TV-080541-CT



# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fac Dagwing
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	Fee Required \$ 50
a a	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
۵	Permanent authority (at least six months must be served on a temporary provisional basis) — Complete pages 2 - 6 and Attachment A	\$ 550
ٔ ۵	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
	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 2 - 6 and Attachments B & C	\$ 250
ū	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
X	Name Change – Complete pages 2 - 3 and Attachment D	<b>\$ 3</b> 5
0	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

					<u>TY</u>	PE OF P	AYME	INT	
☐ Check	□ Money Order			[] A	.mex	☐ Mastercard		Vis	(03)463
				,					
Amount:	3.5					,			Expiration Date:
			and my h	ms docu	THEIR OF	i denail of t	ne applic	tify that the cant and tha	e following information is true and correct, at all information on file is current and valid
Name (printed):	<u>/u</u>	<u> </u>	<u>.</u>	Mi	YO!	ven]	ري	Dat	ie: 3-21-08
Signature:	1/2			2	sne	~//_	·	Title	:: Presidant Jouner.
		<b>.</b>		F	OR O	FFICIAL	LUSE	ONLY	
Dat See 35	03	DOL	/SOS:		ID:	500	8	Permit	Issued: HG-
Staff Assigned:	$\mathcal{C}$	Insur	ance:		Insp	ection:		]	
Reception #:	$\Delta_{\alpha}$		1 Car					Docket	#_ <sub></sub>
111-0268-207-02	2	5.00 5.00		111-0268	<b>3-20</b> 2-0	1		111-026	8-013-20

### New Information

BUSINESS INFORMATION
Name of Applicant Mironenko Brothers Inc.  (must be individual, partners of a partnership or corporation)
Trade Name, if applicable Good Old Movers
Physical Address 23801. NW. 1st Ave. Ridgefield. WA. 98642
Mailing Address Same.
Telephone Number (360) 936 - 5937 Fax Number (360) 887 - 3129
UBI#: 602 813 062 D Email: Goodold Movers@MSN.com
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership ☐ Corporation ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>
Yury. Y. Mironenko President lowner 75%
Aleksei. Y. Mironenko Vice President Joune 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:
Briefly describe your experience in the transportation/household goods moving industry:  Operated SiNGE 2005
Page 3 of 11
Revised 03/08

## old Information

BUSINESS INFORMATION
Name of Applicant Yury Aleksei Mironenko (must be individual, partners of a partnership or corporation)
Trade Name, if applicable Good Old Movers
Physical Address 23801. NW 1stave Ridgefield. WA. 98642
Mailing AddressSame.
Telephone Number (360) 936-5937 Fax Number (360) 887-3129
UBI#: 602 471 403 Email: Good Old Movers & MSN.COM
TYPE OF BUSINESS STRUCTURE
☐ Individual Partnership ☐ Corporation ☐ Other
List the name, title and percentage of partner's share or stock distribution for major stockholders:
Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>
Yury. Y. Mironenko owner 50%
Aleksei Y. Mironenko owner 50%
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:
Briefly describe your experience in the transportation/household goods moving industry:  Operated Since 2005
Page <b>3</b> of <b>11</b>

Page 10 of 11

Revised 03/08

#### ATTACHMENT D

#### CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and <u>must not</u> involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
  (may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name.
Current Name on Permit: Yury EAleksei Mironenko.
Current Trade Name on Permit: Good Old Movers.
Address: 23801. NW. 1st Ave. Ridgefield. WA. 98642
Phone Number: (360) 936-5937 Fax Number: (360) 887-3129
Email Address: Good Old Movers @ MSN. COM
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
I request the name on household goods permit HG-6/84/ be changed to:
New Name: Mironenko Brothers INC UBI Number: 602 813 062
New Trade Name (if applicable): Good Old Movers
Address (if changed)
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Yury. Y. Mironenko President/owner 75% Aleksei. Y. Mironenko Vice President/owner 25%
Aleksei. Y. Mironenko Vice President/owner 25%
I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.
King Maria President 3-21-08 Ridgefield. WA
Signature and Title of Applicant Date and Location

