



TE-101705-AN

1300 S. Evergreen Park Dr. SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 e-mail: Transportation@utc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE  
 CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:  
**\$200 PLUS \$25 PER VEHICLE**

Passenger Charter and Excursion Carrier Services	Fee Required
<b>Application fee</b> (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	<del>\$200.00</del>
<b>Name Change</b> (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
<b>Regulatory Fee (per vehicle)</b>	<del>\$ 25.00</del>
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa Credit Card Information (if applicable)	#101383B Exp Date Month/Year
Amount \$ <u>35</u> Company Name: <u>Associated 1010, LLC</u>	
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.	
Cardholder's signature: <u>William Webster</u>	Date: <u>10/08/2010</u>

(For Commission Use Only) 111 0268 232 01	Company ID: <u>5890</u>	Docket TE-
111 0268 232 02	Date Filed: <u>10-14-10</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>NA</u>	Insurance: <u>on file</u>
111 0268	DOL:	SGS:

0026104

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Associated 1010, LLC *per UBI#*

Trade Name(s) (if applicable): Seattle Party BUS, COM  
Your Party bus, COM

Mailing Address:

Physical Address:

Street 407 So 23rd St

Street 407 So 23rd St

City Renton

City Renton

State/Zip WA 98055

State/Zip WA 98055

Phone Number: 206 914 3560

Fax Number: 425 235 3209

UBI #: 602 972 589

E-Mail: bill Wolster @ 175N, COM

**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 Distributions or Percentage of Shares
<u>William Wolster</u>	<u>owner</u>	<u>100%</u>

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 2001338 (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

**SECTION 2 - EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>998X PK</u>	<u>1995 chev</u>	<u>1G-BMC-P37N3 53320463</u>	<u>28</u>
<u>B78319P</u>	<u>1995 chev</u>	<u>1G-BK-H37N4 53326097</u>	<u>28</u>

**SECTION 4 - DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant William Webster

Signature of applicant William Webster

Date 10/11/2010 County, State King / WA



# REGISTRATION INFORMATION

You have completed your registration to operate a business in the State of Washington. You may use this document as your official registration until you receive your license from the Department of Licensing.

Owner Name ASSOCIATED 1010 LLC UBI # 602 - 972 - 589

Trade Name SEATTLE PARTY BUS Business Type Limited Liability Company  
SEATTLEPARTYBUS.COM  
YOUR PARTY BUS  
YOURPARTYBUS.COM

### Department of Revenue — Tax Reporting Account Number:

- Your UBI number is also your tax reporting account number.
- Your tax reporting account number for your additional business is \_\_\_\_\_. You will receive a tax return for each business so that you can report your tax liability for each business separately.
- Your UBI number is also your tax reporting account number for your additional business. You can report both businesses on one tax return.
- Based on the information submitted on your Master Application you are not currently required to be registered with the Department of Revenue. Since you are not registered with the Department of Revenue, your UBI number cannot be used for resale purposes. If your business activities should change, please contact us immediately. Please review the attached brochure for more information.

### Tax Reporting Frequency:

- Your tax return is due **monthly**. The due date is the 25th of the month following the taxable period.
- Your tax return is due **quarterly**. Tax returns are due as follows:

TAX PERIOD	TAXABLE PERIOD	TAX RETURN DUE DATE
Quarter 1	January 1 - March 31	April 30
Quarter 2	April 1 - June 30	July 31
Quarter 3	July 1 - September 30	October 31
Quarter 4	October 1 - December 31	January 31

- Your tax return is due **annually**. The return is due January 31st.
- Your tax return is due **seasonally**. A seasonal business operates only one or two quarters per year. You are assigned QUARTER (s) \_\_\_\_\_ & \_\_\_\_\_ reporting. Please see **quarterly** above to determine the return due date(s).

*If you do not receive your tax return by the 10th of the month in which it is due, please call us for assistance.*

RECEIVED

OCT 11 2010