

TC 090275

SECTION 1 - APPLICATION INFORMATION

Replacement Page

Name of Applicant: Spokane Falls Inn LLC

Trade Name(s) (if applicable): Blue Line Airport Express

Unified Business Identification Number (UBI): 601-700-212
(If you do not know your UBI number or need to request one contact the Department of Licensing at (360)664-1400)

Phone Number: (509) 623-9727 Fax Number: (509) 623-9737 E-mail: _____

| Physical Address | | Mailing address (if different from Business Address) | |
|--|--|--|--|
| Street: <u>W-33 Spokane Falls Blvd</u> | | Street: <u>same</u> | |
| City: <u>Spokane, WA 99201</u> | | City: _____ | |
| State/Zip: <u>WA 99201</u> | | State/Zip: _____ | |

SECTION 2 - COMPANY INFORMATION

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>on file</u> | | |
| | | |
| | | |
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Provide the following documents with your application:

- A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- Support statements for temporary authority (if applicable)

Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.

on file

State the conditions that justify the granting of this application.

on file

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

No Yes If yes, list the names and addresses of companies