

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

TV-050425  
 RECEIVED  
 JUL 01 2004  
 WASH. UT. & TP. COMM.

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	<del>\$ 550</del>
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input checked="" type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT					
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Expiration Date: _____ Amount: _____					
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.					
Name (printed): <u>Craig J Elliott</u>			Date: <u>6-15-04</u>		
Signature: <u><i>Craig Elliott</i></u>			Title: <u>President</u>		
FOR OFFICIAL USE ONLY					
Date Filed: <u>3/10/05</u>	Application #: <u>P-19337</u>	Motcar: <u>43410</u>	Permit Issued: HG- <u>42102</u>		
Staff Assigned: <u><i>[Signature]</i></u>	Insurance: <u><i>[Signature]</i></u>	Inspection:	DOL/SOS: <u><i>ok/ok</i></u>		
Reception #: <u>111-0268-207-02</u>	<u>35.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>		

0007756

\$ 215.00  
 000 9038

# TLC Moving and Storage, Inc

## BUSINESS INFORMATION

per DOC  
3/18/05

Name of Applicant Craig J Elliott dba TLC Moving & Storage  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 5508 1st Ave S

Mailing Address Seattle Wa 98108

Telephone Number (206) 762 5656 Fax Number (206) 762 8543

UBI # 602-181-193 Email: \_\_\_\_\_

## TYPE OF BUSINESS STRUCTURE

- Individual     Partnership     Corporation     Other \_\_\_\_\_  
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
<u>Craig J Elliott</u>		<u>100%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington  
 The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

current provider

Briefly describe your experience in the transportation/household goods moving industry:

current provider

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  
 No  Yes If yes, please indicate your permit number: HE 42102

Have you ever applied for and been denied a permit to operate as a motor carrier of property?  
 No  Yes If yes, please explain: \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your:  
 DOT# \_\_\_\_\_ MC# \_\_\_\_\_ Single State Registration Base State \_\_\_\_\_

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a Class A or B Felony?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

### FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

ASSETS		LIABILITIES	
Cash in Bank	\$ 23k	Salaries/Wages Payable	\$ 45,595
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$ 15k	Notes Payable	\$ 0
Investments	\$	Mortgages Payable	\$ 0
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 35k	Preferred Stock	\$
Office Furniture	\$ 2k	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$ 10k	Capital	\$
<b>TOTAL ASSETS</b>	\$ 85k	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
91	Intl	A2761SP	1HTSDZ4PXMH328352	14400
96	Ford	101KSS	1FBJS31H4THA08620	

### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

#### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL

Name: G. Jellert Position: Owner

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)**

Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: G. Jellert Position:  

**DRIVERS' HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)** Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: G. Jellert Position:  

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: G. Jellert Position:  

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: G. Jellert Position:  

**INSURANCE REQUIREMENTS (WAC 480-15-530)** All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: G. Jellert Position:  

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: G. Jellert Position:

**OPERATIONAL RESPONSIBILITIES**

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Craig Elliott Position: owner

**STATE OF WASHINGTON - general laws, rules and regulations:** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: [Signature] Position:

**DECLARATION OF APPLICANT:**

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.*

*I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.*

*I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.*

Craig J. Elliott  
Print name of applicant

[Signature]  
Signature of Applicant

3-15-05  
Date & Place

12:50 PM  
03/02/05  
Cash Basis

TLC Moving & Storage  
Profit & Loss  
January through December 2004

**DRAFT**

	<u>Jan - Dec 04</u>
Ordinary Income/Expense	
Income	
4010 · Sales	221,269.27
4020 · Freight Income	284.13
4050 · Reimbursed Expenses	927.36
Total Income	<u>222,480.76</u>
Cost of Goods Sold	
Claims reimbursement/s	322.66
Freight Charges	1,293.03
Furniture Repairs	4,663.09
5000 · Cost of Goods Sold	0.00
Total COGS	<u>6,278.78</u>
Gross Profit	216,201.98
Expense	
6000 · Advertising	3,033.16
6110 · Automobile Expense	169.60
6120 · Bank Service Charges	137.50
6130 · Bad Debts	49.04
6155 · Depreciation Expense	966.74
6160 · Dues and Subscriptions	134.00
6170 · Equipment Rental	228.72
6175 · Ferry Charges	713.30
6180 · Insurance	6,171.89
6185 · Insurance - Owner Medi...	2,979.72
6200 · Interest Expense	25.26
6230 · Licenses and Permits	1,223.08
6250 · Postage and Delivery	365.00
6255 · Penalties	117.00
6260 · Printing and Reproduction	238.71
6265 · Filing Fees	76.00
6270 · Professional Fees	1,200.00
6290 · Rent	28,800.00
6300 · Repairs	3,088.64
6330 · Small Tools	1,076.50
6340 · Telephone	4,681.54
6350 · Travel & Ent	100.00
6390 · Utilities	2,428.97
6550 · Payroll - Salaries & Wag...	85,129.86
6560 · Payroll Taxes	8,956.18
6770 · Supplies	1,461.10
6785 · Vehicle Fuel/s	8,680.73
6820 · Taxes	4,289.02
6840 · Uniforms	639.57
Total Expense	<u>167,160.83</u>
Net Ordinary Income	49,041.15
Net Income	<u>49,041.15</u>

12:50 PM  
03/02/05  
Cash Basis

TLC Moving & Storage  
Balance Sheet  
As of December 31, 2004

**DRAFT**

	<u>Dec 31, 04</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
1000 · Washington Mutual	22,931.23
Total Checking/Savings	22,931.23
Accounts Receivable	
1200 · Accounts Receivable	-314.00
Total Accounts Receivable	-314.00
Other Current Assets	
1250 · Other Receivable	314.00
1499 · Undeposited Funds	94.00
Total Other Current Assets	408.00
Total Current Assets	23,025.23
<b>Fixed Assets</b>	
1300 · Tools & Equipment	1,117.29
1350 · Display	1,059.11
1390 · Accumulated Depreciat...	-2,176.40
Total Fixed Assets	0.00
<b>TOTAL ASSETS</b>	<u>23,025.23</u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Credit Cards	
2010 · Capital One - 6931	1,815.32
Total Credit Cards	1,815.32
Other Current Liabilities	
2100 · Payroll Liabilities	2,188.04
2110 · Payroll - SUTA	78.83
2120 · Payroll - L&I Pay...	87.26
Total Other Current Liabilities	2,354.13
Total Current Liabilities	4,169.45
Total Liabilities	4,169.45
<b>Equity</b>	
3100 · Common Stocks	1,000.00
3400 · Draws	-37,889.37
3900 · Retained Earnings	6,704.00
Net Income	49,041.15
Total Equity	18,855.78
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u>23,025.23</u>

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

Craig J Elliott

Current Name on Permit (Seller)

TLC Moving & Storage

Current Trade Name on Permit (Seller)

5508 1st Ave S Seattle 98198

Address (Seller)

HG- 42102

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-\_\_\_\_\_ to the following:

TLC Moving and Storage, Inc

Name of Buyer

Trade Name of Buyer

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

Seller's Signature

*(Handwritten signature)*

Date & Location

Buyer's Signature

Date & Location



**ATTACHMENT C**

**TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260**

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

\*\*\*NOTE\*\*\*Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:  
\_\_\_\_\_  
\_\_\_\_\_
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENT D

0009038

CHANGE OF CORPORATE/INDIVIDUAL NAME  
(WAC 480-15-400)

207.02      215.00

P-79337

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

**RECEIVED**

A company must file a name change application to:

DEC 02 2004

- Change a corporation's name
- Change an individual's name  
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

WASH. UT. & TP. COMM

\* Transfer of Auth

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

M-8753

Current Name on Permit Elliott Craig J

Current Trade Name on Permit dba TLC Moving + Storage

Address 206 762 5656

Phone Number TLC MoveStorage@AOL.com

Email Address 206 762 8543

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

I request the name on household goods permit HG- 42102 be changed to:  
TLC Moving + Storage Inc.      602 181 193      M 43410  
New Name      UBI Number

New Trade Name (if applicable)  
5508 1st Ave S. Sea Wa 98108  
Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:  
Craig J Elliott      President      100%

**I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.**

Craig J Elliott      11-23-04  
Signature & Title of Applicant      Date & Location

**How do I change my permit name?**

...ne change application if you want to  
... name, corporate name, trade name, or  
... to your permit.

... name change application must include the  
... fee (as shown in WAC 480-15-230), copies of  
... corporate minutes authorizing the name change, and  
... that you have properly registered your new name with  
... department of licensing, office of the secretary of state, or  
... other agencies, as may be required.

(3) You must file an application to transfer or acquire  
control of permanent authority if your name change is the  
result of a change in ownership or controlling interest.

(4) You may not advertise or operate under the changed  
name until the commission approves your request.

[Statutory Authority: RCW 81.04.160 and 80.01.040. 99-01-077 (Order  
R-454, Docket No. TV-971477), § 480-15-400, filed 12/15/98, effective  
1/15/99.]



Why do I have to pay?  
Same Owner  
Same Controlling interest

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME  
(WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name  
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

Craig J Elliott

---

Current Name on Permit

TLC Moving & Storage

---

Current Trade Name on Permit

5508 1st Ave S Sea Wa 98108

---

Address

206 762 5656

---

Phone Number

TLC Move Storage @ AOL.com

Fax Number

206 762 8543

---

Email Address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

I request the name on household goods permit HG- 42102 be changed to:

~~XXXXXXXXXX~~

---

New Name

TLC Moving & Storage Inc

UBI Number

602181193

---

New Trade Name (if applicable)

---

Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

CJE 100%

---



---

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

C. J. Elliott

---

Signature & Title of Applicant

6-15-04

---

Date & Location

INQR UTL024P1                    MASTER LICENSE SERVICE                    03/18/05  
                                  BUSINESS ENTITY INQUIRY                    13:08:11

-----  
UBI: 602 181 193 001 0001                    State of Inc: WA                    Loc Status: A  
Type: PROFIT CORPORATION                    Date of Inc: 02 01 2002 Corp Status: A  
-----

Owner Name: T L C MOVING AND STORAGE, INC.

Reg. Agent:     CRAIG J ELLIOTT  
Reg. Address: 5508 1ST AVE SOUTH                    Exp. Date: 02 28 2006  
                 SEATTLE WA 98108                    Total Shares authzd:  
   Total Shares issued:

Firm Name : T L C MOVING AND STORAGE  
Loc: 5508 1ST AVE S                    Mail: 5508 1ST AVE S  
     SEATTLE WA 98100                    SEATTLE WA 98100

Phone: (206) 762-5656                    Registered Tradenames for this UBI? No  
RFI: No     NSF: No                    Location First Activity: 01 01 2002  
RFP: No     Withhold: No                    Last License Issue:     05 09 2002  
TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
                                 GLIST APLST UBIQ    SERV   TRDU   INQA                    INQR   MMENU

INQR UTL024P1                    MASTER LICENSE SERVICE                    03/18/05  
   BUSINESS ENTITY INQUIRY                    13:08:18

-----  
UBI: 602 181 193 001 0001                    Loc Status: A  
Type: PROFIT CORPORATION  
-----

Owner Name: T L C MOVING AND STORAGE, INC.  
Firm Name : T L C MOVING AND STORAGE  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	05 03 2002	
UNEMPLOYMENT INSURANCE			A	05 03 2002	
INDUSTRIAL INSURANCE			A	05 03 2002	

TRANSFER: \_\_\_\_\_ End of Endorsement List  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
   GLIST APLST UBIQ SERV TRDU INQA                    INQR MMENU

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****T L C MOVING AND STORAGE, INC.**

<b>UBI Number</b>	602 181 193
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	02/01/2002
<b>License Expiration Date</b>	02/28/2006
<b>Registered Agent Information</b>	
<b>Agent Name</b>	CRAIG J ELLIOTT
<b>Address</b>	5508 1ST AVE SOUTH
<b>City</b>	SEATTLE
<b>State</b>	WA
<b>ZIP</b>	98108
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

[« Return to Search List](#)**Disclaimer**

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