



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](mailto: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  |
| Make check payable to the Department of Revenue |   | \$         |
| Total amount due (Add Row 1 and 2)              |   | \$         |

Ownership type  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?<br>(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?<br>(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?<br><small>(i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)</small> |                        | <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?<br><small>(i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children or grandchildren)</small> |                        | <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. For Liquor and Marijuana changes a governing person signature is required. |       |         |  |
| Print Name  | Title |         |  |
| Signature   | Date  | Phone # |  |