



Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <b>Auto Transportation Authority (a new certificate)</b> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 200
<input type="checkbox"/> <b>Extension of Existing Auto Transportation</b> Certificate No. C- _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<input type="checkbox"/> <b>Transfer or Lease Auto Transportation Authority</b> Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	\$ 200
<input type="checkbox"/> <b>Temporary Auto Transportation Authority (new temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application)</b> Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <b>Mortgage of Certificate</b> Complete section 1 and Attachment D.	\$ 35
<input checked="" type="checkbox"/> <b>Name Change (company corporate name, trade name or surname of an individual owner or partner)</b> Complete section 1 and Attachments C and E. <i>adding trade name</i>	\$ 35
<input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> Complete sections 1 and 8.	\$200

**TYPE OF PAYMENT:**

Cash  Check  Money Order  AMEX  MasterCard  Visa

Credit Card Information (if applicable):

Expiration Date  
Month/Year

Amount: \$ \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: <i>2/23/07</i>	Docket #:	Motcar: <i>44561</i>	Cert: Issued:
LS Staff Assigned:	Insurance: <i>OK</i>	Application:	Related App:
DOL/SOS: <i>OK/OK</i>	Tariff/Time Schedule: <i>N/A</i>	Map: <i>N/A</i>	
Text approved for docket:	Safety Inspection:	Reception #: <i>1.35611</i>	111 0268:
111-0268-232-02:	111-0268-232-01:	111-0268-230-02: <i>#35</i>	111-0268-230-01:

**SECTION 1 - APPLICATION INFORMATION**

Name of Applicant: <b>Spokane Racindimos, Inc</b>		
Trade Name(s) if applicable: <b>Party-N-Motion</b>		
Unified Business Identification Number (UBI): <b>602-589-019</b> If you do not know your UBI number or need to request one, contact the Department of Licensing at (360) 664-1400.		
Phone Number: <b>509 279-0545</b>	Fax Number: <b>509 279-0557</b>	E-mail:
Physical Address		Mailing address, if different from physical address
Street: <b>1615 S Buttercup St</b>		Street:
City: <b>Spokane Valley</b>		City: <b>Spokane</b>
State/Zip: <b>WA 99212</b>		State/Zip:

**SECTION 2 - COMPANY INFORMATION**

**Type of business structure:**  
 Individual       Partnership       Corporation       Other (LP, LLP, LLC) \_\_\_\_\_

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

Provide the following documents with your application:

- A map of the proposed line, route or service territory that meets the standards described in WAC 480-30-051.
- Support statements for temporary authority if applicable.

Describe the proposed service including the line, route or service territory description. Describe in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic descriptions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many riders do you expect during your first year of operations? \_\_\_\_\_

State the conditions that justify granting of this application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

No       Yes If yes, list the names and addresses of companies

Name	Address
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**ATTACHMENT C**

**CHARTER  
AUTO TRANSPORTATION NAME CHANGE**

You must file an application to change your corporate name, trade name or surname of an individual owner or partner. If a name change results from a change in ownership, you must file an application to transfer the certificate. You must include copies of any corporate minutes or other legal documents authorizing the name change and proof that the new name is properly registered with the Department of Licensing, Office of the Secretary of State or other agencies, as required.

Spokane Racingimos, Inc  
Current Name on Certificate

11615 S Buttercup Street  
Current Trade Name on Certificate

Spokane Valley, WA 99212  
Address

509/279-0545      509/279-0557      \_\_\_\_\_  
Phone Number                      Fax Number                      E-mail address

If a corporation, list the name, title and percentage of partner's share or stock distribution for major stockholders under current name:

Name	Title	Stock Distribution or Percentage of Shares
<u>David Allen</u>	<u>Pres</u>	<u>50%</u>
<u>Deborah Allen</u>	<u>V/Pres</u>	<u>50%</u>

I request the name on ~~Auto Transportation~~ Charter Certificate CH-485 be changed to:

Spokane Racingimos, Inc  
New Name

Party-N-Motion  
New Trade Name (if applicable)

602-589-019  
UBI #

If you are a corporation, list the name, title and percentage of partner's share or stock distribution for major stockholders under the new name:

Name	Title	Stock Distribution or Percentage of Shares
<u>same as above</u>		

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

- Adopt a current tariff (Complete Attachment E) N/A
- File a new tariff

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

Amy Lepski 4/applicant  
Print Name of Applicant

\_\_\_\_\_  
Signature and Title of Applicant                      Date, County, State