MASTER APPLICATION
(Please type or print clearly in dark ink.)

Mail Directly to the Master License Service or file in person at any UBI service location.

1. Purpose of Application
Please check all boxes that apply

☐ Open/Reopen Business
   complete sections 2, 3, (4 if hiring employees) and 5
☐ Change Ownership
   complete sections 2, 3, (4 if you have employees) and 5
☐ Add License/Registration to Existing Location
   complete sections 2, 3 and 5
☐ Register Trade Name
   complete sections 2, 3 and 5
☐ Change Trade Name - complete sections 2, 3 and 5
   indicate name to be cancelled: ___________________________
☐ Change or Open Location - complete sections 2, 3a, 3b, 3c and 5
   indicate old address to be closed: ___________________________

☐ Hire Employees
   complete all sections
☐ Hire Employees Under Age 18
   complete all sections
☐ Hire Persons to Work in or Around Your Home
   complete sections 2, 3c, 4 and 5 (no application fee)
☐ Other
   complete all sections

2. Licenses and Fees
Use the License Fee Sheet for the information needed to complete this list

Indicate Registrations Needed       Fees Due
☐ Tax Registration – Do you want a separate tax return for each business/trade name?  ☐ Yes ☐ No No Fee
☐ Industrial Insurance (if you will have employees) No Fee
☐ Unemployment Insurance (if you will have employees) No Fee
☐ Minor Work Permit (if you will have employees under age 18) No Fee
☐ New Trade Name (Doing Business As): $ 5.00

Indicate Other Licenses (such as Lottery Retailer) or additional Trade Names ($5 each name):
(see License Fee Sheet for more information.)

$ $ $ $ $ $ 

Enclose check for total amount due, including the
Application Fee, which MUST be submitted with this form

Make check payable to the WASHINGTON STATE TREASURER.

Application Fee $ 15.00
Total Amount Due $ 15.00
### 3. Business Information

**a. Check only one box in this section that applies to your ownership structure:**
- [ ] Sole Proprietor: If married, should spouse's name appear on license? 
  - [ ] Yes  
  - [x] No (If you answer No, you must still enter the spouse information in Section C below.)

- [ ] Partnership  
- [ ] Limited Partnership  
- [ ] Limited Liability Partnership  
- [ ] Limited Liability Company  
- [x] Washington Corporation
- [ ] Out of State Corporation  
- [ ] Non Profit Corporation (educational, religious, charitable)

**Partnership, Corporation, LLC or LLP Name**

- **State incorporated/formed:** WA  
- **Year incorporated/formed:** 1998

- [ ] Association  
- [ ] Trust  
- [ ] Municipality  
- [ ] Other

**Name of Organization**

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**b. Business Open Date**

- **01/1990**

**Doing Business As (DBA)/Trade Name**

- **JILL, INC.**

**Business Mailing Address (Street or PO Box, Suite No. Do not use building name)**

- **1234 5th Street**

**City**

- **Anywhere**

**State**

- **WA**

**Zip**

- **99505**

**Business Telephone Number**

- **(360) 555-5555**

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**c. List all owners & spouses:** Sole proprietor, partners, officers, and LLC members. Attach additional pages if needed.

**Businesswoman, Jill T.**

- **Name (Last, First, Middle)**
  - **1235 5th Street**
  - **Anywhere**
  - **WA**
  - **99505**

- **Date of Birth**
  - **01/01/60**

- **Social Security Number**
  - **700-00-7000**

- **% Owned**
  - **100**

**Title**

- **Owner/prez**

**Home Telephone Number**

- **(360) 186-7134**

**Are you married?**

- [ ] Yes  
- [ ] No

**Spouse's Name (Last, First, Middle)**

- **JILL@myisp.com**

- **E-mail Address**

- **City**
  - **Spouse Address (Street or PO Box)**

- **State**

- **Zip**

**Date of Birth**

- **01/02/60**

**Social Security Number**

- **800-00-8000**

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**Name (Last, First, Middle)**

**Home Address (Street or PO Box)**

**City**

**State**

**Zip**

**Date of Birth**

**Social Security Number**

**% Owned**

**Title**

**Home Telephone Number**

**Spouse's Name (Last, First, Middle)**

**Spouse Date of Birth**

**Spouse Social Security Number**

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The Social Security Number is required for all sole proprietors (RCW 26.23.150) and for all owners and spouses of a business that will have liquor, lottery or private investigator licenses. Not providing this information will result in application delays.

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Please continue Business Information on page 3.
d. Estimated Gross Annual Income in Washington

Please check one box that applies to your business:

☐ 0 - $12,000  ☐ $12,001 - $28,000  ☐ $28,001 - $60,000  ☐ $60,001 - $100,000  ☒ $100,001 and above

e. Please indicate which of these business activities you do in Washington State (check all that apply):

☐ Wholesale  ☐ Retail  ☒ Manufacturing  ☐ Services

f. Describe in detail the principal products or services you provide in Washington state (failure to provide this information will cause delay in processing your application):

widgets


g. Did you buy, lease, or acquire all or part of an existing business?  ☒ No  ☐ All  ☐ Part

Date bought/leased/acquired: ___ ___ ___  ___ ___ ___ Prior Business Name

Prior Owner's Name

Telephone Number

h. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?  ☒ Yes  ☐ No

If yes, indicate purchase or lease price: $

i. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:


j. If you are changing your business structure, (such as changing from sole proprietorship to corporation) and want the old account closed, please indicate the UBI number to be closed:


k. If you have ever owned another business, please provide:

Business Name  UBI Number

l. List your bank's name: Money Bank

Do you plan to have employees or wish to register for optional coverage?

(Some LLC members are considered to be employees.

For further information on optional coverage definitions, see License Fee Sheet)

☒ Yes  ☐ No

If NO, skip to section 5.

If YES, complete sections 4 and 5.
4. Employment

Complete if you employ, or plan to employ, one or more persons in Washington state, or if you want optional coverage under this ownership.

a. Date of first employment or planned employment at this location: 01/01/98
   First date wages paid: 01/01/98
b. Number of persons you employ or plan to employ at this location (Do not include owners): 20

c. Estimate the number of persons under 18 (minors) you will employ in the next 12 months:
   - Estimate the number of minors that will be under 16: 
   - Are any of the minors working in an agricultural business? Yes ☐ No ☐
   - List the specific duties performed by minors at this location:

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d. If you operate at more than one location, do you wish to report the employee information at the locations:
☐ Together ☐ Separately

e. Do you want unemployment insurance coverage for corporate officers?
☐ Yes – Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.
☐ No – The corporation must inform officers in writing that they are not covered for unemployment insurance.

f. Do you want industrial insurance coverage for sole proprietor(s), partners, owners, corporate officers, or LLC members?
☐ Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

Do you want optional industrial insurance coverage for excluded employment? (See License Fee Sheet for descriptions.)
☐ Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

h. If your entity is a Limited Liability Company, is your management vested?
☐ Yes – If managers are also members, they are exempt from industrial insurance coverage
☐ No – If managers are not members, they are mandatorily covered for industrial insurance coverage.

i. Please check the ONE box which best describes the major operation of your business and provide activity in detail below.
   - □ (01) Construction-Wood Frame Bldg.
   - □ (02) Construction-All other
   - □ (03) Logging/Forestry/Trucking
   - □ (04) Temp. Help/Employee Leasing
   - □ (05) Shipbuilding
   - □ (06) Mining/Quarrying/Sand & Gravel
   - □ (07) Mfg.-Wood/Metal/Stone Products
   - □ (08) Mfg.-Chemicals
   - □ (09) Mfg.-Food Products
   - □ (10) Miscellaneous Mfg.
   - □ (11) Machine Shops/Auto Repair
   - □ (12) Agricultural/Farming
   - □ (13) Retail/Wholesale Trade
   - □ (14) Services/Maint./Restaurants
   - □ (15) Communications
   - □ (16) Clerical/Professional Occup.

j. Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested.

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making widgets
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<th>Number of Employees</th>
<th>Workers' Hours (Include Minors)</th>
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5. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager

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 application 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.

<table>
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<th>Signature Required</th>
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<td>Application Prepared By (Please Print)</td>
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<td>Title</td>
<td>(_____ )</td>
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UBI Agency Representative

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<th>Telephone No.</th>
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