wa.gov/businesslicense

Online applications are typically processed within ten business days.

It may take up to three weeks if you file by paper.

If you have city, county or state endorsements, it may take an additional 2-3 weeks to receive your business license due to approval time.

## Processing fee instructions:

A Business License Application processing fee is required for each application received in addition to applicable endorsement or trade name fees. See below to determine the processing fee.

## Open/reopen a business - $50 (non-refundable)

If you are opening the first location of a new business/UBI or re-opening a business/UBI that has no active locations, enter $50 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

## Adding an additional location - $0

If you are adding an additional location to your current business, enter $0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

## Adding a city or county Non-Resident Business endorsement to an existing location - $0

If your business is not physically located inside the city limits or in unincorporated areas of a county but you will be traveling into or doing business with the city's limits or unincorporated areas of a county, a city or county Non-Resident Business endorsement is required. (Unincorporated areas are not in the city limits of any city in the county.) If you are adding a city or county's Non-Resident Business endorsement to an existing location account, enter $0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

## Any other purpose - $10 (non-refundable)

If you are filing for any purpose other than those listed above, enter $10 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Examples: Hiring employees, registering a trade name, adding additional endorsements to an existing location, Domestic Employer, etc.

## 1 Purpose of application *(check all that apply)*

- ☐ Open/reopen business
- ☐ Open additional location
- ☐ Add endorsement to existing location
- ☐ Change ownership
- ☐ Register trade name
- ☐ Change trade name

Name(s) to be cancelled: _____

- ☐ Change location

Old address to be changed: _____

- ☐ Other: _____

- ☐ Business has or will have employees
- ☐ Business has or will have employees under age 18

If ONLY requesting to add a minor work permit to your account, and this business location has an active Worker's 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 proprietors), 5c and 6.

- ☐ Hire persons to work in or around your home

## 2 Endorsements and fees

*(use the State Endorsement Fee Sheet, city webpage dor.wa.gov/cityendorsements, and county webpage dor.wa.gov/countyendorsements for the information needed to complete this list)*

**Mark registrations needed (fees are listed on the right)**

- ☐ Tax Registration (DOR) — **$0.00**
  Do you want a separate tax return for each business? ☐ Yes ☐ No
- ☐ Industrial Insurance (Worker's Compensation) - *Required if you will have employees* — **$0.00**
- ☐ Unemployment Insurance - *Required if you will have employees* — **$0.00**
- ☐ Minor Work Permit - *Required if you will have employees under age 18* — **$0.00**
- ☐ New trade name (doing business as): _____ — **$5.00**

**List additional trade names (*$5 each name*) or other endorsements *(such as additional state, city or county endorsements)*:**

| Trade names and endorsements | Fee |
|---|---|
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| 6. | $ |
| 7. | $ |

**Processing fee:** $ _____

**Total amount due:** $ _____

**How to pay:** Enclose check for total amount due, including the non-refundable processing fee, which must be submitted with this form. Make check payable to Department of Revenue.

## 3 Owner information

a. Federal Employee Identification Number (FEIN): ☐

b. *__Select an ownership structure__ (choose one):

☐ Sole Proprietorship - 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)*

☐ Corporation* ☐ Nonprofit Corporation* *(educational, religious, charitable)*

☐ Limited Liability Company (LLC)* ☐ Partnership (# of partners: ☐)

☐ Limited Partnership (LP)* ☐ Limited Liability Partnership (LLP)*

☐ Limited Liability Limited Partnership (LLLP)* ☐ Joint Venture

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

Name of Corp., LLC, Partnership, LLP, LLLP, or Joint Venture:

☐

State incorporated/formed: ☐ Year incorporated/formed: ☐

☐ Association ☐ Trust ☐ Municipality ☐ Tribal Government

Name of Organization: ☐

c. *Business open date (MM/DD/YY): ☐

*This is the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. If unknown, please estimate date.*

d. *Primary business name: ☐

Is this location inside city limits? ☐ Yes ☐ No

e. *Business mailing address: ☐

City: ☐ State: ☐ Zip: ☐

*Business physical location address. Do not use PO Box or PMB: ☐

City: ☐ State: ☐ Zip: ☐

f. Business phone number: ☐ Email: ☐

g. **List all owners and spouses:**
This includes any Sole Proprietor, partners, officers, or LLC members (attach additional pages if needed)

*Name (last, first, middle): ☐

Title: ☐ Social Security No.*: ☐ Date of birth: ☐

Home address: ☐

City: ☐ State: ☐ Zip: ☐ % Owned*: ☐

Home phone: ☐ Email: ☐

Are you married? ☐ Yes ☐ No If yes, enter spouse information below.

Spouse name (last, first, middle): ☐

Spouse Social Security Number: ☐ Spouse date of birth: ☐

**Owners and spouses continued...**

Name (last, first, middle):

Title: Social Security No.*: Date of birth:

Home address:

City: State: Zip: % Owned*:

Home phone: Email:

Are you married? ☐ Yes ☐ No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:

Name (last, first, middle):

Title: Social Security No.*: Date of birth:

Home address:

City: State: Zip: % Owned*:

Home phone: Email:

Are you married? ☐ Yes ☐ No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:

*The Social Security Number, home phone number and percentage owned are required for Sole Proprietors, partners, corporate 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 Representatives: ☐ Yes ☐ No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

Business street address:

City: State: Zip:

b. Do you plan to hire independent contractors or people you will report on a 1099 form? ☐ Yes ☐ No

Check "Independent Contractors" definition at lni.wa.gov/insurance/insurance-requirements/independent-contractors

c. *Provide the estimated gross annual income in Washington (check one):

☐ $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 (check all that apply):

☐ Wholesale ☐ Retail ☐ Manufacturing ☐ Services

e. *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? ☐ All ☐ Part ☐ None

Date bought/leased/acquired (MM/DD/YY): Prior business name:

Prior owner's name: Phone:

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: --

Entity name: UBI number: --

i. 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? ☐ Yes ☐ No
You must re-register all trade names you use under the new business structure.

j. Have you ever owned another business? ☐ Yes ☐ No

If yes, business name: UBI number: --

k. Your bank's name: Branch:

## 5 Employment/elective coverage

5a and 5c are required if hiring employees and/or minors.
**Employment accounts** cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, Employment Security and Labor and Industries reports will be required quarterly **even if you have not hired**.

a. *Date of first employment or planned employment at this location (MM/DD/YY):

First date wages paid (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:

| Age | Number of employees | Duties to be performed by minors (Check lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors) |
|---|---|---|
| 16-17 | | |
| 14-15 | | |
| Under 14 | | |

Before checking under age 14, please complete required documents. See publication F700-118-000 at lni.wa.gov/forms-publications/F700-118-000.pdf

d. Check the box that best describes the major operation of your business (**choose one**):

☐ (01) Drywall Operations
☐ (03) Construction/Engrg/Property Mgmt
☐ (05) Maritime/Vessels/Longshore
☐ (07) Wood Prod/Stone/Glass & Mining
☐ (09) VehicleSvcs/Transportation
☐ (11) Mfg - Food/Ice/Beverages
☐ (13) Retail/Whlsl: Stores & Warehsing
☐ (15) Media/Entertainment/Lodging
☐ (02) Logging/Forestry
☐ (04) Temp Help Co/Employee Leasing
☐ (06) Electronics/Utilities/Vending Mch
☐ (08) Mfg - Metal/Mach Shops/Millwright
☐ (10) Mfg - Chem/Textiles/Paper
☐ (12) Agriculture/Farming
☐ (14) Food Svcs/Chore/Asst Lvg/Janitor
☐ (16) I.T./Prof Svcs/Med/Salon/Schools

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)

| Position and activities | No. of workers | Worker 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: ☐ All locations combined ☐ Each location separately (multiple reports)

☐ Worker's Compensation: ☐ All locations combined ☐ Each location separately (multiple reports)

Additional Coverage is available as noted below. (See *Business Endorsement Fee Sheet* for more information.)

g. If you are a Profit Corporation, do you want Unemployment Insurance coverage for corporate officers?

☐ Yes – Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.

☐ 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 *Business Endorsement 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 LLC member/manager)*

I declare under the penalties of perjury that:

- I am an owner/officer or authorized representative of this business making this change; and
- The answers contained, including any accompanying information, have been examined by me and are true, correct, and complete.

I certify that I understand a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Signature: _____ Date: _____

Application prepared by: _____

Title: _____ Phone: _____

Some agencies provide language assistance. Would you like assistance? ☐ Yes ☐ No

What language? _____