



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 <i>OK</i>
<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: \$550.00

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): CHARLES P. NORTON Date: 2/4/04

Signature: *Ch P. Norton* Title: OWNER / OPERATOR

FOR OFFICIAL USE ONLY

Date Filed: 2/18/04 Application #: 979255 Motcar: 42340 Permit Issued: HG- 61289

Staff Assigned: *[Signature]* Insurance: *[Signature]* Inspection: _____ DOL/SOS: *OK*

Reception #: 1
 111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

0005716

TV-040268

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	\$ 5,000.-	Salaries/Wages Payable	\$ 840.-
Notes Receivable	\$ —	Accounts Payable	\$
Accounts Receivable	\$ 3,869.50	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 840.-
Land and Buildings	\$	NET WORTH	
Trucks and Trailers GMC	\$ 10,000.-	Preferred Stock	\$
Office Furniture + Computer	\$ 1,400.-	Common Stock	\$
Other Equipment PADS + 2x4 Wheelers	\$ 2,000.-	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 22,269.-	TOTAL LIABILITIES & NET WORTH	\$ 21,429.00

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: CHARLES P. NORTON Position: OWNER/OPERATOR

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: CHARLES P. NORTON Position: OWNER/OPERATOR

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.

CHARLES P. NORTON

Print name of applicant



Signature of Applicant

2/1/04

Date & Place

6005 NE 193rd
KENNEDY WA 98028

ATTACHMENT A

RECEIVED
FEB 17 2004

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:

CHIP'S MOVING & DELIVERY LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

ELLIOTT BAY ANTIQUES

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

165 S. JACKSON ST.
SEATTLE, WA. 98104

Phone Number:

206 340 0770

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

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

Business deliver

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:

deliver FOLLOWING SALES

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:

by good CAREFUL + CONSISTENT SERVICE

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

They "Chip's Moving & deliver" HAS ALWAYS PROVIDED QUALITY 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

2-11-04
Date and Location

ATTACHMENT A

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WASH. UT. & TP. COMM. COMM.

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: CHIP'S MOVING & DELIVERY SERVICE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: A.J. HENSKEF - PRESIDENT - PORTER DAVIS ANTIQUES INC.

Address (include street address, mailing address, city, state, zip, and county): PORTER DAVIS INC. 103 UNIVERSITY ST. KING COUNTY SEATTLE, WA, 98101

Phone Number: 206-622-5310

Do you currently need the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your current moving needs: MY FIRM NO LONGER DELIVERS, THEREFORE I DO USE DELIVERY SERVICES.

Do you anticipate a future need for the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your future moving needs: ON LARGE PIECES OF FURNITURE THAT THE CLIENT CAN'T TRANSPORT.

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: BENEFIT MY BUSINESS FOR WE NO LONGER DELIVER. MAKES FOR A BETTER COMMUNITY. ADDS JOB IN THE COMMUNITY.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? A COMPANY WITH A GOOD TRACT RECORD.

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

A.J. Henskef Signature of Person Completing Form

2/10/04 SEATTLE, WA. Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: ~~David W. Bailey~~ Chip Norton's Moving & Delivery LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MR Bruce V. Bailey

Address (include street address, mailing address, city, state, zip, and county): 16234 45th Ave NE
Seattle, WA 98125

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Phone Number: 206-368-3855

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

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 have used Mr. Norton's services three times in the past & would look forward to using him in our next move.

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:
Mr. Norton's company is outstanding - we could not imagine using any other firm

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Mr Norton's firm's reputation for outstanding service is widely known in this area.

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: Bruce V. Bailey

Date and Location: 2/10/04 - Seattle, WA

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: CHIP NORTON'S MOVING & DELIVERY SERVICE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JUDY GOWDY PRESIDENT J.C. GOWDY INTERIORS, INC

Address (include street address, mailing address, city, state, zip, and county): 603 STEWART STREET SUITE 512 SEATTLE, WA 98101 USA KING COUNTY

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Phone Number: 206-382-1998

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: AS AN INTERIOR DESIGNER I NEED TO ARRANGE FOR DELIVERY OF FURNITURE TO AND FROM CLIENTS HOMES.

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: MY BUSINESS CONTINUES TO GROW!

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: THEIR CONTINUED SERVICE IS VALUED BY ME AND MY CLIENTS

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THEY ARE HIGHLY PROFESSIONAL, TIMELY AND VERY CAREFUL

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

Judy Gowdy Signature of Person Completing Form

2-10-04 SEATTLE 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: CHIP'S MOVING AND DELIVERY SERVICE LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Randy L. Carothers Sales Assoc. - Bon-Macys 3rd & Pine

Address (include street address, mailing address, city, state, zip, and county):
3rd and Pine
Seattle WA, 98101
20

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WASH. UT. & TR. COMM.

Phone Number: 206 506 6671 OR 206 226 226 0804

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Chip's Moving has been an invaluable resource for me for deliveries requiring special equipment or short notice where our own Delivery Dept is unable to accommodate.

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:
Chips will be used whenever a particularly difficult situation or special attention is necessary

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:
Having Chips as a back-up delivery service enables me to close sales that I normally would not be able to provide delivery service to.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
If you need help with a tough moving job - call Chips!

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

Randy L. Carothers
Signature of Person Completing Form

2/6/04 Seattle, WA.
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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FEB 7 2004
WASH UT & TP. COMM.

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 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: CHIP'S MOVING and DELIVERY LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DEHLIA AKER OWNER SECOND AVENUE STAGING

Address (include street address, mailing address, city, state, zip, and county):
13016 2ND AVE. NW.
SEA, WA. 98177
KING COUNTY

Phone Number: (206) 365-0062

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:
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:
my business uses a moving company 8-10 times a month to move furniture inventory from my warehouse to vacant homes for sale and back to warehouse after sale.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Having used several moving companies the past 8 years, I now use chips exclusively because of his quality work. This company is always reliable, very careful, on time & respectful of my clients homes.

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

Dehlia Aker
Signature of Person Completing Form

2-9-04
Date and Location



Tina Leipski/WUTC

02/18/2004 11:24 AM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION

Good Morning!

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

Chips Moving & Delivery Service, LLC
6005 NE 193rd
Kenmore, WA 98028
(425) 481-9308

This is a LLC which is solely owned by Charles P. Norton.

COMPLIANCE: There were two entries in the Compliance Database. Leon has spoke with Charles Norton in 1996 regarding his business. On 1/14/04 Carolyn contacted him regarding his services and being an illegal.

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

Thanks!!! Tina

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

04/06/04
07:37:14

INQR UTL024P1

UBI: 602 078 228 001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 10 26 2000 Corp Status: A

Owner Name: CHIP'S MOVING & DELIVERY LLC

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

Exp. Date: 10 31 2004
Total Shares authzd:
Total Shares issued:

Firm Name :
Loc:

Mail:

Phone: Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity:
RFP: No Withhold: No Last License Issue: 11 06 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



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Corporations

Corporations Division - Registration Data Search

CHIP'S MOVING & DELIVERY LLC

UBI Number 602 078 228
Category Limited Liability Regular
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 10/26/2000
License Expiration Date 10/31/2004

Registered Agent Information

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

Special Address Information

Address
City
State
Zip

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Disclaimer

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