



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.

The information you provide will be shared if applicable, with the following Washington State programs:

- Department of Revenue (State tax registration)
- Unemployment Insurance Account (Employment Security)
- Workers Compensation Insurance Account (Labor & Industries)

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"/> Change license mailing address <input type="checkbox"/> Change tax account mailing address Change mailing address to: _____ <i>If additional tax registration accounts need to be updated please provide:</i> _____ 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: _____ Change phone number to: (_____) _____ Change email address to: _____ 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 bls.dor.wa.gov/addtradenames.aspx Change owner's legal name to: _____ <i>To change ownership structure, e.g., sole owner to corporation, or to assume an existing business, visit bls.dor.wa.gov/changeownership.aspx</i> Owner's prior name: _____ <input type="checkbox"/> Add or <input type="checkbox"/> Remove spouse name: _____ Effective date: _____ Reason for adding or removing name: _____ Close location address: _____ Close account at: (To close a corporate account with Secretary of State - visit www.sos.wa.gov) Dept. of Revenue Employment Security Labor & Industries UBI Date business closed: _____ Date last wages paid: _____ Reason for account closure: _____ Other information: _____	
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 change 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.	
Signature of owner/officer	Print name
Email address	Date signed
	Phone number