



**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
Total amount due	\$

Make check payable to the Department of Revenue

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
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) Yes 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) Yes 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
<hr/>				
Name of governing person or stockholder	Social security number	Date of birth	Title	Removal Date
<hr/>				
Name of governing person or stockholder	Social security number	Date of birth	Title	Removal Date
<hr/>				
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 Control 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 # _____