

# Change of Business Ownership Interest

Please use this form to notify the Office of Minority and Women’s Business Enterprises (OMWBE) if any persons who have an ownership interest in your business have changed.

## What is considered ownership interest?

1. Any of the following persons:

Type of ownership	Persons
Sole proprietorship	Sole proprietor
General partnership	All partners
Limited partnership, limited liability partnership, or limited liability limited partnership	All general partners All limited partners
Limited liability company	All LLC members All managers
Privately held corporation	All stockholders
Publicly held corporation	All stockholders
Multi-level ownership structures	OMWBE will review each entity to determine which individuals must qualify for certification.

2. Any person who has, or has the right to receive, more than ten percent of either the gross or net sales from the business during any year.

- "Gross sales" includes the entire gross receipts from all sales and services.
- "Net sales" means gross sales minus cost of goods sold.

3. Spouses or registered domestic partners of any of the persons listed in items 1 or 2, if the person participates in the management of the business.

↳ Note: If a spouse or registered domestic partner does not participate in the management of the business, they must fill out a “Non-Participation Statement.” OMWBE will consider any spouse or registered domestic partner who does not fill out a Non-Participation Statement to have an ownership interest in the business.

## How long will it take to process this request?

It takes about 60 days to process this change in business owner request once we receive all of the required documents.

Please call us if you have any questions. We are here to help.

360-664-9750 or 1-866-208-1064

Email: [receptionist@omwbe.wa.gov](mailto:receptionist@omwbe.wa.gov)

You can also visit our office for assistance:

1110 Capitol Way South, Suite 150 · Olympia, WA 98501

We are open Monday through Friday from 8:00 a.m. to 5:00

## Section 1: Business Information

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1. Legal business name: \_\_\_\_\_
2. OMWBE certification number: \_\_\_\_\_
3. Contact first name: \_\_\_\_\_ Last name: \_\_\_\_\_
4. Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Mailing address if different from current business mailing address:

\_\_\_\_\_

*Street Address or PO Box*

\_\_\_\_\_

*City*

*State*

*Zip Code*

8. Has there been a change in your business structure? For example, your business was a sole proprietorship, but is now incorporated.  Yes  No

If yes, complete the appropriate boxes below and attach required documents:

<b>New business structure</b>	<b>New UBI Number, if applicable</b>	<b>Attach the following documents</b>
<input type="checkbox"/> Sole proprietorship		
<input type="checkbox"/> Partnership, limited partnership, or limited liability partnership		<input type="checkbox"/> New or revised partnership agreement
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> New or revised Articles of Organization <input type="checkbox"/> New or revised LLC Operating Agreement, if applicable
<input type="checkbox"/> Corporation		<input type="checkbox"/> New or revised Articles of Incorporation <input type="checkbox"/> New or revised corporate bylaw, if applicable <input type="checkbox"/> New or revised stock certificates and ledger if stocks have been issued

<input type="checkbox"/> Joint venture		<input type="checkbox"/> New or revised Articles of Incorporation <input type="checkbox"/> New or revised corporate bylaws, if applicable <input type="checkbox"/> New or revised stock certificates and ledger if stocks have been issued
<input type="checkbox"/> Other		Describe new business structure:

9. Are there any persons who no longer have an ownership interest in your business that you have not previously reported to OMWBE?  Yes  No

If yes, fill out below:

Name of Person	Former Title

## Section 2: New Ownership Information

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Please make enough copies for each new person with ownership interest to complete.

1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_

2. Please list all owners, including new owner(s), and their ownership percentage:

Owner's Name	Ownership Percentage

3. If new owner is a person who is being relied upon for disadvantaged status, please indicate if persons is a:

- U.S. Citizen     Permanent resident of the U.S.     Not Applicable

Attach proof of U.S. citizenship or legal presence:

- Driver's license or state-issued identification card **and** birth certificate, or  
 U.S. Passport or Passport Card, or  
 U.S. Certificate of Naturalization with photo, or  
 U.S. Permanent Resident Card, or  
 Washington State Enhanced Driver's License or Enhanced Identification Card

4. If new owner is a person who is being relied upon for disadvantaged status, please indicate person's gender:  Male     Female     Not Applicable

5. If new owner is a person who is being relied upon for disadvantaged status, please indicate person's race or socially and economically disadvantaged status:

- Black /African American       Hispanic / Latino       Asian American / Pacific Islander  
 Native American / Alaska Native       Native Hawaiian       Female  
 Other: \_\_\_\_\_       Not Applicable

6. New owner's professional and specialty licenses, if applicable:

License Type	License Number	Expiration Date

7. How did the new person acquire ownership interest in this business?

- Bought into business  
 Bought out the following person(s) ownership interest:  
 \_\_\_\_\_  
 Acquired interest through a divorce settlement  
 Acquired interest through an inheritance from: \_\_\_\_\_  
 Interest was a gift from: \_\_\_\_\_  
 Other: \_\_\_\_\_

8. Initial investment to acquire ownership. Check appropriate box(es) and provide documentation.

Type of investment used to acquire ownership	Amount or value	What were the funds used for?
<input type="checkbox"/> Personal checking/savings <input type="checkbox"/> 401K, IRA, or other retirement source <input type="checkbox"/> Other _____		

<b>Financing</b> Check appropriate box(es) and provide documentation. <input type="checkbox"/> Purchase agreement <input type="checkbox"/> Loan <input type="checkbox"/> Promissory Note <input type="checkbox"/> Line of credit <input type="checkbox"/> Other _____		
<b>Real estate</b>		
<b>Equipment</b>		
<b>Other:</b>		

9. Do you work for any other person or entity besides this business (this includes any time spent at other businesses you own)?  YES  NO

If yes, name of the business(es): \_\_\_\_\_

Job title(s): \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

10. Owner's marital or registered domestic partnership information:

<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Registered domestic	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
	Date:	Date:	Date:	Date:

11. Fill out the following if your spouse or domestic partner has an ownership interest in the business. Do **not** fill out this section if your spouse or registered domestic partner: 1) does not participate in the management of the business, and 2) signs the "[Non-Participation Statement](#)."

Spouse or registered domestic partner is a:  U.S. Citizen  Permanent resident of the U.S.

Spouse or registered domestic partner's gender:  Male  Female

Spouse or registered domestic partner's race:

Black / African American  Hispanic / Latino  Asian / Pacific Islander

Native American / Alaska Native  Native Hawaiian  Caucasian

12. Do you or your spouse or registered domestic partner have an ownership interest in any other business?  YES  NO

If yes, please list name of the business(es), who has ownership interest, and percentage of ownership:

13. Attach current resume for each new person who has an ownership interest, all spouses or registered domestic partners, and all key personnel (key personnel are persons who assist the owner(s) in the management and operations of the business):

- Dates, places, titles, and duties of former and current employment.
- Past and present ownership in any businesses.
- Types, dates, and places of education and training.

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Please mail this form and required documents to:

**OMWBE**  
**P.O. Box 41160**  
**Olympia, WA 98504-116**

*We are committed to providing equal access to our services.  
If you need accommodation, please call 866-208-1064 or WA State Relay 711.*