



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 1-800-451-7985
 BLS@dor.wa.gov
 Fax: (360) 705-6699



Business Information Change Form

This form can be used for simple changes for your business account. The Business Licensing Service will contact you if additional forms or fees are required.

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.
<input type="checkbox"/> 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 business.wa.gov/BLS
<input type="checkbox"/> Change mailing address to: _____ <i>Include street address of the mailing/payroll address city, state and zip. Cannot be used to change a Corp. Registered Agent address.</i>
<input type="checkbox"/> Change location address to: _____ <i>Please include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.</i> Old location address: _____
<input type="checkbox"/> Change phone number to: (_____) _____
<input type="checkbox"/> Change email address to: _____
<input type="checkbox"/> Change owner's legal name to: _____ <i>To change ownership structure, e.g., sole owner to corporation, or to assume an existing business, visit business.wa.gov/BLS</i> Owner's prior name: _____
<input type="checkbox"/> Add or <input type="checkbox"/> Remove spouse name: _____ Effective date: _____ Reason for adding or removing name: _____
<input type="checkbox"/> Close location address: _____
Close account at: (To close a corporate account with Secretary of State - visit www.sos.wa.gov)
<input type="checkbox"/> Dept. of Revenue <input type="checkbox"/> Employment Security <input type="checkbox"/> Labor & Industries <input type="checkbox"/> UBI
Date business closed: _____ Date last wages paid: _____
Reason for account closure: _____
Other information: _____

Signature of owner/officer	Email address	Date signed	Phone number
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