



State of Washington  
 Business Licensing Service  
 PO Box 9034  
 Olympia, WA 98507-9034  
 1-800-451-7985

Owner/business name
UBI number

## Commercial Telephone Solicitor Addendum

**INSTRUCTIONS:**

This form must be completed by the owner of the Commercial Telephone Solicitor business. (If more space is needed, attach additional sheets using the same format.) A Personal/Criminal History Statement must also be completed by the Telephone Solicitor Manager, Sole Proprietor, each partner of a Partnership or LLP, or each governing person of a Corporation or LLC.

**A Owner information**

Owner name *Last, first, middle*

Firm/business name

**B Additional information**

1. Provide the name of your manager.

Name: \_\_\_\_\_

2. Is any person other than the licensee to share in the profits or losses of the business?.....  Yes  No  
**If yes, list names and addresses below.** (If the business is a corporation, do not list shareholders.)

Name	Address <i>Street or route, PO box, city, state, zip code</i>

3. Does any person other than the sole proprietor, partners, corporate officers, or stockholders have any financial interest in this business?.....  Yes  No  
**If yes, list names and addresses below.**

Name	Address <i>Street or route, PO box, city, state, zip code</i>

4. List the physical address where records will be kept for this business (do not use a Post Office box number).

Address Street or route	City	State	Zip Code