



State of Washington  
 Business Licensing Service  
 PO Box 9034  
 Olympia WA 98507-9034  
 Telephone: 1-800-451-7985  
 business.wa.gov/BLS



For Validation - Office Use Only

[Empty box for validation]



### Business License Application

For faster service apply online at [business.wa.gov/BLS](http://business.wa.gov/BLS)  
 Online applications are typically processed within ten business days.  
 It may take up to three weeks if you file by paper.

Consolidated Communications of Washington Company, LLC

Legal Entity/Owner Name  
 604 378 974  
 Unified Business Identifier (UBI)  
 Federal Employer Identification Number (FEIN)

### 1. Purpose of Application

Please check all boxes that apply.

<input type="checkbox"/> Open/Reopen Business	<input type="checkbox"/> Business Has or Will Have Employees
<input type="checkbox"/> Open Additional Location	<input type="checkbox"/> Business Has or Will Have Employees Under Age 18 if ONLY requesting to add a Minor Work Permit to your account, and this business location has an active Worker's Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d (and 3f for sole proprietors), 5c and 6.
<input type="checkbox"/> Add Endorsement/Registration to Existing Location	<input type="checkbox"/> Hire Persons to Work In or Around Your Home
<input type="checkbox"/> Change Ownership	
<input checked="" type="checkbox"/> Register Trade Name	
<input type="checkbox"/> Change Trade Name	
Name(s) to be cancelled: _____	
<input type="checkbox"/> Change Location	
Old address to be closed: _____	
<input type="checkbox"/> Other	

### 2. Endorsements and Fees

Use the Endorsement Fee Sheet and City Fee Sheet for the information needed to complete this list

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) - 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):	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Endorsements (such as additional state or city endorsements):	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

RECEIVED

JAN 17 2019

BUSINESS LICENSING SERVICE

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

Processing Fee \$ 19.00

Make check payable to the Department of Revenue.

Total Amount Due \$ 24.00

To receive this document in an alternate format, please call 1-800-451-7985. Teletype (TTY) users may use the Washington Relay Service by calling 711.

### 3. Owner Information

**a.\* Select only ONE ownership structure:**

- Sole Proprietorship  
 If married, should spouse's name appear on license?  Yes  No (If you answer No, you must still enter the spouse information in section "3f" below.)
- Corporation\*  Non Profit Corporation\* (educational, religious, charitable)  Limited Liability Company\*  
 Partnership (# of partners: \_\_\_\_\_)  Joint Venture  
 Limited Partnership\*  Limited Liability Partnership\*  Limited Liability Limited Partnership\*  
 \*These ownership structures must contact the Secretary of State office for additional filing requirements.

\_\_\_\_\_  
 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: Delaware Year incorporated/formed: 2019  
 Association  Trust  Municipality  Tribal Government

\_\_\_\_\_  
 Name of Organization (example: Anderson Family Trust)

**b.\* Business Open Date** 01 / 01 / 19 Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.)  
MM DD YY

**c. Consolidated Communications**

Is this location inside city limits?  Yes  No

\*Primary Business Name/Trade Name

**d. 121 South 17th St; c/o Consolidated Communications**

**121 South 17th St; c/o Consolidated Communications**

\*Business Mailing Address (Street or PO Box, Suite No. do not use building name)

\*Business Street Address (if different than mailing) Do not use PO Box or PMB

Mattoon IL 61938  
City State Zip code

Mattoon IL 61938  
City State Zip code

**e. (217) 234-9964**  
 Business Telephone Number

( )  
 Fax Number

annual\_report@consolidated.com  
 E-Mail Address

**f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)**

**Udell, Jr, C. Robert**

Name (Last, First, Middle)

\_\_\_\_\_  
 Social Security Number\*

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 % Owned\*

Home Address (Street or PO Box)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip code

**President, CEO, Director**

Are you married?  Yes  No If yes, enter spouse information below.

Title

\_\_\_\_\_  
 Home Telephone Number\*

\_\_\_\_\_  
 Spouse Social Security Number

\_\_\_\_\_  
 Spouse Date of Birth

Spouse Name (Last, First, Middle)

**Childers, Steven L.**

Name (Last, First, Middle)

\_\_\_\_\_  
 Social Security Number\*

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 % Owned\*

Home Address (Street or PO Box)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip code

**CFO, Director**

Are you married?  Yes  No If yes, enter spouse information below.

Title

\_\_\_\_\_  
 Home Telephone Number\*

\_\_\_\_\_  
 Spouse Social Security Number

\_\_\_\_\_  
 Spouse Date of Birth

Spouse Name (Last, First, Middle)

**Herrick, David R.**

Name (Last, First, Middle)

\_\_\_\_\_  
 Social Security Number\*

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 % Owned\*

Home Address (Street or PO Box)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip code

**VP, Controller**

Are you married?  Yes  No If yes, enter spouse information below.

Title

\_\_\_\_\_  
 Home Telephone Number\*

\_\_\_\_\_  
 Spouse Social Security Number

\_\_\_\_\_  
 Spouse Date of Birth

Spouse Name (Last, First, Middle)

\*The Social Security Number, home phone number and percentage owned are required for sole proprietors, partners, officers, and LLC members of businesses that will have employees.  
 (WAC 192-310-010) Not fully completing section "f" will result in application delays

### 3. Owner Information

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**c. Consolidated Communications**

Is this location inside city limits?  Yes  No

\*Primary Business Name/Trade Name

**d. 121 South 17th St; c/o Consolidated Communications**

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Mattoon IL 61938  
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**e. (217) 234-9964**

Business Telephone Number

( )  
 Fax Number

annual\_report@consolidated.com  
 E-Mail Address

**f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)**

> Hood, Lisa R.

Name (Last, First, Middle)

Home Address (Street or PO Box)

Treasurer

Title

Home Telephone Number\*

\_\_\_\_\_  
 Social Security Number\* Date of Birth % Owned\*

\_\_\_\_\_  
 City State Zip code

Are you married?  Yes  No If yes, enter spouse information below.

Spouse Name (Last, First, Middle)

Spouse Social Security Number

Spouse Date of Birth

> Hester, Janice L.

Name (Last, First, Middle)

Home Address (Street or PO Box)

Senior Director of Tax

Title

Home Telephone Number\*

\_\_\_\_\_  
 Social Security Number\* Date of Birth % Owned\*

\_\_\_\_\_  
 City State Zip code

Are you married?  Yes  No If yes, enter spouse information below.

Spouse Name (Last, First, Middle)

Spouse Social Security Number

Spouse Date of Birth

> Van Osdell, Garrett J.

Name (Last, First, Middle)

Home Address (Street or PO Box)

Secretary

Title

Home Telephone Number\*

\_\_\_\_\_  
 Social Security Number\* Date of Birth % Owned\*

\_\_\_\_\_  
 City State Zip code

Are you married?  Yes  No If yes, enter spouse information below.

Spouse Name (Last, First, Middle)

Spouse Social Security Number

Spouse Date of Birth

\*The Social Security Number, home phone number and percentage owned are required for sole proprietors, partners, officers, and LLC members of businesses that will have employees.  
 (WAC 192-310-010) Not fully completing section "f" will result in application delays.

#### 4. Location / Business Information

a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?

Employees:  Yes  No      Representatives:  Yes  No

If yes, 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
--	------	-------	----------

b. Do you plan to hire independent contractors or people you will report on a 1099 form?  Yes  No

Check "Independent Contractors" definition at [www.lni.wa.gov/IPUB/101-063-000.pdf](http://www.lni.wa.gov/IPUB/101-063-000.pdf)

c.\*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

d. Mark the business activities in Washington State (check all that apply):

Wholesale     Retail     Manufacturing     Services

e.\*Describe in detail the principal products or services you provide in Washington State:

Communications Services

f. Did you buy, lease, or acquire all or part of an existing business?  Yes  No

Date bought/leased/acquired: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM                  DD                  YY

Prior Business Name  
( )

Prior Owner's Name

Telephone Number

g. 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: \$ \_\_\_\_\_

h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name and UBI number:

Entity Name

UBI Number

Entity Name

UBI Number

i. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide 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.

j. If you have ever owned another business, provide: \_\_\_\_\_  
Business Name UBI Number

k. 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 Endorsement Fee Sheet.)

## 5. Employment / Elective Coverage

5a and 5e are required if hiring employees and/or minors

**Employment accounts** cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, Employment Security and Labor and Industries reports will be required quarterly even if you have not hired.

a. \*Date of first employment or planned employment at this location:      /      /      First date wages paid:      /      /       
MM DD YY MM DD YY

b. Number of persons you employ or plan to employ at this location (do not include owners):                     

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:                    
Number Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)

Ages 14-15:                  

Under age 14:                  

Before checking under age 14, please complete required documents. See publication F700-117-000 at www.lni.wa.gov.

d. Check the **ONE** box which best describes the major operation of your business.

- (01) Drywall Operations       (05) Maritime/Vessels/Longshore       (09) Vehicle Svcs/Transportation       (13) Retail/Whlsl: Stores & Warehsing  
 (02) Logging/Forestry       (06) Electronics/Utilities/Vending Mch       (10) Mfg - Chem/Textiles/Paper       (14) Food Svcs/Chore/Asst Lvg/Janitor  
 (03) Construction/Engng/Property Mgmt       (07) Wood Prod/Stone/Glass & Mining       (11) Mfg - Food/Ice/Beverages       (15) Media/Entertainment/Lodging  
 (04) Temp Help Co/Employee Leasing       (08) Mfg - Metal/Mach Shops/Milwright       (12) Agriculture/Farming       (16) I.T./Prof Svcs/Med/Salon/Schools

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
<i>Example</i> Office Staff - reception, accounting, data entry	2	960
>		
>		
>		

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?  
 Unemployment Insurance:       All locations combined       Each location separately (multiple reports)  
 Workers' Compensation:       All locations combined       Each location separately (multiple reports)

**Additional Coverage** is available as noted below. (See *Endorsement Fee Sheet* for more information.)

g. If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?

- Yes - Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.  
 No - The corporation must inform officers in writing that they are not covered for Unemployment Insurance.

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 *Endorsement 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.

                  /      /      / 2019  
Signature Required Date

Application Prepared By (Please Print)    Title                          Telephone No                          /      /      /      Date

Some agencies can provide language assistance. Would you like assistance?  Yes  No Specify language