

TV-160251-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

NON-PUBLIC PER RCW 42.56.230

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Table with 4 columns: Date Filed, DOL/SOS, ID, Docket #, Staff Assigned, Insurance, Inspection, Permit Issued THG-, Reception #.

Type of Household Goods Authority Requested - check one Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
Permanent authority to transfer resulting in a change in ownership or controlling interest... \$ 550
Permanent authority to transfer under the exceptions in WAC 480-15-187... \$ 250
Reinstatement of permit (must be filed within 30 days of cancellation... \$ 250
Name Change - Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: URBAN DELIVERY SERVICE LLC
Trade Name, if applicable
Physical Address: 301 SO WEBSTER SEATTLE WA 98108
Mailing Address
Telephone Number (206) 262-0162 Fax Number

NON-PUBLIC PER RCW 42.56.230

Posted Casey Email 3

BUSINESS INFORMATION - continued

UBI #: 603201937 Email: DELEBY DELEBY@WALTON DELIVERY SERVICE.COM

USDOT #: 2856862 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 237, 411-00

Employment Security Department registration number 45703600

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

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

Name	Title	Stock Distribution or % of Shares
<u>DELEBY DUNYEA</u>	<u>Owner</u>	<u>1000 shares / 100%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: WE WILL DELIVER AND STORE HIGH END FURNITURE, CUSTOM FURNITURE & CABINETS AND APPLIANCES WITH A LEVEL OF SERVICE THAT IS NOT AVAILABLE IN THIS MARKET

2. Briefly describe your experience in the transportation/household goods moving industry: FOR THE LAST 22 YEARS I HAVE BEEN IN THIS MARKET AND I THINK I CAN PROVIDE ~~A~~ A BETTER LEVEL OF SERVICE

3. 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 _____

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

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

7. 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 list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT *SEE ATTACHED*

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2015	ISUZU	C07465F	154450	14,500
2015	Hino	T.B.D.	T.B.D.	19,995

on order

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. Please attach evidence of your enrollment in a drug and alcohol testing program.

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. 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

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

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

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You 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:

DEBEN DAVEN

Position:

OWNER

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: DEREK DUNYEA	Position: OWNER
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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 the 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, Internal Revenue Service (taxes); and Employment Security.

Name: DEREK DUNYEA	Position: OWNER
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If you would like to receive information about new household goods carriers, check here

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.

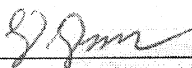
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

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.

DEREK DUNYEA
Print name of applicant


Signature of Applicant

2-18-16 SEATTLE WA
Date and Location

WA
USA

WASHINGTON DRIVER LICENSE



[Handwritten signature]

4d LIC [REDACTED]

1 DUNTEA
2 DEREK LEE

DONOR

3 DOB [REDACTED]

4a Iss [REDACTED]

15 Sex M

16 Hgt 6-05

17 Wgt 270

15 Eyes BLU

8 Class

9a End NONE

12 Restrictions NONE

4b Exp [REDACTED]

Rev 69-16-2002

Urban Delivery Service

PROFIT AND LOSS

January - December 2015

	TOTAL
Income	
Customer Refunds/Discounts	-3,495.57
Delivery Income	434,681.46
Misc	73.83
Receiving Income	5,330.50
Service Fee Income	22,732.81
Shipping Income	518.00
Unapplied Cash Payment Income	1,470.00
Total Income	\$461,311.03
Gross Profit	\$461,311.03
Expenses	
Advertising	260.00
Bad Debt	4,891.40
Bank Service Charges	468.78
Computer and Internet Expenses	1,764.91
Contract Labor	28,693.72
Dump Fees	1,753.53
Employee Reimbursements	56.41
Gifts	153.57
Insurance Expense	13,494.91
Interest Expense	2,141.81
Licenses and Permits	261.75
Materials	11,012.90
Meals	3,212.10
Merchant Account Fees	21.48
Office Supplies	3,109.89
Payroll Expenses	968.12
officer wages	46,125.01
Taxes	9,552.99
Wages	151,557.23
Total Payroll Expenses	208,203.35
Payroll Taxes	521.38
FICA Taxes	9,440.26
FUTA Taxes	443.29
SUTA Tax	202.94
WA L&I Tax	7,414.37
Total Payroll Taxes	18,022.24
Professional Fees	
Accounting	5,410.14
Legal	171.00
Total Professional Fees	5,581.14
QuickBooks Payments Fees	64.75
Reconciliation Discrepancies	2.31

Rent Expense	21,810.06
Storage Rental	2,848.94
Total Rent Expense	24,659.00
Replacements or Damages	2,134.01
Taxes - WA Excise	5,496.65
Team Meal	593.35
Telephone Expense	4,816.09
Tools and Equipment	87.87
Travel Expenses	869.66
Airfare	462.20
Ferry	1,356.35
Good-to-Go	627.50
Hotel	6,602.10
Parking	853.62
Parking Tickets	141.16
Transportation	1,773.58
Travel Meals	1,367.80
Truck Rental	27,298.45
Total Travel Expenses	41,352.42
Truck Expenses	
Fuel	20,383.13
Licenses & Registration	165.00
Maintenance Costs	10,120.21
Total Truck Expenses	30,668.34
Uncategorized Expense	3,949.25
Uniform Workwear	1,081.05
Utilities	1,217.39
Total Expenses	\$419,226.37
Net Operating Income	\$42,084.66
Net Income	\$42,084.66

Thursday, Feb 18, 2016 09:08:17 PM PST GMT-8 - Cash Basis



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/22/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CATHY JEFFRIS INSURANCE AGENCY 10526 NE 68th St # 201 Kirkland, WA 98033		CONTACT NAME Cathy Jeffris PHONE (A/C No. Ex) (425) 821-9205 FAX (A/C No.) E-MAIL ADDRESS cjeffris@farmersagent.com	
INSURED Urban Delivery Service 23515 Novelty Hill Rd NE #B221 Redmond, Wa 98053		INSURER(S) AFFORDING COVERAGE Farmers Insurance Exchange NAIC # 21652	


COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			605438501	02/08/2016	02/08/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			605438501	02/8/2016	02/08/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 250,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	604419732			604419732	02/08/2016	02/08/2017	Inland Marine \$50,000 per truck

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2015 Hino 195 Vin# JHHSDM2H3FK002682 Comprehensive Deductible \$1000 Collision Ded \$2500
 2016 Isuzu Box Vin# JALC4W169G7000277 Comprehensive Deductible \$1000 Collision Ded \$2500
 2010 Dodge Ram 2500 Vin# 3D7UT2CL1AG181235 Comprehensive & Collision 1000 Ded

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

UNION DELIVERY SERVICE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Andreas Kueber Interior Environments

Address (include street address, mailing address, city, state, zip, and county):

3480 4th Ave S Seattle WA 98134

Phone Number:

206 432 8810

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Delivery of Cabinetry and Furniture to residential homes

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:


more homes and business need furniture delivered

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

good to work with, on time, careful handling of products

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



Signature of Person Completing Form

2/18/16 Seattle WA

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

URBAN DELIVERY SERVICE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

ANNIE BRECKENFELD, MANAGER, URBAN HARDWOODS, LLC

Address (include street address, mailing address, city, state, zip, and county):

4755-C COLORADO AVENUE, SEATTLE, WA 98134

Phone Number:

206.443.8099

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

WHITE GLOVE INSIDE DELIVERIES OF URBAN HARDWOODS' PRODUCTS TO OUR CUSTOMERS' RESIDENCES AND BUSINESSES

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

SAME AS ABOVE

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

SAME AS ABOVE, ONGOING, INDEFINATELY.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

URBAN DELIVERY SVK IS OUR BEST MOVER.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



Signature of Person Completing Form

2.18.16 SEATTLE, WA


Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: URBAN DELIVERY SERVICES LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Lisa Lee, Office Manager, Susan Marinello Interiors, Inc.</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>119 S. Main St, Suite 300 Seattle, WA 98144</u>	
Phone Number: <u>206-344-5551</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>We rely heavily on the services of Urban Delivery for all of our client needs, and we would not use any other company.</u>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>We continuously require the services as our client needs are unpredictable yet demanding.</u>	
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: <u>Urban Delivery is, by far, the superior moving company and provide the best moving services. They are an integral part of our interior design company.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>Their superior services help so many business run smoothly.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
 Signature of Person Completing Form	<u>Seattle, WA 2-22-16</u> Date and Location

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 05832G
 Payment Date: Friday, February 26, 2016
 Payment Time: 02:45PM PT

Payer Information

First Name: Derek Duryea
 Street Address: 301 S. Webster St.
 Town/City: Seattle, WA 98108
 Country: United States
 Daytime Phone Number: (206) 762 - 0162
 E-mail Address: derek@urbandeliveryservice.com
 Company Name-If not a Company, provide name of Payee: Urban Delivery Service LLC
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (If Applicable): Household Goods

Card Information

Card Type: Visa
 Card Number: [REDACTED]
 Expiration Date: [REDACTED]
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$550.00
 Convenience Fee: \$13.75
 Total Payment: \$563.75

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