



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia, WA 98507-9034
 360-705-6741

Owner/business name
UBI number

Commercial Telephone Solicitor Addendum

INSTRUCTIONS:

This form must be completed by the owner of the Commercial Telephone Solicitor business. (If more space is needed, attach additional sheets using the same format.) A Personal/Criminal History Statement must also be completed by the Telephone Solicitor Manager, Sole Proprietor, each partner of a Partnership or LLP, or each governing person of a Corporation or LLC.

A Owner information

Owner name *Last, first, middle*

Firm/business name

B Additional information

1. Provide the name of your manager.

Name: _____

2. Is any person other than the licensee to share in the profits or losses of the business? Yes No
If yes, list names and addresses below. (If the business is a corporation, do not list shareholders.)

Name	Address <i>Street or route, PO box, city, state, zip code</i>

3. Does any person other than the sole proprietor, partners, corporate officers, or stockholders have any financial interest in this business? Yes No
If yes, list names and addresses below.

Name	Address <i>Street or route, PO box, city, state, zip code</i>

4. List the physical address where records will be kept for this business (do not use a Post Office box number).

Address Street or route	City	State	Zip Code