

**HOUSEHOLD GOODS CARRIER
APPLICATION**

PERMIT



TV-012418-CT
RECEIVED
DEC 26 2007
COMM. UT. & TP. COMM.

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 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
* <input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 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 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 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 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa															
Amount: _____ Expiration Date: _____															
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): _____ Date: _____															
Signature: _____ Title: _____															
FOR OFFICIAL USE ONLY															
Date Filed: 12/26/07				DOL/SOS: [Signature]				ID: 48915				Permit Issued: HG-			
Staff Assigned: [Signature]				Insurance: 0005413				Inspection:				Docket #			
Reception #: 111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20															

#1602

BUSINESS INFORMATION

Name of Applicant West Coast Moving and Storage, LLC OR
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable - _____

Physical Address 310 SE 6th Ave., Portland, OR 97214

Mailing Address P.O. Box 22162, Milwaukie, OR 97269

Telephone Number (503) 234-2226 Fax Number (503) 234-4187

UBI # 602-776-668 OR Email: jonwillie430@aol.com

TYPE OF BUSINESS STRUCTURE

☐ Individual ☐ Partnership ☐ Corporation ☒ Other LLC (OR)
(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
Doug E. Storey	Member-Manager	25%
Jon C. Willie	Member-Manager	25%
Dan J. Paola	Member-Manager	25%
Mitch L. Paola	Member-Manager	25%

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: West Coast is a moving and storage company specializing in pianos and organs. Pianos and organs are items that many moving companies do not have the expertise or desire to transport. Indeed, some carriers will hire us to provide that service for them. Other items of household goods are also transported.

Briefly describe your experience in the transportation/household goods moving industry:

West Coast has been in business in Oregon and in interstate commerce since 2004. However, two of our member managers, Dan Paola and Mitch Paola, were involved with another piano/HHG moving company before starting with West Coast over three years ago.

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# 1304320

MC# 622604

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 must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan See attached *JA*

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	See attached list			

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) 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.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). 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.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property 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).
- **CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). 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).

Name:

Jon C. Willie

Position:

Member-Manager

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:

Jon C. Willie

Position:

Member-Manager

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 and Internal Revenue Service (taxes); and Employment Security.

Name:

Jon C. Willie

Position:

Member-Manager

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.

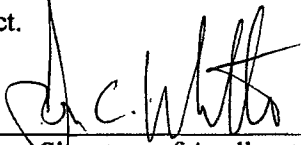
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

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 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.

Jon C. Willie

Print name of applicant


Signature of Applicant

December 17, 2007
Portland, OR

Date and Location

8:06 AM
12/17/07
Accrual Basis

West Coast Piano Moving and Storage, LLC
Balance Sheet
As of December 17, 2007

	Dec 17, 07
ASSETS	
Current Assets	
Checking/Savings	
West Coast Bank Checking	16,693.58
Total Checking/Savings	16,693.58
Accounts Receivable	
Accounts Receivable	22,082.00
Total Accounts Receivable	22,082.00
Other Current Assets	
Complete Payroll Payment	1,601.20
Total Other Current Assets	1,601.20
Total Current Assets	40,376.78
Fixed Assets	
'05 Toyota 20.5' Moving Van	
Original Cost	-8,000.00
'05 Toyota 20.5' Moving Van - Other	70,068.00
Total '05 Toyota 20.5' Moving Van	62,068.00
'06 UD 20' Moving Van	60,958.75
95' Hino 20ft. Moving Van	
Original Cost	8,000.00
Total 95' Hino 20ft. Moving Van	8,000.00
Equipment	
Accumulated Depreciation	-17,058.15
Equipment - Other	798.00
Total Equipment	-16,260.15
Goodwill	
Accumulated Amortization	-3,920.00
Goodwill - Other	50,400.00
Total Goodwill	46,480.00
Moving Equipment	
Original Cost	11,907.04
Moving Equipment - Other	6,999.99
Total Moving Equipment	18,907.03
Total Fixed Assets	180,153.63
TOTAL ASSETS	220,530.41
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	11.47
West Coast Bank Creditline	9,771.08
Total Other Current Liabilities	9,782.55
Total Current Liabilities	9,782.55
Long Term Liabilities	
Aladdin Renaissance	23,075.28
Mark Bradley	11,887.27
Toyota Motor Credit Corp	24,705.41
Toyota Motor Credit Corp #2	37,038.33
Total Long Term Liabilities	96,706.29
Total Liabilities	106,488.84

8:06 AM

12/17/07

Accrual Basis

West Coast Piano Moving and Storage, LLC
Balance Sheet
As of December 17, 2007

	<u>Dec 17, 07</u>
Equity	
Member Equity - Paola	16,567.18
Opening Bal Equity	1.00
Retained Earnings	9,768.50
WSP Investment LLC	49,693.54
Net Income	38,011.35
Total Equity	<u>114,041.57</u>
TOTAL LIABILITIES & EQUITY	<u><u>220,530.41</u></u>

8:06 AM

12/17/07

Accrual Basis

West Coast Piano Moving and Storage, LLC

Profit & Loss

January through November 2007

	Jan - Nov 07
Ordinary Income/Expense	
Income	
C.O.D. Delivery	3,850.00
Out Of Area Charges	34,165.00
Outside Moves	103,646.00
Overtime	9,655.00
Reimbursed Expenses	25.00
Rental Income Pine St	2,400.00
SC Uncrating/Rearranging	11,314.50
Services	11,222.50
Sherman Clay Promo	45,825.00
Sherman Clay Warehouse	7,185.00
ShermanClay-Outside Events	5,400.00
ShermanClay-Rental	5,665.00
ShermanClay Retail	66,757.50
Storage Fees	13,562.98
Storage Moves	2,665.00
Total Income	323,338.48
Expense	
Advertising	3,496.01
Automobile Expense	
Automobile Allowance	5,500.00
Parking/Toll	233.69
Truck Repair General	2,198.04
Truck Repairs 2005 UD	1,724.81
Truck Repairs 2006 UD	1,715.20
Total Automobile Expense	11,371.74
Bank Service Charges	83.32
Bankcard Fees	1,038.07
Discount	1,706.50
Dues and Subscriptions	329.89
Equipment Lease	179.55
Equipment Rental	67.20
Fuel	18,187.90
Insurance	
Health Insurance	5,235.96
Liability Insurance	8,955.20
Work Comp	1,967.76
Total Insurance	16,158.92
Interest Expense	
Finance Charge	95.87
Loan Interest	7,736.75
Interest Expense - Other	488.61
Total Interest Expense	8,321.23
Licenses and Permits	916.50
Moving Supplies	1,852.09
Office Supplies	430.02
Payroll Expenses	
Hourly	75,515.24
Managment	48,423.00
Payroll Taxes	13,192.20
Payroll Expenses - Other	1,045.70
Total Payroll Expenses	138,176.14
Postage and Delivery	247.90
Professional Fees	
Accounting	750.00
Bookkeeping	2,750.00
Legal Fees	3,128.79
Total Professional Fees	6,628.79
Rent	58,300.00

8:06 AM
12/17/07
Accrual Basis

West Coast Piano Moving and Storage, LLC
Profit & Loss
January through November 2007

	Jan - Nov 07
Repairs	
Building Repairs	105.50
Janitorial Exp	518.36
Maintenance Supplies	580.91
Piano Cleaning	1,778.76
Total Repairs	2,983.53
Taxes	
Local	100.00
Property	2,526.40
Total Taxes	2,626.40
Telephone	
Qwest	2,317.74
Verizon Wireless	2,419.66
Total Telephone	4,737.40
Travel & Ent	
Meals	434.14
Total Travel & Ent	434.14
Truck Rental	269.66
Utilities	
Gas and Electric	4,273.34
Water	1,219.27
Total Utilities	5,492.61
Void Check	0.00
Total Expense	284,035.51
Net Ordinary Income	39,302.97
Net Income	39,302.97

Vehicle Information

West Coast Piano Moving & Storage

Vehicle #1

Year: 2005

Make: UD2300 LP

License# T 553856

Vin# JNALC80H05AK50156

GVW 23,000lbs

Vehicle #2

Year: 2006

Make: UD2300 LP

License# T 555430

Vin# JNALC80H56AK55046

GVW 23,000lbs

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:

WEST COAST Piano moving & storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MITCH PADIA manager Sherman clay

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

SEATTLE, WA

Phone Number:

206 -

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

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

currently we need additional options for experienced, qualified movers for our business & customers

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:

This would give us another option in assisting our customers with a good moving co.

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.

MTR

Signature of Person Completing Form

11-20-07

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:

West Coast Piano Moving and Storage, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

DENNIS GIUSTO President Garbo's Garage

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

8700 NE Vancouver Mall Dr.
Store # 254
Vancouver, WA 98662

Phone Number:

~~206-222-5011~~ 503-936-9110 cell

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

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

Moving of Furnishings and Fixtures

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:

Relocating of Inventory and Fixtures

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:

Help in relocating from one location to my storage
and back at a later date

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.

Dennis Giusto

Signature of Person Completing Form

12-17-07 Vancouver Washington

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: West Coast Piano Moving & Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jim Lovelace - Owner NW Premier Investments

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

5500 NE 109th Ct - Suite M
Vancouver WA 98662

Phone Number:

360 903-5222

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

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

Piano move

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:

office furniture relocation

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:

To help us when we relocate, highly recommended

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.

Jim Lovelace
Signature of Person Completing Form

11/28/07 Vancouver WA
Date and Location

**Anderson
and
Yamada, P.C.**
ATTORNEYS AT LAW

Suite 1020, The 1515 Building 1515 SW 5th Avenue Portland, Oregon 97201 Telephone (503) 227-4586 FAX (503) 227-7044

December 21, 2007
File No. 5611-4

RECEIVED

DEC 26 2007

WASH. UT. & TP. COMM.

Washington Utilities and
Transportation Commission
1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250

John A. Anderson*
Terence J. Yamada**
Tyson L. Calvert*
Tammy R. Schilling
OF COUNSEL
Dale H. (Hal) Schofield, P.C.***
*OREGON, WASHINGTON AND IDAHO BARS
**OREGON, WASHINGTON AND HAWAII BARS
***OREGON AND WASHINGTON BARS

**RE: West Coast Piano Moving and Storage, LLC - -
Household Goods Carrier Permit Application**

Dear WUTC:

Enclosed for filing is the Household Goods Carrier Permit Application of West Coast Piano Moving and Storage, LLC, together with its check number 1602 in the amount of \$550 to cover the filing fee for this application. The application form and required attachments are enclosed. A Form E proof of insurance is being requested, and the form will be filed directly by West Coast Piano's insurance carrier.

Please let me know if there are any questions or concerns with respect to the application.

Very truly yours,

ANDERSON AND YAMADA, P.C.


John A. Anderson

Enclosures

cc: Jon C. Willie

JAA:tp (F:\CLIENTS\5611\5611-4\Letters\LTR2.doc 12/21/2007)