

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**

RECEIVED
 FEB 01 2005
 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 checked="" 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	\$ 550
<input 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 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

Check Money Order Amex Discover Mastercard Visa

Expiration Date: _____ Amount: \$ 550

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): SEAN T. MCELROY Date: 1-20-05
 Signature: [Signature] Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: <u>2/2/05</u>	Application #: <u>P-19353</u>	Motcar: <u>13492</u>	Permit Issued: HG- <u>61789</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	DOL/SOS: <u>ajok</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

0009474

TV-050178

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: _____

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 16,500	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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: SEAN T. MCELROY 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: SEAN T. MCELROY Position: OWNER

DECLARATION OF APPLICANT:

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

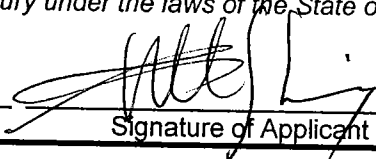
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

SEAN T. MCELROY

Print name of applicant



Signature of Applicant

1-20-05 EVERETT

Date & Place

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: _____

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	\$ 11,000 -	Salaries/Wages Payable	\$ -
Notes Receivable	\$ -	Accounts Payable	\$ 48,500 -
Accounts Receivable	\$ -	Notes Payable	\$ -
Investments	\$ -	Mortgages Payable	\$ 180,000 -
Other Current Assets	\$ -	Other	\$ -
Prepaid Expenses	\$ -	TOTAL LIABILITIES	\$ 228,500
Land and Buildings	\$ 250,000 -	NET WORTH	
Trucks and Trailers	\$ 16,500 -	Preferred Stock	\$ -
Office Furniture	\$ 3,500 -	Common Stock	\$ -
Other Equipment	\$ 1,200 -	Retained Earnings	\$ -
Other Assets	\$ 5,000 -	Capital	\$ -
TOTAL ASSETS	\$ 287,200 -	TOTAL LIABILITIES & NET WORTH	\$ -

To: WUTC

Attn: TINA LEIPSKI

RE: BARNOLI, INC.

TINA,

Please find copy of financial statement
you requested. Look forward to cont.
w/ application process, whatever that next
step will be.

Until then,



SEAN MCELROY

PRES. of BARNOLI, INC.

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: *Roberta Robson Barnoli, Inc*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):
*5018 S. 3rd Ave
Everett, Wa. 98203*

Phone Number: *425-259-4549*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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:
WILL BE USING MOVING SERVICE WITH SALE OF HOUSE.

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 honest movers are needed in this area.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Small business owners, family businesses need to be supported in the community. Sean is a good family man - well liked by his clients, a good hard + dedicated worker.

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

Roberta J. Robson
Signature of Person Completing Form

1/29/05 Everett
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: BARNOLI MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SHIRLEY ARSELEN

Address (include street address, mailing address, city, state, zip, and county): 4111 164th St SW SP 38 LYNNWOOD WA 98037 SNOHOMISH Co.

Phone Number: 425 745 8271

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: Am selling home to move into smaller com.

Do you anticipate a future need for the services of a residential household goods moving company? [X] 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: I LIVE IN 55 PLUS COMMUNITY AND OFTEN MYSELF OR NEIGHBORS NEED SERVICE OF A DEPENDABLE / FAIR

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THIS COMPANY WAS REFERRED TO ME AND I HAVE ENJOYED PROMPT / COURTEOUS SERVICE. PRICED - COURTEOUS MOVING SERVICE

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: Shirley Arselén

Date and Location: January 26, 2005

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: BARNOLI MOVING (SEAN MCELROY)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
AARON D. BISWELL

Address (include street address, mailing address, city, state, zip, and county):
8706 8th AVE W Apt B
EVERETT WA 98204

Phone Number: 425-348-4485

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Not at this time

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:
MY WIFE AND I PLAN ON MOVING IN A COUPLE OF MONTHS AND WE WOULD DEFINITELY USE BARNOLI MOVING TO TRANSPORT OUR FURNISHINGS.

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: I'VE KNOWN SEAN FOR A COUPLE OF YEARS, HE IS A VERY FRIENDLY, BUSINESS OWNER NOT TO MENTION A WELL-ROUNDED AND OUT GOING FAMILY MAN THAT ANYONE IN THE COMMUNITY WOULD SURELY USE TO MOVE THEIR HOME

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I HAVE WORKED WITH SEAN ON A FEW OCCASIONS AND HAS OUTSTANDING BUSINESS ETHICS WITH AN I'M HERE TO HELP PEOPLE ATTITUDE. I DONT THINK ANYONE WOULD HAVE COMPLAINTS ABOUT HIM OBTAINING HIS 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]
Signature of Person Completing Form

1-28-05
Date and Location

FOX INSURANCE GROUP
6912 220TH ST SW #200
MOUNTLAKE TERRAC, WA 98043

Named Insured:

SEAN MCELROY
DBA-BARNOLI INC.
3703 NORTON AVE
EVERETT, WA 98201

Policy number: 02167911-3

Progressive Casualty Insurance Company
October 18, 2004
Policy Period: Dec 4, 2004 - Jun 4, 2005
Page 1 of 2

personal.progressive.com

Make payments, check billing activity or check status of a claim.

425-712-5000

FOX INSURANCE GROUP

Contact your agent during business hours.

800-444-4487

For policy service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by December 4, 2004.

Your coverage begins on December 4, 2004 at 12:01 a.m. This policy expires on June 4, 2005 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 1050 (11-94). The contract is modified by forms 7937 (04/02), 1602 (09/85), 8470 (08/88), 4792A (01/03), 0135 (09/03), 1197 (08/93) and 1349 (08/99).

The named insured organization type is a sole proprietorship.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$687
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$750,000 each person/\$750,000 each accident		85
Underinsured Motorist Property Damage	\$25,000 each accident	\$100	9
		\$300 hit & run	
Personal Injury Protection	Rejected		--
Medical Payments	\$5,000 each accident		19
Comprehensive			50
See Schedule Of Covered Autos	Limit of liability less deductible		
Collision			114
See Schedule Of Covered Autos	Limit of liability less deductible		
Total 6 month policy premium			\$964

Rated driver

1. SEAN MC

INQR UTL024P1 MASTER LICENSE SERVICE 02/02/05
 BUSINESS ENTITY INQUIRY 09:31:14

UBI: 602 236 297 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: BARNOLI, INC.
Firm Name : BARNOLI, INC.
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	01 16 2003	
No Unemployment Insurance					
No Industrial Insurance					

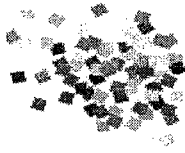
TRANSFER: _____ End of Endorsement List
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****BARNOLI, INC.**

UBI Number	602 236 297
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	09/23/2002
License Expiration Date	09/30/2005
Registered Agent Information	
Agent Name	SEAN T MCELROY
Address	3703 NORTON AVE
City	EVERETT
State	WA
ZIP	98201
Special Address Information	
Address	
City	
State	
Zip	

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

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Tina Leipski/WUTC
02/02/2005 10:38 AM

Licensing Services, Business Practices, Caroly
Caruso/WUTC@WUTC, Alan Dickson/WUTC
John Foster/WUTC@WUTC, Bruce
To Grimm/WUTC@WUTC, Mark Halliday/WUTC
Leon Macomber/WUTC@WUTC, Tom
McVaugh/WUTC@WUTC, Sharon
Paulsen/WUTC@WUTC, Bonnie Allen/WUTC
cc Carolyn Caruso/WUTC@WUTC

bcc

Subject NEW HHG APPLICATION

We have an application for permit to transport household goods in the
State of Washington from:

BARNOLI, INC.
3703 NORTON AVE
EVERETT, WA 98201

If corporation, managing members: SEAN T. MCELROY - OWNER
-- 100%

COMPLIANCE: This is a carrier that was contact by Carolyn as an
illegal advertising.

If you have any concerns or need more information regarding this carrier,
just let me know.

Thanks!!! Tina