

**BUSINESS INFORMATION**

Name of Applicant North Coast Moving and Storage Company, LLC  
(must be individual, partners of a partnership or corporation)

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

Physical Address 13045 SE 32<sup>nd</sup> St Bellevue WA 98005

Mailing Address \_\_\_\_\_

Telephone Number 425 643-2100 Fax Number 425 644-2610

UBI # 602-692-782 Email: \_\_\_\_\_

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other LLC  
(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
Stuart L Morrow	Member	50%
Mary N Morrow	Member	50%

Replacement

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: \_\_\_\_\_

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