



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

Master file number (For office use only)
UBI number

For Validation Only

03N-400-925-0003

## Application For Change of Limited Liability Company Member and/or Manager

*List fee amount next to each license you hold and enter total fees due in the TOTAL AMOUNT DUE box below:*

Type of license held/fee	Amount due
Liquor..... \$75.00	\$
Lottery ..... \$25.00	\$
	\$

**Note: Limited liability company changes should also be filed with the Washington Secretary of State.**

### A Limited liability company information

Name of limited liability company			UBI number		
Company mailing address <i>Street or route</i>		<i>City</i>	<i>State</i>	<i>Zip code</i>	Company telephone number ( )
Contact name <i>Last, first, middle</i>		Contact telephone number ( )		Company fax number ( )	

### B Member/manager information

	Member/manager #1	Member/manager #2	Member/manager #3
Member/manager #1	Name of member/manager <i>Last, first, middle</i>	Social security number	Birthdate <i>Month/day/year</i>
	Home address <i>Street or route</i>	City	State      Zip code
	Day telephone number ( )	Evening telephone number ( )	Percentage of interest in business
	Name of member's spouse <i>Last, first, middle</i>	Spouse social security number	Spouse birthdate <i>Month/day/year</i>
Member/manager #2	Name of member/manager <i>Last, first, middle</i>	Social security number	Birthdate <i>Month/day/year</i>
	Home address <i>Street or route</i>	City	State      Zip code
	Day telephone number ( )	Evening telephone number ( )	Percentage of interest in business
	Name of member's spouse <i>Last, first, middle</i>	Spouse social security number	Spouse birthdate <i>Month/day/year</i>
Member/manager #3	Name of member/manager <i>Last, first, middle</i>	Social security number	Birthdate <i>Month/day/year</i>
	Home address <i>Street or route</i>	City	State      Zip code
	Day telephone number ( )	Evening telephone number ( )	Percentage of interest in business
	Name of member's spouse <i>Last, first, middle</i>	Spouse social security number	Spouse birthdate <i>Month/day/year</i>

**Attach additional sheets in the same format if necessary**

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

Signature <b>X</b>	Title
Printed name	Date signed