

Form 700 306

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

Change in Governing People, Percentage Owned and/or Stock/Unit Ownership Form

(This does not replace your annual report)

An additional form is required to make changes to officers, members, and managers with the Office of the Secretary of State. Go to sos.wa.gov/corps or call 360-725-0377.

Legal entity/Owner name:

Unified Business Identifier (UBI):

Federal Employer Identification Number (FEIN):

		Amount due
▶ Liquor.....	\$75.00 Change in more than 10% of stock, election of new officers, or changes in members or managers.	\$
▶ Marijuana.....	\$75.00	\$
▶ All other licenses.....	Required for all governing people and/or stock changes regardless of the amount of percentage of ownership.	\$ NO FEE

Ownership type	Corporation	LLC	LP/LLP/LLLP	Nonprofit Corporation	Other
General partnerships must file a new business license application when the change is 50% or more in the number of partners.					

Name:

UBI Number:

FEIN:

Company mailing address:

City: State: Zip:

Company phone:

Contact name (last, first, middle):

Phone:

Email:

Stock ownership (if applicable)

Total stock authorized:

Number of shares issued:

Value per share:

At the completion of this change, the governing persons and/or stockholders will be:
 (Title examples: owner, partner, president, vice president, secretary, treasurer, member, manager, director.)

Name (last, first, middle):

Title:

Social Security Number:

Date of Birth:

Home/Business address:

City:

State:

Zip:

Phone:

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 in Governing People, Percentage Owned and/or Stock/Unit Ownership Form

Date became owner/officer: Number of shares owned: Percent owned:
Dates issued (enter "pending" if not yet issued):
Spouse name (last, first, middle):
Spouse Social Security number: Spouse date of birth:
Is this person related to other officers who own 10% or more? Yes No
(i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children, or grandchildren)

Name (last, first, middle): Title:
Social Security Number: Date of Birth:
Home/Business address:
City: State: Zip: Phone:
Date became owner/officer: Number of shares owned: Percent owned:
Dates issued (enter "pending" if not yet issued):
Spouse name (last, first, middle):
Spouse Social Security number: Spouse date of birth:
Is this person related to other officers who own 10% or more? Yes No
(i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children, or grandchildren)

Name (last, first, middle): Title:
Social Security Number: Date of Birth:
Home/Business address:
City: State: Zip: Phone:
Date became owner/officer: Number of shares owned: Percent owned:
Dates issued (enter "pending" if not yet issued):
Spouse name (last, first, middle):
Spouse Social Security number: Spouse date of birth:
Is this person related to other officers who own 10% or more? Yes No
(i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children, or grandchildren)

Name (last, first, middle): Title:
Social Security Number: Date of Birth:
Home/Business address:
City: State: Zip: Phone:
Date became owner/officer: Number of shares owned: Percent owned:
Dates issued (enter "pending" if not yet issued):
Spouse name (last, first, middle):
Spouse Social Security number: Spouse date of birth:
Is this person related to other officers who own 10% or more? Yes No
(i.e. parent, stepparent, grandparent, spouse, children, brother, sister, stepchildren, adopted children, or grandchildren)

If necessary, attach additional sheets using the same format as shown above.

Removal of governing people (If necessary, attach additional sheets using the same format as shown below.)

Name of governing person or stockholder:

Title:

Social Security number:

Date of birth:

Removal date:

Name of governing person or stockholder:

Title:

Social Security number:

Date of birth:

Removal date:

Name of governing person or stockholder:

Title:

Social Security number:

Date of birth:

Removal date:

Additional form or documents may be required by the individual agencies below:

- Liquor and Cannabis Board: 360-664-1600
- Lottery: 360-810-2888

Signature

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the governing person 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. I certify on behalf of the entity that it is understood a misrepresentation of fact is cause for rejection of this application or revocation of any license issued. For Liquor and Marijuana changes a governing person signature is required.

Print name:

Title:

Signature: _____

Date:

Phone: