



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)

Embarq Communications, Inc.

Legal Entity/Owner Name

602482242

Unified Business Identifier (UBI)

20-2380048

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

Master Business Application

For faster service - Apply online @

www.dol.wa.gov

or print in dark ink and mail to Master License Service

01P-400-925-0003

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|--|
| <input type="checkbox"/> Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6 |
| <input type="checkbox"/> Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees
complete all sections |
| <input type="checkbox"/> Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
complete all sections |
| <input checked="" type="checkbox"/> Register Trade Name
complete sections 2, 3, 4 and 6 | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
complete all sections |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6
Indicate name to be cancelled: _____ | <input type="checkbox"/> Other - complete all sections _____ |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6
Indicate old address to be closed: _____ | |

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 MASTER LICENSE SERVICE

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Indicate Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration – Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) – Required if you will have employees.	No Fee
<input type="checkbox"/> Unemployment Insurance – Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit – Required if you will have employees under age 18.	No Fee
<input checked="" type="checkbox"/> New Trade Name (Doing Business As): CenturyLink Communications	\$ 5.00
Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 15.00

Make check payable to the WASHINGTON STATE TREASURER.

Total Amount Due \$ 20.00

3. Owner Information

Sole Proprietor	a. Select only one ownership structure: <input type="checkbox"/> Sole Proprietor If married, should spouse's name appear on license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you answer No, you must still enter the spouse information in section "3f" below.)</i>			
Partnership / Corp.	<input checked="" type="checkbox"/> Corporation* <input type="checkbox"/> Non Profit Corporation* <i>(educational, religious, charitable)</i> <input type="checkbox"/> Limited Liability Company* <input type="checkbox"/> Partnership (# of partners: _____) <input type="checkbox"/> Limited Partnership* <input type="checkbox"/> Limited Liability Partnership* <input type="checkbox"/> Joint Venture <i>*These ownership structures must contact the Secretary of State office for additional filing requirements.</i> Embarq Communications, Inc. Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC) State incorporated/formed: <u>DE</u> Year incorporated/formed: <u>2005</u>			
Other	<input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Municipality <input type="checkbox"/> Tribal Government Other _____ Name of Organization (example: Anderson Family Trust)			
b. Indicate this ownership structure's first date of business at this location. <u>07 / 09</u> <i>(Required. If unknown, please estimate.)</i> Out-of-state businesses should use the first date of operation in WA. MM YY				
c. CenturyLink Communications Doing Business As (DBA)/Trade Name				
d. 100 CenturyTel Drive <u>Monroe</u> <u>LA</u> <u>71203</u> Business Mailing Address (Street & Suite No. or PO Box, do not use building name) City State Zip code				
e. (318) 388-9520 () _____ Business Telephone Number Fax Number Internet/E-Mail Address				
f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)				
Governing Persons	> SAME AS ON FILE			
	Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned
	Home Address (Street or PO Box)	City	State	Zip code
	Title	Home Telephone Number	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.	
	Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Number*	
	Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned
	Home Address (Street or PO Box)	City	State	Zip code
	Title	Home Telephone Number	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.	
	Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Number*	
	Name (Last, First, Middle)	Date of Birth	Social Security Number*	% Owned
	Home Address (Street or PO Box)	City	State	Zip code
	Title	Home Telephone Number	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse information below.	
Spouse Name (Last, First, Middle)	Spouse Date of Birth	Spouse Social Security Number*		

*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

Check the appropriate box and provide the corresponding physical address on line 4.b. below.

a. This application is for a Washington location (*provide the Washington address*)

Is this Location inside city limits? Yes No

This Business has **No** Washington location (*provide the primary 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 representatives working in Washington, please provide **one** of their Washington addresses (we will not use this address for mailing purposes):

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 (*check the one box that applies to your business*):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

e. Indicate the business activities in Washington State (*check all that apply*):

Wholesale Retail Manufacturing Services

f. Describe in detail the principal products or services you provide in Washington State (*failure to provide this information will cause delay in processing your application*):

Provide telecommunications services and products and related services and products.

g. Did you buy, lease, or acquire all or part of an existing business? No All Part

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 have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$ _____

i. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:

j. If you are changing your business structure (*such as changing from sole proprietorship to corporation*) and want the

old account closed, please indicate the UBI number to be closed: _____

Do you wish to cancel all the trade names registered under the old UBI number? Yes No

(You must re-register all trade names you use under the new business structure.)

k. If you have ever owned another business, please provide:

Business Name _____

UBI Number _____

l. 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.)

