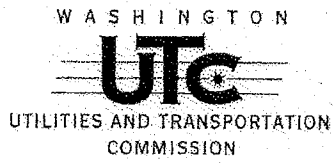


TU-091267-CT



HOUSEHOLD GOODS MOVING COMPANY 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 checked="" 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 480-15-335 - 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 480-15-450) - 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**

Check   
 Money Order   
 Amex   
 Mastercard   
 Visa   
#

Amount: ~~250~~ ~~550~~ *talked w/anthony on phone 8/4/09*      Expiration Date: 09/10

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): ANTHONY CHAMBERS      Company Name: CITY Movers LLC

Cardholder's Signature: \_\_\_\_\_      Date: 8-2-09

**FOR OFFICIAL USE ONLY**

Date Filed: <u>8-6-09</u>	DOL/SOS: <u>ck/op</u>	ID: <u>5653</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02 0019191</u>		111-0268-202-01      111-0268-013-20	

### BUSINESS INFORMATION

Name of Applicant CITY MOVERS LLC  
(must be individual, partners of a partnership or corporation) N/A

Trade Name, if applicable ~~CITY MOVERS LLC~~ a THE LOCAL MOVERS

Physical Address 1100 DEXTER AVE NORTH 2ND FLOOR, SEATTLE, WA 98109

Mailing Address 1100 DEXTER AVE NORTH 2ND FLOOR, SEATTLE, WA 98109

Telephone Number (800) 350-1679 Fax Number (920) 244-0959

UBI #: 602-927-926 Email: ANTHONY@CITYMOVERSLLC.COM

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. \_\_\_\_\_ (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_ (required if you have employees)

Have you registered your business with the Department of Revenue?  No  Yes

### 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:

Name	Title	Stock Distribution or Percentage of Shares
<u>ANTHONY CHAMBERS</u>	<u>CEO</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:

PLEASE SEE ADDITIONAL PAGE

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

PLEASE SEE ADDITIONAL PAGE

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 CALIFORNIA PUC-T 0190432

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# \_\_\_\_\_ 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: CARGO CLAIM DISPUTE

THIS CLAIM HAS BEEN SETTLED AND PAID AS OF 6-1-09

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: \_\_\_\_\_

**Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:**

City Movers is primarily a local moving company specializing with inner city moves. We strive to provide excellent customer service for every move. As stated in the letter of support provided, local moving companies often over schedule. Because of this, it is possible a number of residents may not have an option to hire a moving service. With Washington being the 13th largest state in the US, I'm positive this happens quite frequently. City Movers services all different types of clients and industries including: business offices, residential, movie industry, freight forwarders, apartment complexes and real estate firms. With this experience, we will provide each and every client an extra option for a high quality move.

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

City Movers was established August 6th, 2007 in Long Beach, CA. We started as a pack and load labor only service. Since then we have grown to accommodate the entire state of California as a full service moving company. We hire local labor agencies to help with our moving service. This allows us to accommodate any size move requested by our clients as well as benefit other local businesses. Pricing and information for every move is clear and precise to fit within the Public Utilities Commission guidelines. We are familiar with long form Bill of Lading to help protect our customers from bandit moving practices.

## FINANCIAL STATEMENT

All attached

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

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

## EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	Ford	CA 8J82811	2F0W83L1WHA68634	7440 LBS

**City Movers LLC**  
**Balance Sheet**  
 As of August 2, 2009

	<u>Aug 2, 09</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Bank Of America	64.81
WAMU II	4,265.66
Washington Mutual	-170.26
<b>Total Checking/Savings</b>	<u>4,160.21</u>
<b>Accounts Receivable</b>	
Accounts Receivable	2,644.22
<b>Total Accounts Receivable</b>	<u>2,644.22</u>
<b>Other Current Assets</b>	
Undeposited Funds	8,915.53
<b>Total Other Current Assets</b>	<u>8,915.53</u>
<b>Total Current Assets</b>	<u>15,719.96</u>
<b>Fixed Assets</b>	
Furniture and Equipment	981.16
<b>Total Fixed Assets</b>	<u>981.16</u>
<b>TOTAL ASSETS</b>	<u><u>16,701.12</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	-37.00
<b>Total Accounts Payable</b>	<u>-37.00</u>
<b>Total Current Liabilities</b>	<u>-37.00</u>
<b>Total Liabilities</b>	<u>-37.00</u>
<b>Equity</b>	
Members Draw	-48,403.20
Members Equity	25,234.39
Opening Bal Equity	4,892.76
Net Income	35,014.17
<b>Total Equity</b>	<u>16,738.12</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>16,701.12</u></u>

5:59 PM

08/02/09

Accrual Basis

**City Movers LLC**  
**Profit & Loss**  
January through December 2009

	<u>Jan - Dec 09</u>
Telephone Expense	3,758.24
Uniforms	463.40
Web Services	258.20
<b>Total Expense</b>	<u>127,695.93</u>
<b>Net Ordinary Income</b>	<u>35,014.17</u>
<b>Net Income</b>	<u><u>35,014.17</u></u>



**City Movers LLC**  
**Profit & Loss**  
 January through December 2009

	Jan - Dec 09
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Disposal Surcharge	240.00
Gross Job Lead Income	5,101.35
Gross Trucking Income	157,381.60
Returned Check Charges	100.00
<b>Total Income</b>	<b>162,822.95</b>
<b>Cost of Goods Sold</b>	
Fuel for Hired Vehicles	51.63
Travel Expenses for Drivers	61.22
<b>Total COGS</b>	<b>112.85</b>
<b>Gross Profit</b>	<b>162,710.10</b>
<b>Expense</b>	
Advertising and Promotion	5,280.66
Airline Expense	1,288.40
Automobile Expense	
Auto Parts	50.65
fuel for work vehicle	6,642.05
license and reg fees	335.00
Parking	824.86
Toll Fee	150.00
Automobile Expense - Other	12,387.23
<b>Total Automobile Expense</b>	<b>20,389.79</b>
Bank Service Charges	2,714.18
Business Licenses and Permits	1,309.00
Dues and Subscriptions	50.00
Equipment Rental	230.80
Hotel Expense	53.13
Insurance Expense	
Cargo Policy	1,245.15
Commercial Auto Policy	2,108.06
General Liability Insurance	2,274.25
Umbrella Policy	494.00
Worker's Compensation	13,572.16
Insurance Expense - Other	1,100.00
<b>Total Insurance Expense</b>	<b>20,793.62</b>
Meals and Entertainment	838.58
Office Supplies	
Agreement for moving services	132.89
Postage	186.51
Office Supplies - Other	297.29
<b>Total Office Supplies</b>	<b>616.69</b>
Payroll Expenses	28,527.97
Professional Fees	
Damage Repairs	75.00
Labor Ready Contract Help	28,162.79
Legal Fees	1,613.60
Professional Fees - Other	2,850.33
<b>Total Professional Fees</b>	<b>32,701.72</b>
Refuse Fees	383.69
Rent Expense	3,878.00
Small Tools and Equipment	
Packing Supplies	1,822.39
Small Tools and Equipment - Other	2,337.47
<b>Total Small Tools and Equipment</b>	<b>4,159.86</b>



## 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:

ANTHONY (HAMBRE)

Position:

CEO

## 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: <u>ANTHONY CHAMBERS</u>	Position: <u>CEO</u>
----------------------------------	-------------------------

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: <u>ANTHONY CHAMBERS</u>	Position: <u>CEO</u>
----------------------------------	-------------------------

## 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.

<u>ANTHONY CHAMBERS</u> Print name of applicant	 Signature of Applicant	<u>8-2-09 San Francisco, CA</u> 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: CITY MOVERS LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Rosalind Hawthorne

Address (include street address, mailing address, city, state, zip, and county):  
731 Vandevanter Ave Kent WA 98030

Phone Number: 253-277-0117

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 have some household items that may need to be moved from one residence to another

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 some friends and family members who are constantly moving, and this company would make moving a little easier.

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

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Rosalind Hawthorne  
Signature of Person Completing Form

7-29-09 Kent 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: CITY MOVERS LLC

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

Name, Title, and Business Name: Tracy M. Sayamourdhanne, Aerospace Quality, Esterline (Hytek)

Address (include street address, mailing address, city, state, zip, and county):  
10622 SE 252nd St, Apt G-12 / King County  
Kent, WA 98030

Phone Number: 425-373-6910

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 a renter so I move every 6-12 months. I use moving company for my large and heavy furnitures. etc.

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:  
Moving service out here is very busy, most of the time you have to book 1-2 mths ahead. It can also produce jobs for the community. WA state will benefit most definitely.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? With the economy the way it is more residents are downsizing to smaller home so this company will make moving easier.

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 [Signature]

Date and Location 07-22-09 Kent, 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:

CITY MOVERS LLC

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

Name, Title, and Business Name:

Kelly Langlois Branch Mgr Labor-Ready

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

815 Mac Arthur Blvd

Phone Number:

360 852-8352

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:

Vancouver has a influx of new residents - Clark County is one of the fastest growing communities in the W.W.

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

Having good quality providers of services is always an asset to our community.

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

7/20/09 Vancouver, 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: CITY MOVERS LLC

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

Name, Title, and Business Name: BUDGET VANCOUVER CAR & TRUCK RENTALS

Address (include street address, mailing address, city, state, zip, and county):  
3021 NE 72ND DRIVE STE -  
VANCOUVER, WA, 98661

Phone Number: 360-896-3076

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:  
City Moves LLC, work with other Budget Truck Rentals in Milbrae and Longbeach, CA

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
✓ They also have commercial account with us.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Abukar Mubudun  
Signature of Person Completing Form

7/20/09 Budget Vancouver  
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: CITY MOVERS LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shane Boren

Address (include street address, mailing address, city, state, zip, and county):  
11311 225<sup>th</sup> AVE CT E  
Buckley WA 98321

Phone Number: 253-228-4832

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:  
we plan to move within 5-10 years.

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:  
Cheaper Price & Better Service.

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

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: [Signature]  
Date and Location: 07/28/09 (Home) Buckley, WA