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State of Washington
Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
Telephone: 1-800-451-7985
http://business.wa.gov/BLS

[redacted]

Unified Business Identifier (UBI)

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

03N-400-925-0003

Business License Application Supplemental

Complete this form only if you have filed a Business License Application in the past 60 days.

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56).

1. Purpose of Supplemental

- ☐ Hire Employees
  *Complete **all** sections.*
- ☐ Hire Employees Under Age 18
  *Complete **all** sections.*
- ☐ Add Register Trade Names ($5.00 each name)
  Complete sections 1–4 and 6
- ☐ Add City License *(attach city addendum–go to dol.wa.gov)*
  Complete sections 1–4 and 6
- ☐ Add State License (such as Lottery Retailer)
  (attach additional forms that may be needed)
  Complete sections 1–4 and 6

2. Licenses and Fees

Use the License Fee Sheet at business.wa.gov/BLS for the information needed to complete this list.

List Trade Names *($5 each name),* **City License, or Other Licenses**	
➢	$
➢	$
➢	$

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

Make check payable to the Department of Revenue.

Processing Fee **$19.00**

Total Amount Due **$**

3. Business Information

Legal entity name/Owner name

Business name

Business mailing address | City | State | ZIP

Business location address (if different than mailing. Do not use PO Box or PMB) | City | State | ZIP

(Area code) Business telephone number | (Area code) Business fax number | Business email address

4. List Governing Persons *(sole proprietor, partners, officers, or LLC member)*

Name (Last, First, Middle) | Date of birth | Social Security Number | % owned

Name (Last, First, Middle) | Date of birth | Social Security Number | % owned

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

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

5. Employment / Elective Coverage *Complete section 5 if you are preparing to hire for the first time*

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**.

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

Number of persons you employ or plan to employ at this location *(do not include owners):* _____

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:	_____	_____

Check the **ONE** box which best describes the major operation of your business.

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

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*
➢		
➢		
➢		

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)

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

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

Note: Profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form. Visit www.esd.wa.gov/uitax/corporateofficers/exempt-officers-defined.php for the form and more information.

If your profit corporation doesn't have employees, 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.

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**

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

Some agencies can provide language assistance. Would you like assistance? ☐ **Yes** ☐ **NO** Specify language _____

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