



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	\$ 1900 <sup>00</sup>	Salaries/Wages Payable	\$ - 0 -
Notes Receivable	\$ 0	Accounts Payable	\$ - 0 -
Accounts Receivable	\$ 750 <sup>00</sup>	Notes Payable	\$ - 0 -
Investments	\$ 0	Mortgages Payable	\$ - 0 -
Other Current Assets	\$ 0	Other	\$ - 0 -
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ - 0 -
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5000 <sup>00</sup>	Preferred Stock	\$ 0
Office Furniture	\$ 1500 <sup>00</sup>	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 9150	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ - 0 -

**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: Todd Peterson 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: Todd Peterson 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.*

Todd Peterson  
Print name of applicant

Todd Peterson  
Signature of Applicant

8-26-03 Tacoma  
Date & Place Wa. Pierce

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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

DAVID PETERSON

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

6925 EASTSIDE DR. NE  
TACOMA, WA 98422

Phone Number:

(253) 952-6785

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

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

RECEIVED

SEP 04 2008

WASH. UT. & TP. COMM.

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 HOUSEHOLD GOODS INTO A SMALLER HOME

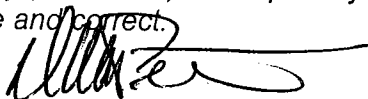
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

HAVE PROVIDED EXCELLENT, FAST AND EFFICIENT SERVICES. VERY PROFESSIONAL.

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

OTHERS IN THE COMMUNITY HAVE MADE SIMILAR COMMENTS.

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



9/2/03 - TACOMA

Signature of Person Completing Form

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: DENISE R. BESSETTE / TODD PETERSON

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

DENISE R. BESSETTE L.M.D. BALANCING TOUCH

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

6716 EAST SIDE DRIVE N.E. Suite #3  
TACOMA WA 98422

Phone Number:

(253) 924-0874

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:

Baby on the way - Will need larger 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:

South End Movers is the only moving company in my neighborhood.

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

they arrive for estimates on time  
AND ARE COURTEOUS AND POLITE.

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

Denise Bessette

Signature of Person Completing Form

9-2-03

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: Todd Peterson

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Barbara A. Levy

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

mailing: 6622 Eastside Dr NE, PMB 41  
Tacoma, WA 98422

street: 6722 Sundview Dr NE  
Tacoma, WA 98422

Phone Number:

253 924-0496

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:

major remodeling necessitating movement of household goods into storage.

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:

Reliable, honest and very competitive rates.

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.

Barbara A. Levy  
Signature of Person Completing Form

02 Sep 03 Tacoma, WA  
Date and Location

INQR UTL024P1                    MASTER LICENSE SERVICE                    09/04/03  
                                  BUSINESS ENTITY INQUIRY                    14:07:52

-----  
UBI: 602 287 534 001 0001                    Loc Status: A  
Type: Sole Proprietor  
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Owner Name: TODD CHARLES PETERSON  
Spouse Name: BESSETTE, DENISE RACHEL

Firm Name : SOUTH END MOVERS  
Loc: 6622 EASTSIDE DR # 110                    Mail: 6622 EASTSIDE DR # 110  
TACOMA WA 98422                                    TACOMA WA 98422

Phone: (253) 943-3396                    Registered Tradenames for this UBI? Yes

RFI: No                    NSF: No                    Location First Activity: 05 01 2003  
RFP: No                    Withhold: No                    Last License Issued:                    05 08 2003

TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
                                  GLIST APLST UBIQ SERV TRDU INQA                    INQR MMENU

INQR UTL024P1                    MASTER LICENSE SERVICE                    09/04/03  
   BUSINESS ENTITY INQUIRY                    14:08:05

-----  
UBI: 602 287 534 001 0001                    Loc Status: A  
Type: Sole Proprietor  
-----

Owner Name: TODD CHARLES PETERSON  
Firm Name : SOUTH END MOVERS  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	04 30 2003	
UNEMPLOYMENT INSURANCE			A	04 30 2003	
INDUSTRIAL INSURANCE			A	04 30 2003	

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






Bonnie Allen

09/08/2003 08:50 AM

To: Tina Leipski/WUTC@WUTC

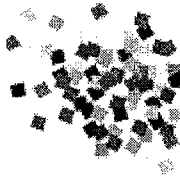
cc:

Subject: Re: NEW HHG APPLICATION 

I have no information about this company. Suggest temporary operations be granted under standard conditions.

Bonnie L. Allen, Regulatory Analyst  
PHONE 360-664-1226 FAX 360-586-1130  
ballen@wutc.wa.gov

Washington Utilities & Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250  
Tina Leipski



Tina Leipski

09/04/2003 04:01 PM

To: Licensing Services, Business Practices, Transportation Special Investigators, Bonnie Allen/WUTC@WUTC

cc: Carolyn Caruso/WUTC@WUTC

Subject: NEW HHG APPLICATION

Hello Everyone!

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

Todd Charles Peterson  
d/b/a South End Movers  
1419 Browns Pt. Blvd.  
Tacoma, WA 98422  
(253) 943-3396

**Todd Peterson -- Sole proprietor**

**COMPLIANCE:** This was an illegal Carolyn contacted. Nothing more in the systems.

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

Thanks!!! Tina

**Northwest  
Transportation  
& Warehouse Co.**

P.O. Box 98929  
Tacoma, WA 98498-0929

(253) 582-4656  
Fax: (253) 582-0151  
(800) 624-2996

Agent for Wheaton Van Lines, Inc.

**FAX TRANSMITTAL**

TTN: Toni Thurston

DATE: 9/18/03

COMPANY: WUTC

PHONE #: 1-800-562-6150

FAX#: 1-360-664-4291

FROM: Gary Bernard

# OF PAGES INCLUDING THIS ONE: 3

COMMENTS:

Good morning Toni,  
Enclosed is the information you requested re: South End  
Movers. Please take note where he states he is  
Licensed and insured. ok? he?  
Thank You - Gary Bernard



# South End Movers

Browns Pt. WA

Are you moving or do you know someone who is? South End Movers is a locally owned and operated company serving South King and Pierce County. We offer competitive rates without sacrificing quality. Call for your free estimate today.....

South End Movers  
253-943-3396  
866-506-6837  
Free Estimates  
Licensed/Insured

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## **South End Movers**

Todd Peterson/Owner

Serving Puget Sound and Surrounding Areas  
Professional and Courteous Licensed and Insured  
Home/Office/Apartments/Pianos/Appliances/Packing

Free Estimates

**253-943-3396**

**866-50-Mover (66837)**