



Commercial Whale Watching License Application Additional Business Owner Form

Application Instructions

Please use this form if your business has more than one owner. If the required fields, indicated with an asterisk (*), are blank or omitted from the application, the department will consider the application incomplete and will not be processed.

Complete and print this form for **each additional business owner**, and return with the “Commercial Whale Watching License Application Form” along with payment to:

Washington Department of Fish and Wildlife
Attn: Commercial License Sales
P.O. Box 43154
Olympia, WA 98504-3154

Whale Watching Business Information

* Business Name:	
* Type of Business <i>(For multiple business owners, please list each owner under the “Business Owner Information” section).</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
* Business Mailing Address Including City, State, and Zip Code	
* Business Physical Address Including City, State, and Zip Code	
* UBI Number	* Telephone
* Business Email Address	* Operated in WA Since _____ / _____ / _____ mm dd yyyy

Whale Watching Business Owner Information

* Business Owner Name <i>(First, Middle, and Last)</i>	* Business Owner SSN
* Association with Business: <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer	
* Business Owner Date of Birth: ____ / ____ / ____ mm dd yyyy	* Telephone
* Email Address	

Signature

By signing your name to this application, you are declaring the contents of this application are true and correct under penalty of perjury, pursuant to the laws of the state of Washington.

* Signature	<i>Signature of the Person Submitting this Application</i>
* Print Name	<i>Print the Name of the Person Submitting this Application</i>
* Date of Signature	<i>MM / DD / YYYY</i>
* Place of Signature	<i>Print the City and State or Province Where this Application is Signed</i>