



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 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 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 checked="" 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

RECEIVED
FEB 04 2008
WASH. UT. & TP. COMM

TYPE OF PAYMENT

Check Money Order Amex Mastercard 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): Beverly Molenda Date: 2-1-08
 Signature: Beverly W Molenda Title: President

FOR OFFICIAL USE ONLY

Date Filed: <u>2/4/08</u>	DOL/SOS: <u>aw</u>	ID: <u>4937</u>	Permit Issued: HG- <u>61530</u>
Staff Assigned: <u>0005768</u>	Insurance: <u>0005768</u>	Inspection: _____	Docket # _____
Reception #: _____	111-0268-207-02 <u>550</u>	111-0268-202-01	111-0268-013-20

check # 10 601

BUSINESS INFORMATION

Name of Applicant Greenway Moving + Delivery, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Greenway Moving + Delivery
Greenway Senior Moving Services, Greenway Packers

Physical Address 4235 W. Marginal Way SW, Sea WA 98106

Mailing Address SAA

Telephone Number (206) 898-7015 Fax Number (206) 938-1474

UBI # 602793854 Email: beverly@newfinishes.com

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>Beverly W Molenda</u>	<u>President</u>	<u>100%</u>
<u>Andy Molenda</u>	<u>Vice-President</u>	<u>0%</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: We would like to provide a customer friendly moving + delivery service offering special care + services to seniors

Briefly describe your experience in the transportation/household goods moving industry: Greenway Packers has been in business 8 years + is dissolving their company. We have taken over acctz + will receive training from sellers for three months per contract.

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: transfer of HG-61530

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# _____

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

ASSETS		LIABILITIES	
Cash in Bank	\$ 30,000	Salaries/Wages Payable	\$ 1075
Notes Receivable	\$	Accounts Payable	\$ 380
Accounts Receivable	\$ 1200	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 1455
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 56000	Preferred Stock	\$
Office Furniture	\$ 2000	Common Stock	\$ 200
Other Equipment	\$ 1000	Retained Earnings	\$
Other Assets	\$	Capital	\$ 88,545
TOTAL ASSETS	\$ 90,200	TOTAL LIABILITIES & NET WORTH	\$ 90,200

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2004	MITSUBISHI	A10852Z	JL6CPH1504K008401	17,900
2006	MITSUBISHI	A68121X	JL6CCH1576K000455	17,900

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: Andrew Motenda

Position: Vice President

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: Beverly Molenda

Position: President

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: Beverly Molenda

Position: President

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.

Beverly W. Molenda
Print name of applicant

Beverly W. Molenda
Signature of Applicant

1-24-08 Seattle, WA
Date and Location

95814724

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one:

Transfer Acquisition of Control

Greenway Packers Inc.

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

14319 Wallingford Ave N, Seattle WA 98133

Address (Seller)

HG- 61530

Permit Number

206 786 3686

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260? No Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

Has the closing annual report been filed with the commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-61530 to the following:

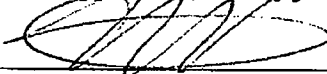
Beverly + Andrew Molenda

Name of Buyer

Greenway Moving + Delivery LLC

Trade Name of Buyer

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.


Seller's Signature

1-26-08 - Seattle WA
Date and Location

Beverly Molenda
Buyer's Signature

1-24-08 Seattle WA
Date and Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died and the interest is being transferred as property of the estate;
 - An individual has incorporated, and the same individual remains the majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box, above, must be included with your application. *Does not apply -* You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:
Company is being sold 2/1/08 + a seamless transition is desired
 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: Employee's will remain w/ the company + new owners are being trained by sellers for 3 mo.

RECEIVED

FEB 04 2008

WASH. UT. & TP. COMM

GREENWAY MOVING & DELIVERY, LLC
4235 W Marginal Way SW
Seattle, WA 98106

Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

SUBJECT: HG 61530 Household good Carrier Permit


TO Whom This May Concern,

Please find attached our application for the transfer of a household goods permit (HG-61530).

Greenway Packers is still a corporation and we will continue working under their permit as they are training us for the next 3 months. In addition, Greenway Packers is one of our registered trade names.

Please let me know if there are any questions I can answer. After Monday, 2/4/08, we can be reached at 206-937-2588.

Thank you for your consideration.



Beverly Molenda
Greenway Moving & Delivery LLC