

### Form BLS 700 322

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

### **Sellers of Travel Addendum**

This addendum may only be submitted as an attachment to the Business License Application.

Please type or print in dark ink. Registration fee: \$222

Owner name:

**UBI** number:



### **Proof of business registration** - applicants from outside Washington only

If your business is located outside of Washington state, you must provide proof of a valid registration to conduct business in your home state. Attach a copy of your current business registration document, or other official registration certification provided by the registration office in your home state.

# **Criminal history -** all applicants

Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business:

1.	Had any action (fine, suspension, revocation, censure, surrender,
	etc.) taken against any professional or occupational license,
	certification, or permit?

Yes No

 Defaulted or been convicted of or entered a plea of no contest to a gross misdemanor or felony crime?
(Don't include traffic offenses.)

Yes No

3. Had any civil court order, verdict, or judgement entered against them? (Don't include small claims decisions under \$5,000.)

Yes

If you answered "Yes," attach a detailed explanation.

Continued...

No

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# Authorized agents - all applicants

Do you have employees, independent contractors or other outside agents who will sell travel under the authority of this business location's registration?

Yes No

If yes, list them below. Attach additional sheets in the same format if necessary.

Name	Business address Street, city, state, zip code	Business phone

D	Financial responsibility options - applicants who hold any payments received or
	retail travel services for more than 5 business days must report and maintain a trust
	account or other approved account.

Do you hold any payments received for retail travel services for more than 5 business days?

Yes\* No - stop here

**Option ONE** 

I will maintain a Seller of Travel trust account for deposit of customer's payments (complete the following):

Bank name:

Bank address:

Trust account number: Bank phone:

I declare under penalty of perjury the above Seller of Travel trust account is being maintained at a federally insured financial institution in Washington state in compliance with all requirements of RCW 19.138.140:

Signature:

Print name: Date:

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<sup>\*</sup> If you selected yes to this question, you must select one of the following options and provide the appropriate documentation:



#### Option TWO

I will maintain a continuous private surety bond as described in RCW 19.138.140. Complete the information below and attach a surety bond, written on the blank form provided by Department of Licensing. The amount of the surety is based upon the prior year's annual gross income of business conducted with Washington state resident as listed below.

This is to certify that during the past calendar year (January 1 through December 31), the total gross annual income business conducted was: \$:

Annual gross income of business conducted with Washington residents	Annual of surety bond or other instrument approved by the Department
\$199,999 and under	\$10,000
\$250,000 through \$499,999	\$20,000
\$500,000 through \$749,999	\$30,000
\$750,000 through \$999,999	\$40,000
\$1,000,000 and above	\$50,000

#### Option THREE

I am a member in good standing of a Sellers of Travel professional association approved by the Department of Licensing and through which I have both \$1,000,000 minimum in errors and professional liability insurance and a bond with a surety of at least \$250,000. You must attach an official certification from the professional association identifying itself, affirming your membership-in-good-standing, confirming both the liability insurance and surety bond are in effect during your membership, and the current expiration date of your membership.

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