



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
V165189 PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 5540	111-0268-207-02 550	111-0268-013-20	

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 (at least six months must be served on a temporary provisional basis). Complete pages 3-8 and Attachment B. \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-4 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-4 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: James Moseley (You Got It Movers)
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 505 wood pl Apt 1301 Everett WA

Mailing Address _____

Telephone Number 425 268-2589 Fax Number () _____

Leipski, Tina (UTC)

From: Leipski, Tina (UTC)
Sent: Thursday, June 04, 2015 8:28 AM
To: 'James Moseley'
Subject: RE: Household Goods Permit Application

Good Morning Mr. Moseley,

I have reviewed your application and the following items are missing:

- There isn't a zip code on your address? Your address is also different from what is registered with the Department of Revenue which was opened on 5/1/15? Please clarify.
- You need a USDOT number.
- We need verification of your Automobile Liability insurance. The Certificate of Liability that was attached to your application was for your general liability and your cargo.

Once these items are received and/or corrected, I can continue processing your application.

Sincerely,

Tina Leipski
Utilities & Transportation Commission
Licensing Services
360-664-1170
fax 360-586-1181

From: James Moseley [mailto:jamespm1985@gmail.com]
Sent: Tuesday, June 02, 2015 6:15 PM
To: UTC DL Transportation
Cc: jamespm1985@gmail.com
Subject: Household Goods Permit Application

*6/4 Mr called -
will take care
of the above*

TV-151171



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

#16589

HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: 6/3/15	DOL/SOS: [Signature]	ID: 17046	Docket # TV-151171
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection	Permit Issued THG- 65960
Reception #	111-0268-207-02	111-0268-013-20	

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
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- Name Change – Complete pages 3-4 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: James Moseley (You Got It Movers)
 (must be individual, partners of a partnership or corporation)

Trade Name, if applicable: You Got It Movers

Physical Address: 305 wood pl Apt 1301 Everett WA

Mailing Address: [Redacted] 98203

Telephone Number: 425 268-2589 Fax Number ()

3 Posted JS

BUSINESS INFORMATION - continued

UBI #: 603-495-980 Email: JamesPM1985@gmail.com

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

Department of Labor & Industries Worker's Comp account # 603 495980 pending

Employment Security Department registration number 529 34200 pending

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 _____

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

Name	Title	Stock Distribution or % of Shares
<u>James Mosley</u>	<u>Owner</u>	<u>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: I plan on doing alot of smaller moves, providing affordable quality for the average person.

2. Briefly describe your experience in the transportation/household goods moving industry: I have been a mover for 11 years, working for van lines like North American, and Allied. I have also worked for a couple small companys

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 MCH# _____

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			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 1500	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	\$ 6000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1500	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
1993	Ford E-350	C05239A	1FDKE30H2PHB27485	11500

SAFETY AND OPERATIONS	
<p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49, Code of Federal Regulations Part 382 and Part 40</u>). 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.</p>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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</p>	
<p>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (<u>Title 49, Code of Federal Regulations Part 383</u>). If you operate commercial motor vehicles, your drivers must have a valid CDL.</p>	
<p>DRIVER QUALIFICATION REQUIREMENTS: (<u>Title 49, Code of Federal Regulations Part 391</u>). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.</p>	
<p>DRIVERS HOURS OF SERVICE (<u>Title 49, Code of Federal Regulations Part 395</u>). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.</p>	
<p>INSPECTION, REPAIR AND MAINTENANCE (<u>Title 49, Code of Federal Regulations Part 396</u>). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (<u>Title 49, Code of Federal Regulations Part 393</u>). You must maintain parts and accessories in a safe condition.</p>	
<p>LIABILITY INSURANCE REQUIREMENTS (<u>WAC 480-15-530</u>). 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)</p>	
<p>CARGO INSURANCE REQUIREMENTS (<u>WAC 480-15-550</u>). 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).</p>	
Name:	Position:
James Mosley	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: <u>James Mosley</u>	Position: <u>Owner</u>
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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: <u>James Mosley</u>	Position: <u>owner</u>
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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.

<u>James Mosley</u>		<u>6-2-15 Everett WA</u>
Print name of applicant	Signature of Applicant	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: You Got It Movers

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Allen Coryell</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1007 130th St. SW Everett, Wa. 98204</u> <u>P.O. Box 13411 Everett, Wa. 98206</u>	
Phone Number: <u>(425) 374-9712</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="radio"/> No <input type="radio"/> 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? <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your future moving needs: <u>Moving my furniture and boxes.</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>I think it is a good idea to have a professional, reliable moving company in this area.</u>	
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.	
<u>Allen Coryell</u> Signature of Person Completing Form	<u>6/2/15' Everett, Wa.</u> Date and Location

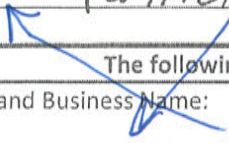


ATTACHMENT A

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Applicant Name: Patrick Campbell



The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: You Got it Movers

Address (include street address, mailing address, city, state, zip, and county): 19119-113th Pl NE Arlington WA 98012

Phone Number: 425-953-6349

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: moving some bedroom furniture

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: They will provide moving service that will be affordable

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: Patrick Campbell

Date and Location: June 2 2015 Arlington WA



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: You Got it Movers

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Kristina J Adee</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>18706 North Rd, Unit A, Bothell WA 98012</u>
Phone Number:	<u>425-314-8243</u>
Do you currently need the services of a residential household goods moving company? <input type="radio"/> No <input checked="" type="radio"/> 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? <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your future moving needs:	<u>Furniture & appliances</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>Cost effective, timely & local business</u>
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	Date and Location
<u>Kristina J Adee</u>	<u>6/2/15, Sno. Cty WA</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2015

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	Wagner Insurance NW 1375 State Ave Marysville, WA 98270	CONTACT NAME:	Shontae Smythe	
		PHONE (A/C, No, Ext):	360-653-3737	FAX (A/C, No):
E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	JAMES P MOSELEY DBA: YOU GOT IT MOVERS 505 WOOD PL 1301 EVERETT, WA 98203	INSURER A :	Ohio Casualty Insurance Company	24082
		INSURER B :	NATIONAL INDEMNITY COMPANY	
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES CERTIFICATE NUMBER: 00305505-0 REVISION NUMBER: 1

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		BLS56715077	05/27/2015	05/27/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 15,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	CARGO		70MTS013970	05/27/2015	05/27/2016	HOUSEHOLD GOODS 20,000

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

CERTIFICATE HOLDER	CANCELLATION
Washington State Government: Utilities & Transportation 1300 S Evergreen Park Dr SW OLYMPIA, WA 98504	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 Shontae Smythe (SAS)

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC: (4b) DONOR ♡

MOSELEY
JAMES PAUL

1 DOB: (4b) 4a Iss: 02-01-2013

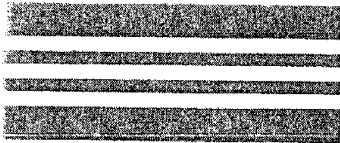
15 Sex: M 16 Hgt: 6-00
17 Wgt: 200 18 Eyes: HAZ
9 Class: 9a End: I 4b Exp: 07-22-2018
12 Restrictions: U

5 DD: (4b) Rev 06-16-2009





State of Washington
Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
Telephone: 1-800-451-7985
http://business.wa.gov/BLS



For Validation - Office Use Only

Empty box for validation use.

Business License Application

For faster service apply online at business.wa.gov/BLS
Online applications are typically processed within two business days.
It may take up to 21 days if you file by mail.

COPIED

Legal Entity/Owner Name 603-495-9180

Unified Business Identifier (UBI)

Federal Employer Identification Number (FEIN)

1. Purpose of Application

Please check all boxes that apply.

<input type="checkbox"/> Open/Reopen Business <i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i>	<input type="checkbox"/> Add License/Registration to Existing Location <i>complete sections 2, 3, 4, and 6</i>
<input type="checkbox"/> Open Additional Location <i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i>	<input checked="" type="checkbox"/> Business Has or Will Have Employees <i>complete all sections</i>
<input type="checkbox"/> Change Ownership <i>complete sections 2, 3, 4, (5 if you have employees) and 6</i>	<input type="checkbox"/> Business Has or Will Have Employees Under Age 18 <i>complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.)</i>
<input type="checkbox"/> Register Trade Name <i>complete sections 2, 3, 4 and 6</i>	<input type="checkbox"/> Hire Persons to Work In or Around Your Home <i>complete all sections</i>
<input type="checkbox"/> Change Trade Name - <i>complete sections 2, 3, 4 and 6</i> Name(s) to be cancelled : _____	<input type="checkbox"/> Other - <i>complete all</i>
<input type="checkbox"/> Change Location - <i>complete sections 2, 3, 4 and 6</i> Old address to be closed: _____	

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) – Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Unemployment Insurance – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Minor Work Permit – <i>Required if you will have employees under age 18.</i>	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
>	RECEIVED \$
> paid \$ 19.00 cash	\$
> trans # BOT-61714	MAY 27 2015 \$
>	DEPT OF REVENUE \$
>	BOTHELL \$
>	\$

Enclose check for total amount due, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee **\$ 19.00**

Make check payable to the Department of Revenue.

Total Amount Due **\$ 19.00**

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

3. Owner Information

a. Select only ONE ownership structure:

Sole Proprietor

If married, should spouse's name appear on license? Yes No (If you answer No, you must still enter the spouse information in section "3f" below.)

Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*

Partnership (# of partners: _____) Joint Venture

Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership*

*These ownership structures must contact the Secretary of State office for additional filing requirements.

Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: _____ Year incorporated/formed: _____

Association Trust Municipality Tribal Government Other _____

Name of Organization (example: Anderson Family Trust)

b. Business Open Date 05/15 Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.)
MM YY

c. You Got It Mowers Business Name/Trade Name Is this location inside city limits? Yes No

d. 7711 28th ST NE Arlington WA 98223 Business Mailing Address (Street or PO Box, Suite No. do not use building name) Business Street Address (if different than mailing) Do not use a PO Box or PMB.

City State Zip code City State Zip code

e. (425) 268-2589 Business Telephone Number () Fax Number _____ E-Mail Address _____

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

> James Moseley
Name (Last, First, Middle)

505 Wood Pl Apt 1301
Home Address (Street or PO Box)

(425) 268-2589
Title Home Telephone Number

Spouse Name (Last, First, Middle)

[REDACTED] Date of Birth 100 Social Security Number* % Owned

Everett City WA State 98203 Zip code

Are you married? Yes No If yes, enter spouse information below.

/ / Spouse Date of Birth _____ Spouse Social Security Number*

> _____
Name (Last, First, Middle)

Home Address (Street or PO Box)

Title Home Telephone Number

Spouse Name (Last, First, Middle)

/ / Date of Birth _____ Social Security Number* % Owned

City State Zip code

Are you married? Yes No If yes, enter spouse information below.

/ / Spouse Date of Birth _____ Spouse Social Security Number*

> _____
Name (Last, First, Middle)

Home Address (Street or PO Box)

Title Home Telephone Number

Spouse Name (Last, First, Middle)

/ / Date of Birth _____ Social Security Number* % Owned

City State Zip code

Are you married? Yes No If yes, enter spouse information below.

/ / Spouse Date of Birth _____ Spouse Social Security Number*

Governing Persons

*The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

4 Location / Business Information

a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?

Yes No

If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a PO Box or PMB Address) _____ City _____ State _____ Zip code _____

b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No

Check "Independent Contractors" definition at www.lni.wa.gov/IPUB/101-063-000.pdf

c. Provide the estimated gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

d. Mark the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

e. Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

Moving furniture, packing, belongings, transportation

f. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: _____ / _____ / _____
MM DD YY

Prior Business Name _____
()

Prior Owner's Name _____

Telephone Number _____

g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$ _____

h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name:

i. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide the UBI number to be closed: _____

Do you wish to cancel all the trade names registered under the old UBI number? Yes No
You must re-register all trade names you use under the new business structure.

j. If you have ever owned another business, provide: _____
Business Name UBI Number

k. Provide your bank's name: _____ Branch: _____

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.
(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, employment tax returns will be required quarterly **even if you have not hired.**

a. Date of first employment or planned employment at this location: 06/05/15 First date wages paid: 06/05/15
MM DD YY MM DD YY

b. Number of persons you employ or plan to employ at this location (do not include owners): 1

c. Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

	Number	Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)
Ages 16-17:	_____	_____
Ages 14-15:	_____	_____
Under age 14:	_____	_____

d. Check the **ONE** box which best describes the major operation of your business.

- (01) Drywall Operations
- (02) Logging/Forestry
- (03) Construction/Engrg/Property Mgmt
- (04) Temp Help Co/Employee Leasing
- (05) Maritime/Vessels/Longshore
- (06) Electronics/Utilities/Vending Mch
- (07) Wood Prod/Stone/Glass & Mining
- (08) Mfg - Metal/Mach Shops/Millwright
- (09) Vehicle Svcs/Transportation
- (10) Mfg - Chem/Textiles/Paper
- (11) Mfg - Food/Ice/Beverages
- (12) Agriculture/Farming
- (13) Retail/Whlsl: Stores & Warehsing
- (14) Food Svcs/Chore/Asst Lvg/Janitor
- (15) Media/Entertainment/Lodging
- (16) I.T./Prof Svcs/Med/Salon/Schools

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
Example: Office Staff - reception, accounting, data entry	2	960
> <u>OMW Full time worker = 480 hours for 3 months</u>	1	480
>		
>		

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?
 Unemployment Insurance: All locations combined Each location separately (multiple reports)
 Workers' Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See License Fee Sheet for more information.)


g. If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?
 Yes - Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.
 No - The corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)
 Yes - Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

i. Do you want elective workers' compensation coverage for excluded employment? (See License Fee Sheet for descriptions.)
 Yes - Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

6. Signature *Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.*

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

X  _____ 05/27/15
Signature Required Date

Application Prepared By (Please Print) _____ Title _____ Telephone No. _____ Date _____

Some agencies can provide language assistance. Would you like assistance? Yes No Specify language _____