



## Form BLS 700 160

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

# Business Information Change Form

For faster services make these changes online at [dor.wa.gov/change](http://dor.wa.gov/change)

This form **can** be used to make simple changes to your business account.

This form **cannot** be processed if the required signature in Section E (on page 3) is not complete.  
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 Current account information

Name of an owner, partner, corporate officer, or LLC manager/member (last, first, middle):

Business name/trade name:

Current UBI number (Required):

## B Update the following information

Change license mailing address

Change mailing address for all business locations

Change mailing address for: DOR/Excise tax account Employment Security Labor & Industries

Change mailing address to:

*If additional tax registration accounts need to be updated, please provide:*

Old mailing address:

Change business location address to:

Include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.

Old business location address:

Change phone number to:

Old business phone number:

Change email to:

Old email:

**Continued...**

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 business location name to:

To change the business location name for a liquor or vehicle dealer endorsement, contact 360-705-6744 for instructions.

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](http://dor.wa.gov/changeownership).

Owner's prior name:

Spouse name:

Effective date:  Reason for adding/removing name:

Do you want spouses name to appear on license?  Yes  No

Change in business activities:

## C Cancel the following

List all endorsements and/or trade names you want to cancel:

## D Close account(s), business, or location

Close account at:

*Note: To close a corporate account with the Secretary of State, visit [sos.wa.gov](http://sos.wa.gov).*

Date business closed:  Date last wages paid:

Reason for account closure:

Did you sell your business?  Yes  No

If yes, indicate the purchaser name and UBI if available:

Other information:

Close location address:

(If closing multiple locations, add an attachment with location address, closure date, and reason.)

Closure date:  Reason:



## 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.

Print name:

Date:

Signature: \_\_\_\_\_

Phone:

Email: