



**State of Washington
Business Licensing Service**
PO Box 9034
Olympia WA 98507-9034
1-800-451-7985
bls.dor.wa.gov

UBI number
Liquor/Lottery license number
For validation only

03N-400-925-0003

**Change In Governing People, Percentage
Owned and/or Stock/Unit Ownership
(this does not replace your annual report)**

* A different form is required to make changes to officers, members, managers or your Resident Agent with the Office of the Secretary of State. Please contact them at corps@sos.wa.gov or 360-725-0377.

	Amount Due
▶ Liquor.....\$75.00 Change in more than 10% of stock, election of new officers or changes in members or managers.	\$
▶ Marijuana.....\$75.00	\$
▶ All other Licenses..... Required for all governing people and/or stock changes regardless of the amount of percentage of ownership.	\$ NO FEE
<i>Make check payable to the Department of Revenue</i> Total amount due (Add Row 1 and 2)	\$

Ownership type Partnership Corporation LLC LP/LLP/LLLP Non Profit Corporation

▶

Name	UBI Number	FEIN
		()
Company mailing address (Street or route)	City State Zip code	Company telephone number
	()	
Contact name (Last, First, Middle)	Contact telephone number	Contact email address

Stock ownership (if applicable)

Total stock authorized: _____ Number of shares issued: _____ Par value per share: _____

At the completion of this change, the governing persons and/or stockholders will be:
Title examples: *owner, partner, president, vice president, secretary, treasurer, member, manager, director*

* ▶

Name (Last, First, Middle)	Title	Social security number	Date of birth
			()
Home/business address (Street or route)	City State Zip code	Telephone number	
Date became owner/officer	Number of shares owned	Percent owned	Date(s) issued or enter "pending" if not yet issued
Name of spouse (Last, First, Middle)	Spouse social security number	Spouse date of birth	
* Is this person related to other officers who own 10 percent or more? (i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)			<input type="checkbox"/> Yes <input type="checkbox"/> No

▶

Name (Last, First, Middle)	Title	Social security number	Date of birth
			()
Home/business address (Street or route)	City State ZIP code	Telephone number	
Date became owner/officer	Number of shares owned	Percent owned	Date(s) issued or enter "pending" if not yet issued
Name of spouse (Last, First, Middle)	Spouse social security number	Spouse date of birth	
Is this person related to other officers who own 10 percent or more? (i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue on to the next page.

▶

_____ Name (Last, First, Middle)	_____ Title	_____ Social security number	_____ Date of birth ()	
_____ Home/business address (Street or route)	_____ City	_____ State	_____ Zip code	_____ Telephone number
_____ Date became owner/officer	_____ Number of shares owned	_____ Percent owned	_____ Date(s) issued or enter "pending" if not yet issued	
_____ Name of spouse (Last, First, Middle)	_____ Spouse social security number	_____ Spouse date of birth		
Is this person related to other officers who own 10 percent or more? (i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)				<input type="checkbox"/> Yes <input type="checkbox"/> No

▶

_____ Name (Last, First, Middle)	_____ Title	_____ Social security number	_____ Date of birth ()	
_____ Home/business address (Street or route)	_____ City	_____ State	_____ Zip code	_____ Telephone number
_____ Date became owner/officer	_____ Number of shares owned	_____ Percent owned	_____ Date(s) issued or enter "pending" if not yet issued	
_____ Name of spouse (Last, First, Middle)	_____ Spouse social security number	_____ Spouse date of birth		
Is this person related to other officers who own 10 percent or more? (i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)				<input type="checkbox"/> Yes <input type="checkbox"/> No

If necessary, attach additional sheets using the same format as shown above.

Removal of governing people

_____ Name of governing person or stockholder	_____ Social security number	_____ Date of birth	_____ Title	_____ Removal Date
_____ Name of governing person or stockholder	_____ Social security number	_____ Date of birth	_____ Title	_____ Removal Date
_____ Name of governing person or stockholder	_____ Social security number	_____ Date of birth	_____ Title	_____ Removal Date
_____ Name of governing person or stockholder	_____ Social security number	_____ Date of birth	_____ Title	_____ Removal Date

Additional forms or documents may be required by the individual agency.

Liquor and Cannabis Board (360) 664-1600 • Lottery (360) 753-2155

Certification

Under penalty of perjury, I hereby certify there have been no changes in officers or stockholders that have not been reported, and that each officer and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. I certify on behalf of the corporation that it is understood a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Print Name _____ Title _____

Signature _____ Date _____ Phone # _____