

Form 700 306

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

Change in Owners/Officers', 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):

- | | |
|---------------------------|---|
| ▶ Liquor..... | \$75.00 Change in more than 10% of stock, election of new officers, or changes in members or managers. |
| ▶ Cannabis..... | \$75.00 |
| ▶ All other licenses..... | Required for all Owners/Officers' and/or stock changes regardless of the amount of percentage of ownership. |

Amount due	
\$	
\$	
\$	No fee

Ownership type: Corporation LLC LP/LLP/LLLP Nonprofit Corporation Other
General partnerships must get a new UBI by filing a Business License Application when there is 50% or more change 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:

Add Owners/Officers' and/or stockholders:

(Title examples: owner, partner, president, vice president, secretary, treasurer, member, manager, director.)

Name (last, first, middle):

Title:

Social Security Number:

Date of Birth:

Phone:

Home/Business address:

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 Owners/Officers', Percentage Owned and/or Stock/Unit Ownership Form

City: State: Zip:

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: Phone:

Home/Business address:

City: State: Zip:

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: Phone:

Home/Business address:

City: State: Zip:

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:

Change in Owners/Officers', Percentage Owned and/or Stock/Unit Ownership Form

Date of Birth:

Phone:

Home/Business address:

City:

State:

Zip:

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 Owners/Officers':

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

Name of owner/officer or stockholder:

Title:

Social Security number:

Date of birth:

Removal date:

Name of owner/officer or stockholder:

Title:

Social Security number:

Date of birth:

Removal date:

Name of owner/officer 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: (Required)

I declare under the penalties of perjury that:

- I am an owner/officer or authorized representative of this business making this change; and
- The answers contained, including any accompanying information, have been examined by me and are true, correct, and complete.

I certify that I understand a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

Print name:

Signature:

Date:

Title:

Phone: