

Master License Service Department of Licensing PO Box 9034 Olympia WA 98507-9034 Telephone: (360) 664-1400 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)

## **Master Business Application**

For faster service - Apply online @ www.dol.wa.gov

or print in dark ink and mail to Master License Service

Legal Entity/Owner Name	
602280340	
Unified Business Identifier (UBI) 80-0070735	
Federal Employer Identification	Number (FEIN)
For Validatio	on - Office Use Only

01P-400-925-0003

CenturyTel Long Distance, LLC ·

1.	Pur	pose	of	Ap	pli	cati	on
		check a					

Open/Reopen Business complete sections 2, 3, 4, (5 if hiring employees) and 6	☐ Add License/Registration to Existing Location complete sections 2, 3, 4, and 6				
☐ Open Additional Location complete sections 2, 3, 4, (5 if hiring employees) and 6	☐ Business Has or Will Have Employees complete all sections				
☐ Change Ownership complete sections 2, 3, 4, (5 if you have employees) and 6	☐ Business Has or Will Have Employees Under Age 18 complete all sections				
□ Register Trade Name complete sections 2, 3, 4 and 6	☐ Hire Persons to Work In or Around Your Home complete all sections				
☐ Change Trade Name - complete sections 2, 3, 4 and 6 Indicate name to be cancelled:	☐ Other complete all sections				
☐ Change Location - complete sections 2, 3, 4 and 6 Indicate old address to be closed:	MASTERLICE				
2. Licenses and Fees Use the License Fee Sheet for the information needed to com	ENSE S				
Indicate Registrations Needed:	Fees Due				
☐ Tax Registration – Do you want a separate tax return for e					
☐ Industrial Insurance (Workers' Compensation) — Required					
☐ Unemployment Insurance – Required if you will have em	j. P. amer				
☐ Minor Work Permit – Required if you will have employees	11 -				
✓ New Trade Name (Doing Business As): CenturyLink I	¢ 5 00				
Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):					
>	\$				
×	\$				
<b>&gt;</b>	\$				
>	\$				
>	\$				
<b>&gt;</b>	\$				
Enclose check for <b>total amount due</b> , including the Processing Fee, which MUST be submitted with this for					

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 664-1400 or TTY (360) 664-8885.

Total Amount Due | \$

20.00

Make check payable to the WASHINGTON STATE TREASURER.

2	Ο.					
3.						
a. Select only one ownership structure:  Sole Proprietor If married, should spouse's name appear on license?  Yes No (If you answer No, you must still e spouse information in section "3f"						
o Id		☐ Sole Proprietor				
e P		If married, should spouse's name appear on license? $\ \square$				
S	L.		spouse in	formation in section "3f" belo	)W.)	
اف		☐ Corporation* ☐ Non Profit Corporation* (education	nal, religious, charitable	) 🗹 Limited Liability	Company*	
Corp.		☐ Partnership (# of partners:) ☐ Limited Partne	ership* 🔲 Limited L	iability Partnership* [		
j di		*These ownership structures must contact the Secretary of State office for additional filing requirements.				
*These ownership structures must contact the Secretary of State office for additional filing requirements.  CenturyTel Long Distance, LLC  Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)  LA  2002						
먋		Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)				
State incorporated/formed: LA Year inco				2002 ermed:		
~						
Other	☐ Association ☐ Trust ☐ Municipality ☐ Tribal Government Other					
ď		Name of Organization (example: Anderson Family Trust)				
$\succ$	h		location: 0.7 / C			
	D.	Indicate this ownership structure's first date of business at this I Out-of-state businesses should use the first date of operation in		( <b>Required.</b> If unknow	vn, please estimate.)	
	c.	CenturyLink Long Distance				
	<b>O</b> .	Doing Business As (DBA)/Trade Name				
	d.	100 CenturyTel Drive	Monroe	LA	71203	
		Business Mailing Address (Street & Suite No. or PO Box, do not use building	ng name) City	State	Zip code	
	e.					
		Business Telephone Number Fax Number		Internet/E-Mail Address		
	f.	List all owners & spouses: Sole proprietor, partners, o	fficers, or LLC memb	ers. (Attach additional pag	ges if needed.)	
		> SAME AS ON FILE	1 1			
		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
		Home Address (Street or PO Box)	City	State	Zip code	
		( )	•	Yes □ No If yes, enter spous	Ť	
		Title Home Telephone Number	740 you maniou.	100 El 110 il 300; ollioi opedi	oo marmanon balaw.	
		Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Num	thar*	
	;m,	and broad and their section and section and section and their section and the section and their section and the	Spouse Date of Birth	Opodse dodai decurity Num	magazir zininsir erasan sasirisi balancir aq	
ons		>				
Persons	 	Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
<u> </u>		Home Address (Street or PO Box)	City	State	Zip code	
e I			Are you married? □	Yes □ No If yes, enter spou	se information below.	
Home Address (Street or PO Box)  City  Are you married?  Home Telephone Number						
		Spouse Name (Last, First, Middle)	Spouse Date of Birth Spouse Social Security Number*			
		>	1 1			
		Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned	
		,				
		Home Address (Street or PO Box)	City	State	Zip code	
Title					se information below.	

Spouse Date of Birth

Spouse Social Security Number\*

Spouse Name (Last, First, Middle)

<sup>\*</sup>The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

## 4. Location / Business Information

Ch	eck the appropriate box and provide the corresponding ph	ysical address on line 4.b. b	elow.	-		
a.	a. ☐ This application is for a Washington location (provide the Washington address)					
	Is this Location inside city limits? ☐ Yes ☐ No ☐ This Business has <b>No</b> Washington location (provide the pr	imary business address)				
b.	100 CenturyTel Drive	Monroe, LA 71203				
~:	Business Street Address (Do not use a PO Box or PMB Address)	City	State	Zip code		
C.	If the address above is out-of-state and you have employees or retheir Washington addresses (we will not use this address for maili	presentatives working in Washi	ngton, please į	provide <b>one</b> of		
	The visit magnetic dedicates (170 vin first day and dedicate for finding	ng purposesy.				
	Business Street Address (Do not use a PO Box or PMB Address)	City	State	Zip code		
d.	Provide the estimated gross annual income in Washington (chec					
	□ \$0 - \$12,000 □ \$12,001 - \$28,000 □ \$28,001 - \$60,0	00 🗆 \$60,001 - \$100,000	፟ \$100,001	and above		
e.	Indicate the business activities in Washington State (check all that					
	☐ Wholesale ☐ Retail ☐ Manufacturing	☑ Services				
f.	Describe in detail the principal products or services you provide in cause delay in processing your application):	Washington State (failure to pr	ovide this infor	mation will		
	Provide telecommunications services and products and related servi	ces and products.				
g.	Did you buy, lease, or acquire all or part of an existing business?	□ No □ All □ Part				
9.						
	Date bought/leased/acquired: / / / MM DD YY	Prior Business Name				
	Prior Owner's Name	Telephone Number		···		
h	Did you purchase/lease any fixtures or equipment on which you h	ove not poid color or use tay?		No		
111	If yes, indicate purchase or lease price: \$	ave not paid sales of use tax?	LI 162 LI	NO		
		•				
I.	If this business is owned by, controlled by, or affiliated with any other bu	siness entity, please indicate that b	ousiness entity's	name:		
			···	<del></del>		
j.	If you are changing your business structure (such as changing fro	m sole proprietorship to corpor	a <i>tion)</i> and wan	t the		
	old account closed, please indicate the UBI number to be closed:					
	Do you wish to cancel all the trade names registered under the ol (You must re-register all trade names you use under the new business sta		No			
k.	If you have ever owned another business, please provide:	- Navi				
		s name	UBI Number			
1.	Provide your bank's name:	Branch:				

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.

(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

## 5. Employment / Elective Coverage

Employment accounts cannot b established, employment tax returns w			next 90 days.	If accounts are		
a. Date of first employment or planner	d employment at this location:	First dat	e wages paid: <sub>-</sub>	/ /		
<b>b.</b> Number of persons you employ or				INIINI DD YY		
C. Estimate the number of persons ur	C. Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:					
Ages 16-17:						
Ages 14-15:						
Under age 14:				<del></del>		
(02) Construction - All other	☐ (05) Shipbuilding ☐ (06) Mining/Quarrying/Sand & Gravel ☐ (07) Mfg Wood/Metal/Stone Products	of your business.  (09) Mfg Food Products (10) Miscellaneous Mfg. (11) Machine Shops/Auto F (12) Agricultural/Farming	☐ (14) Ser Repair ☐ (15) Cor	ail/Wholesale Trade vices/Maint./Restaurants mmunications rical/Professional Occup.		
<b>e.</b> Describe in detail the activities of y			3-Month Estimate			
hours for a 3-month period. (One full-time worker ≃ 480 total hours for 3 months.)			Number of Workers	Workers' Hours (Include Minors)		
Example: Office Staff - reception, a	ccounting, data entry		2	960		
<u> </u>			<del></del>			
>						
<ul> <li>f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?</li> <li>Unemployment Insurance: ☐ All locations combined ☐ Each location separately (multiple reports)</li> <li>Workers' Compensation: ☐ All locations combined ☐ Each location separately (multiple reports)</li> </ul>						
Additional Coverage is available as noted below. (See License Fee Sheet for more information.)  Note: Starting January 2009, profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form. Visit www.esd.wa.gov/uitax/whatsnew/index.php for the form and more information.						
<b>g.</b> If your profit corporation doesn't I  ☐ <b>Yes</b> – Prior to coverage, For	have employees, do you want un m 5203 is required. This form will !					
h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)  ☐ Yes — Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.  ☐ No						
i. Do you want elective workers' compensation coverage for excluded employment? (See License Fee Sheet for descriptions.)  ☐ Yes — Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.  ☐ No						
6. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.						
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 application 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.						
X Signature Required Xay Buc	hat			0 / 23 / 09 Date		
Kay Buchart	Manager	318 ) 388-9520		1 1		
Application Prepared By (Please Print)	Title T	elephone No.		Date		
UBI Agency Representative		) elephone No.		/ / / Date		
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