

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



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 E	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-280 - 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 480-15-410) - 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. *#287147*

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): Philip Goldstone Date: 9/25/03  
Signature: *Philip Goldstone* Title: OWNER

**FOR OFFICIAL USE ONLY**

Date Filed: <u>10/2/03</u>	Application #: <u>1-19223</u>	Motocar: <u>41838</u>	Permit Issued: HG- <u>61183</u>
Staff Assigned: <u><i>[Signature]</i></u>	Insurance: <u><i>[Signature]</i></u>	Inspection: _____	DOL/SOS: <u><i>[Signature]</i></u>

Reception #: 111-0268-207-02 550.00 111-0268-202-C1 111-0268-013-20

0000903

PAGE 1

TV-031604

**BUSINESS INFORMATION**

Name of Applicant Philip Goldstone Custom Delivery, LLC  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable CUSTOM DELIVERY N/A

Physical Address 4786- 1st AVE. S. BOX # 3,445, SEATTLE, WA 98134

Mailing Address 5547-25th AVE. NE, SEATTLE, WA 98105

Telephone Number (206) 762-9206 Fax Number (206) 762-1024

UBI # 601 962 292 Email: NONE

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other LLC  
(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>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>Philip Goldstone</u>	<u>mgr</u>	

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Custom Delivery provides quality service in receiving, delivering, and moving of household furniture. Custom Delivery is totally client oriented, and we believe that work increase competition within the industry by raising deliver standards.

Briefly describe your experience in the transportation/household goods moving industry: Custom Delivery has been delivering high-end furniture for designers to their clients' homes for the past 28 years.

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	\$ 45,000. <sup>00</sup>	Salaries/Wages Payable	\$ none
Notes Receivable	\$ NONE	Accounts Payable	\$ none
Accounts Receivable	\$ 77,000. <sup>00</sup>	Notes Payable on 2 Trucks	\$ 1,528/mo.
Investments	\$ NONE	Mortgages Payable	\$ NONE
Other Current Assets	\$ NONE	Other 3 yr warehouse Lease	\$ 4,100. <sup>00</sup> /mo
Prepaid Expenses	\$ NONE	TOTAL LIABILITIES	\$ 5,628. <sup>00</sup> /mo
Land and Buildings	\$ NONE	NET WORTH	
Trucks and Trailers	\$ 75,000. <sup>00</sup>	Preferred Stock	\$ NONE
Office Furniture	\$ 10,000. <sup>00</sup>	Common Stock	\$ NONE
Other Equipment	\$ 2,500. <sup>00</sup>	Retained Earnings	\$ NONE
Other Assets	\$ NONE	Capital	\$ NONE
TOTAL ASSETS	\$ 209,500. <sup>00</sup>	TOTAL LIABILITIES & NET WORTH	\$ 5,628. <sup>00</sup> /mo

**EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1996	MITSUBISHI	A 26064 B	JW6CC31G-7TL0016A1	18,000
1999	MITSUBISHI	A 76593 F	JNAMCV2H5XGH50438	18,000
2000	MITSUBISHI	A 68697 E	JW6CC41G-9YL004425	18,000

**SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. 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.

**SAFETY RESPONSIBILITIES**

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Philip Goldstone

Position: OWNER

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)** Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Philip Goldstone

Position: OWNER

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

Name: Philip Goldstone

Position: OWNER

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: Philip Goldstone

Position: OWNER

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: Philip Goldstone

Position: OWNER

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

Name: Philip Goldstone

Position: OWNER

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies 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: Philip Goldstone

Position: OWNER

**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: Philip Goldstone

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: Philip Goldstone

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.*

Philip Goldstone  
Print name of applicant

*Philip Goldstone*  
Signature of Applicant

9/25/03

CUSTOM DELIVER WA HS  
Date & Place

SEP-29-2003 MON 09:59 AM

09/26/2003 08:39 2067521024

CUSTOM

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Permit applications must include at least three slipper and/or public statements supporting the proposed household goods moving service. Slipper 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: Philip Goldstone

The following must be complete by the Supporter of the applicant

Name, Title, and Business Name: PAULA DEVON BASS INTERIOR DESIGN  
Address (include street address, mailing address, city, state, zip, and county):  
98 UNION ST  
SUITE 410  
SEATTLE WA 98101

Phone Number: (206) 682-8889

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
WE USE PHILIP GOLDSTONE/CUSTOM DELIVERY FOR OUR RECEIVING COMPANY & AS A CLIENT DELIVERY SERVICE.

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: FURNISHINGS NEED TO BE SENT TO A RECEIVING COMPANY, INSPECTED, AND DELIVERED TO MY CLIENTS.

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 TRUST PHILIP GOLDSTONE & CUSTOM DELIVERY TO UTILIZE GREAT CARE & EXPERTISE FOR OUR SHIPPING/RECEIVING NEEDS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NO

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

Paula Devon Bass  
Signature of Person Completing Form

9/29/03 SEATTLE, WA  
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: Philip Goldstone

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

Name, Title, and Business Name: WALENTAS INC. WALENTAS CUSTOM UPHOLSTERY  
Address (include street address, mailing address, city, state, zip, and county):  
6011- 12th AVE. S.  
Seattle, Wa. 98108

Phone Number: 206-762-8100

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Our clients use PHILIP GOLDSTONE for receiving and delivery

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:  
For clients and also for receiving and 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:  
They are an excellent company and fulfill our every need for delivery

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
NO

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

Theresa M. Schad 9-29-03  
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: Philip Goldstone

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

Name, Title, and Business Name: Lamar Egan Interiors Ltd.

Address (include street address, mailing address, city, state, zip, and county):  
601 Belmont Ave E. # F-8  
Seattle WA 98102-4880

Phone Number: 206-329-4502

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
We continually have client needs for furniture moving and storage.

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:  
We order merchandise that needs to be received in a commercial location and stored until needed on the job site and then fully delivered and installed.

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:  
Phil Goldstone has been excellent at servicing me and my clients for 25 years.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Dependable, honest and very service-minded.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Marlyp H. Evans 9/30/03 601 Belmont E  
Signature of Person Completing Form Date and Location # F-8  
Seattle WA 98102



MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

10/02/03  
09:40:58

INQR UTL024P1

-----  
UBI: 601 962 292 001 0001 State of Inc: WA Loc Status: A  
Type: LIMITED LIABILITY COMPANY Date of Inc: 06 17 1999 Corp Status: A  
-----

Owner Name: CUSTOM DELIVERY, L.L.C.

Reg. Agent: SC&B SERVICES INC  
Reg. Address: 999 3RD AVE STE 3000  
SEATTLE WA 98104 4088

Exp. Date: 06 30 2004  
Total Shares authzd:  
Total Shares issued:

Firm Name : CUSTOM DELIVERY, L.L.C.  
Loc: 4786 1ST AVE S  
SEATTLE WA 98134

Mail: 5547 25TH AVE NE  
SEATTLE WA 98105

Phone: (206) 762-9206

Registered Tradenames for this UBI? No

RFI: No NSF: No

Location First Activity: 09 01 1999

RFP: No Withhold: No

Last License Issue: 01 27 2000

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 10/02/03  
BUSINESS ENTITY INQUIRY 09:42:51

-----  
UBI: 601 962 292 001 0001 Loc Status: A  
Type: LIMITED LIABILITY COMPANY  
-----

Owner Name: CUSTOM DELIVERY, L.L.C.  
Firm Name : CUSTOM DELIVERY, L.L.C.  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	11 18 1999	
UNEMPLOYMENT INSURANCE			A	11 18 1999	
INDUSTRIAL INSURANCE			A	11 18 1999	
BELLEVUE GENERAL BUSINESS	60149		A	01 21 2000	

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



**Corporations Menu**

- [Corporations Home](#)
- [Registration](#)
- [Renewal](#)
- [Corporations Search](#)
- [Master License Service](#)
- [Uniform Code](#)

**Main Menu**

- [Home Page](#)
- [Address Confidentiality](#)
- [Apostilles](#)
- [Archives](#)
- [Charities](#)
- [Contact Us](#)
- [Corporations](#)**
- [Digital Signatures](#)
- [Elections & Voting](#)
- [International Trade](#)
- [Library](#)
- [Medals of Merit & Valor](#)
- [News Releases](#)
- [Oral History](#)
- [Productivity Board](#)
- [State Flag](#)
- [State Seal](#)
- [Washington History](#)

**Corporations**

Corporations Division - Registration Data Search

**CUSTOM DELIVERY, L.L.C.**

**UBI Number** 601 962 292  
**Category** Limited Liability Regular  
**Profit/Nonprofit** Profit  
**Active/Inactive** Active  
**State of Incorporation** WA  
**Date of Incorporation** 06/17/1999  
**License Expiration Date** 06/30/2004

**Registered Agent Information**

**Agent Name** SC&B SERVICES INC  
**Address** 999 3RD AVE STE 3000  
**City** SEATTLE  
**State** WA  
**ZIP** 981044088

**Special Address Information**

**Address**  
**City**  
**State**  
**Zip**

[Return to Search List](#)

**Disclaimer**

Information in the Secretary of State's Online Corporations Database is updated Monday through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither the State of Washington nor any agency, officer, or employee of the State of Washington warrants the accuracy, reliability, or timeliness of any information in the Public Access System and is not liable for any losses caused by such reliance on the accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from the System does so at his or her own risk.




**Bonnie Allen**

10/02/2003 01:57 PM

To: Tina Leipski/WUTC@WUTC

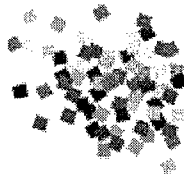
cc:

Subject: Re: NEW HHG APPLICATION 

I have no additional information about this applicant that would suggest anything other than "grant with usual 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**

10/02/2003 10:10 AM

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

cc: Carolyn Caruso/WUTC@WUTC

Subject: NEW HHG APPLICATION

*Hey Everybody!*

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

Custom Delivery, LLC  
4786 1st Ave. S. Bay #3, 4, & 5  
Seattle, WA 98134  
(206) 762-9206

**This is an Limited Liability Corporation with Philip Goldstone as Owner.**

**COMPLIANCE:** There is a complaint in the compliance database but it has been resolved. Nothing in the federal system nor in Volpe.

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

Thanks!!! Tina