

SECTION 1 - APPLICANT INFORMATION

Legal Name: Big Sky Bus Lines, Inc.
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): _____
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street P.O. Box 472

Street 2920 15th St NE

City Black Eagle

City Black Eagle

State/Zip MT 59414

State/Zip MT 59414

Phone Number: 406-454-1283

Fax Number: 406-761-3801

UBI #: _____

E-Mail: coach@bigskybuslines.com

Website: www.bigskybuslines.com

Type of business structure

Individual

Partnership

Corporation

Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 1027249 If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Transportation of Passenger in State of Washington