



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	