

TV-100844-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 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

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
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Amount: \$550.00 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): Jacob Reich Company Name: Super Friends Moving, LLC

Cardholder's Signature: [Signature] Date: 1/20/2010

FOR OFFICIAL USE ONLY

Date Filed: <u>1/20/10</u>	DOL/SOB: <u>[Signature]</u>	ID: <u>5993</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02 550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>	

CK # 1151

BUSINESS INFORMATION

Name of Applicant ~~Jacob Raich~~ Super Friends Moving L.L.C.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Super Friends Moving, LLC

Physical Address ~~1111 1st Ave~~

Mailing Address 325 NE 54th St. Seattle, WA 98105

Telephone Number (206) 302-8833 Fax Number ()

UBI #: 602-973-936 Email: superfriendsmoving@gmail.com

USDOT #: _____ (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

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 (LP, LLP, LLC) Other _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Jacob Raich	Founder	100%

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: King County

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

I wish to provide a professional moving service with a major focus on customer satisfaction. I will strive to provide an efficient, trustworthy alternative for the residents of King County.

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

I started moving furniture while I was attending classes at the University of Massachusetts. At this company, I learned how to pack/rep furniture/boxes in a ~~very~~ responsible and effective way. I also learned how to close-out a sale with customers.

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

I attempted to start a company two years ago with a friend, that has since moved to Boston MA. I was unable to pay the bills accompanied with shutting a service, and I was heavily distracted with my school work.

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

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	\$ <u>1500.00</u>	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ <u>500.00</u>
Investments	\$	Notes Payable	\$
Other Current Assets	\$ <u>500.00</u>	Mortgages Payable	\$
Prepaid Expenses	\$ <u>200.00</u>	TOTAL LIABILITIES	\$ <u>500.00</u>
Land and Buildings	\$	NET WORTH	<u>2000.00</u>
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ <u>100.00</u>	Common Stock	\$
Other Equipment	\$ <u>200.00</u>	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ <u>2500.00</u>	TOTAL LIABILITIES & NET WORTH	\$ <u>2000.00</u>

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

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: Super Friends Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nickie Gard, Office Manager Assisted Transitions

Address (include street address, mailing address, city, state, zip, and county):
2400 N.W. 80th St, #157
Seattle, WA 98117

Phone Number: 206-841-6440

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: As a move management company we regularly have clients with 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 have on-going need

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: They have been supportive and reliable for our clients. Our business and clients would often be delayed. Their permit would allow more

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? support and service for our clients.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 3/9/10
Signature of Person Completing Form Date and Location

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Applicant Name: Super Friends Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CRAIG KALENZE

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

407 NE 45th St # 7
SEATTLE, WA 98105

Phone Number:

612-269-8352

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?

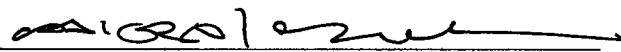
No Yes If yes, please describe your future moving needs:

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:

THE PROFESSIONALISM AND CARE SHOWN MY ITEMS BY THIS COMPANY I FEEL WOULD BENEFIT ANY HOME OR BUSINESS IN THE GREATER SEATTLE AREA

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 of Person Completing Form

JAN 25 2010
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:

JAKUB RAICH, SUPER FRIENDS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

ANNIE JACOBSON, OWNER, ASSISTED TRANSITIONS, LLC

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

2400 NW 80th St
#1st
Seattle WA 98117-4449

Phone Number:

206.617.6683

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

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

ONGOING SUPPORT FOR OUR CLIENTS - FROM CROSS-TOWN MOVES, MOVES TO STORAGE AND MOVES TO AUCTION/CONSIGNMENT.

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:

JAKUB & HIS TEAM PROVIDE RELIABLE, RESPECTFUL, CAREFUL + REASONABLY-PRICED SERVICE TO OUR CLIENTS.

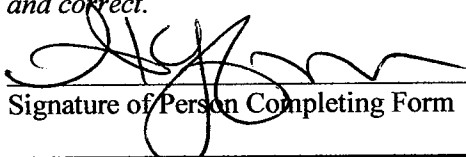
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

JAKUB'S RESPONSE-TIME & FOLLOW-THROUGH IS THE BEST I'VE EXPERIENCED AMONG FOUR SIMILAR, SMALL, LOCAL COMPANIES.

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



3/10/10 Seattle WA