



**BUSINESS INFORMATION**

Name of Applicant Nice Moves Moving, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 8364 Loyal Way NW, Seattle, WA 98117

Mailing Address \_\_\_\_\_

Telephone Number ( 206 ) 390-5023 Fax Number ( ) \_\_\_\_\_

UBI #: 602-866-397 *DL* Email: nice\_moves@hotmail.com

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation *DL*     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>
<u>Scott Lewis</u> <i>DL</i>	<u>Manager</u>	<u>100%</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 will provide excellence in customer service & easy to understand rates. This will boost consumer confidence.

Briefly describe your experience in the transportation/household goods moving industry: 2 years as labor & lead for Mighty Movers in Everett  
5 years as an Independent laborer providing Moving Labor

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 in Washington?  
 No  Yes If yes, please explain \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your USDOT# pending  
 MC# pending

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 crime?  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	\$ 26,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 28,000
Investments	\$ 0	Notes Payable	\$ 89,010
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 117,010
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 82,000 <sup>00</sup>	Preferred Stock	\$ 0
Office Furniture	\$ 600 <sup>00</sup>	Common Stock	\$ 0
Other Equipment	\$ 200 <sup>00</sup>	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 108,800	TOTAL LIABILITIES & NET WORTH	\$ 225,810

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2005	International	Pending	1HTMMAM95H675077	under 26,000lbs
2005	GMC	Pending	1GDDHG31U15A10481	10,000

### 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 REQUIREMENT 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.

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

**LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and proper 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:

Scott Lewis

Position:

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: <b>Scott Lewis</b>	Position: <b>Manager</b>
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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: <b>Scott Lewis</b>	Position: <b>Manager</b>
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## 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.

**Scott Lewis**  
Print name of applicant

  
Signature of Applicant

**11/7/08 Seattle WA**  
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: *Nice Moves Moving, LLC*

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
*Elizabeth Van Mappes, President, Workplace Counselor*

Address (include street address, mailing address, city, state, zip, and county):  
*600 N. 36th St. Ste. 416  
Seattle WA 98103*

Phone Number: *206.547.4800*

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:

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:

*Nice Moves will provide local jobs in my immediate community.*

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.

*Elizabeth Van Mappes*  
Signature of Person Completing Form

*Oct 5, 2008 Seattle, WA*  
Date and Location

# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

Nice Movers Moving, LLC

### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Charles McClain C.W.S. Wound Care Consultant Dynamic Medical

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

2922 Western Avenue  
#625  
Seattle, WA 98121

Phone Number:

(206) 437-0863

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:

I am familiar with Scott Lewis and think that he would be fantastic at providing this service

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:

I happen to live in a building with multiple corporate clients. Along with myself we are too busy to provide this service ourselves so we need to have someone trust worthy to do it for us. I also provide durable medical equipment.

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

I plan on talking to him about covering my overflow business

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

Date and Location

11-6-11 Seattle wa.

## 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:

*Nice Moves Moving, LLC*

#### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

*KENNETH E. STUDEBAKER*

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

*7527 HUCKLEBERRY WAY S.E.  
SNOQUALMIE, WA 98065*

Phone Number:

*(425) 444-1747*

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:

*LOAD 5 BEDROOM HOME  
UNLOAD SIMILAR SIZE HOME.  
- WILL NEED PRO MOVERS FOR DIFFICULT 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:

*I HAVE KNOWN THE BUSINESS OWNER FOR 10 YEARS. HE IS INDUSTRIOUS, INTELLIGENT, & SUCCESSFUL IN ALL HIS BUSINESSES & EMPLOYMENT ENDEAVORS. HE IS A NATURAL LEADER & MULTITASKER.*

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.

*[Signature]*  
Signature of Person Completing Form

*10/02/08*  
Date and Location