

Form BLS 700 160

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
360-705-6741
BLS@dor.wa.gov
Fax: 360-705-6699

Business Information Change Form

For faster services make these changes online at dor.wa.gov/change

This form **can** be used to make simple changes to your business account.

This form **cannot** be processed if the required signature in Section E (on page 3) is not complete.
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 Current account information

Name of an owner, partner, corporate officer, or LLC manager/member (last, first, middle):

Business name/trade name:

Current UBI number (Required):

B Update the following information

Change license mailing address

Change mailing address for all business locations

Change mailing address for: DOR/Excise tax account Employment Security Labor & Industries

Current mailing address:

If additional tax registration accounts need to be updated, please provide:

Current business location address:

Include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.

Current business phone number:

Current email:

New mailing address:

New business location address:

New phone number:

New email:

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To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

Change business location name to:

To change the business location name for a liquor or vehicle dealer endorsement, contact 360-705-6744 for instructions.

Change owner's legal name to:

To change ownership structure, e.g., sole owner to corporation, or to assume an existing business, visit dor.wa.gov/changeownership.

Owner's prior name:

Add Spouse

Remove Spouse

Spouse name:

Effective date:

Reason for adding/removing name:

Do you want spouses name to appear on license?

Yes

No

Change in business activities:

C Cancel the following

City endorsement

State endorsement

Trade name

List all endorsements and/or trade names you want to cancel:

D Close account(s), business, or location

Close account at:

DOR/Excise Tax Account

Employment Security

Labor & Industries

Business Licensing

Note: To close a corporate account with the Secretary of State, visit sos.wa.gov.

Date business closed:

Date last wages paid:

Reason for account closure:

Did you sell your business?

Yes

No

If yes, indicate the purchaser name and UBI if available:

Other information:

Close location address:

(If closing multiple locations, add an attachment with location address, closure date, and reason.)

Closure date:

Reason:

E **Signature (REQUIRED)**

I declare under the penalties of perjury that:

- I am an owner/officer or authorized representative of this business making this change; and
- The answers contained, including any accompanying information, have been examined by me and are true, correct, and complete.

I certify that I understand a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Print name:

Date:

Signature:

Phone:

Email: