



State of Washington
 Department of Revenue
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
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 BLS@dor.wa.gov
 Fax: 360-705-6699



Business Information Change Form

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



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 <i>last, first, middle</i>	
Business name/trade name	Current UBI number Required

B Information to be changed
Use this form only for the following changes.
<input type="checkbox"/> Change license mailing address <input type="checkbox"/> Change tax account mailing address
Change mailing address to: _____
If additional tax registration accounts need to be updated please provide: _____
Change location address to: _____
Please include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.
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 name visit www.sos.wa.gov . To add a trade name, use the Business License Application at dor.wa.gov/addtradenames
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: _____
<input type="checkbox"/> Add or <input type="checkbox"/> Remove spouse name: _____
Effective date: _____ Reason for adding or removing name: _____
Do you want spouse's name to appear on license? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Date last wages 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