



State of Washington Business Licensing Service PO Box 9034 Olympia WA 98507-9034 1-800-451-7985 BLS@dor.wa.gov Fax: (360) 705-6699

Business Information Change Form

For faster service make these changes online at bls.dor.wa.gov/change.aspx.

This form can be used for simple changes for your business account. This form cannot be processed if the required fields in Section C are not complete. The Business Licensing Service will contact you if additional forms or fees are required.

The information you provide will be shared with regulatory state agencies and/or local jurisdictions that currently have endorsements listed on your business license.

A Account information currently on file			
Name of an owner, partner, officer, or LLC manager/member	last, first, middle		
Business name/trade name			Current UBI number <i>Required</i>
B Information to be changed			1
Use this form only for the following changes.			
Change license mailing address	Change tax account	t mailing address	
Change mailing address to:			
Change location address to: Please include street address, city, state and zip. Can			
Old location address:			
Change phone number to: ()			
Change email address to:			
Cancel the following trade name(s): This will not cancel a corporation name. To cancel a corporation at bls.dor.wa.gov/addtradenames.aspx			
Change owner's legal name to: To change ownership structure, e.g., sole owner to con	rporation, or to assume a	n existing business,visit	ols.dor.wa.gov/changeownership.aspx
Owner's prior name:			
Add or Remove spouse name: Reason for adding or removing name:			
Do you want spouse's name to appear on license? Yes No			
Close location address:			
Close account at: (To close a corporate account with Secretary of State - visit www.sos.wa.gov)			
Dept. of Revenue Employment Security Labor & Industries Business License			
Date business closed:	-	iges paid:	
Reason for account closure:			
Other information:			
C Signature (REQUIRED)			
I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this change and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.			
Signature of owner/officer (REQUIRED)		Print name (REQUIRED)	
Email address	Date signed		Phone number

For assistance or to request this document in an alternate format, please call 1-800-451-7985. Teletype (TTY) users may use the Washington Relay Service by calling 711. BLS-700-160 (7/18/18)