

TV-102030-A



**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 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 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 - 7 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 - 7 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 checked="" type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

153264

Amount: _____ Expiration Date: 8/14

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): John Kougiantakis Company Name: AMS Moving & Storage of Portland Inc.

Cardholder's Signature: _____ Date: 11/30/10

FOR OFFICIAL USE ONLY

Date Filed: <u>12/1/10</u>	DOL/SQS: <u>OK</u>	ID: <u>2675</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>on file</u>	Inspection:	
Reception #: <u>0029442</u>			Docket #
111-0268-207-02	\$550.-	111-0268-207-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant AMS Moving & Storage of Portland, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 12470 SE Hwy 212, Clackamas, OR 97015

Mailing Address 12470 SE Hwy 212, Clackamas, OR 97015

Telephone Number (503) 299-9000 Fax Number (503) 722-9180

UBI #: 602-840-329  Email: jkourgia@me.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.)
No facilities in Washington and no employees based in Washington.

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

No facilities in Washington and no employees based in Washington.

Have you registered your business with the Department of Revenue? No Yes
(Previous account closed)

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Vauna Peterson</u>		<u>50%</u>
<u>John Kourgiantakis</u>		<u>40%</u>
<u>Chris Bournias</u>		<u>10%</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 provide full service moving and storage solutions for small and medium sized loads while operating straight trucks almost exclusively from our Portland area based operations, we field many requests for assistance in moves for all points in Washington.

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

AMS has operated its full service moving and storage operation in Oregon since its opening in 1999, and in Washington state since 2009. AMS has had FMCSA interstate household goods authority since 2000.

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 HHG-63665

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 (Application No. TV-081079 was withdrawn)

Do you currently operate interstate? No Yes If yes, please indicate your MC# 391522 oh and USDOT#902467

UCR paid

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:

Normal legal proceedings for a small moving & storage business.

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: _____

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:

John Kourqiantakis

Position:

President/Secretary

EQUIPMENT LIST

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	INT 4700	T529663	1HTSCAAMOYH294314	25,500
2000	INT 4700	T529664	1HTSCAAM2YH24315	25,500
2000	INT 4700	T529662	1HTSCAAMXYH275396	25,500
2002	INT 4700	T548924	1HTMMAAM72H410945	25,500
2007	INT 4300	T565731	1HTMNAALX7H524580	25,500
2007	INT 4300	T565730	1HTMNAAL37H524579	25,500
2007	INT 4300	T565721	1HTMNAAL17H524578	25,500
2007	INT 4300	T577043	1HTMMAAM97H362999	25,500
2007	INT 4300	T577021	1HTMMAAMX7H363000	25,500

All My Sons of Portland Balance Sheet As of November 30, 2010

	Nov 30, 10
ASSETS	
Current Assets	
Checking/Savings	
1010 · Operating Checking Account-Old	870.22
1015 · Operating Checking Account-New	49,871.99
Total Checking/Savings	50,742.21
Other Current Assets	
1120 · Due to/from Other	-212.33
1150 · Contractor Advances	-50.00
1160 · Employee Advances	-4,377.00
Total Other Current Assets	-4,639.33
Total Current Assets	46,102.88
Fixed Assets	
2510 · Furniture & Fixtures	19,159.30
2520 · Computers & Equipment	32,323.24
2550 · Transportation Equipment	284,516.96
2560 · Vaults	38,310.50
2800 · Accumulated Depreciation	-331,012.40
Total Fixed Assets	43,297.60
Other Assets	
3500 · Deposits - Rent and Utility	2,250.00
3600 · Organization Costs	1,102.28
3650 · Accumulated Amortization	-1,102.28
Total Other Assets	2,250.00
TOTAL ASSETS	91,650.48
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
4000 · Accounts Payable	9,384.40
Total Accounts Payable	9,384.40
Total Current Liabilities	9,384.40
Total Liabilities	9,384.40
Equity	
5000 · Common Stock	
5001 · Common Stock - Peterson	0.50
5002 · Common Stock - Operating	0.40
5003 · Common Stock - Intro 1	0.10
Total 5000 · Common Stock	1.00
5100 · APIC	
5101 · APIC - Peterson	29,383.26
5102 · APIC - Operating	23,499.10
5103 · APIC - Intro 1	5,877.35
Total 5100 · APIC	58,759.71
5200 · Distributions	
5201 · Distributions - Peterson	-342,500.00
5202 · Distributions - Operating	-274,000.00
5203 · Distributions - Intro 1	-68,500.00
Total 5200 · Distributions	-685,000.00

7:01 PM
11/30/10
Accrual Basis

**All My Sons of Portland
Balance Sheet
As of November 30, 2010**

	<u>Nov 30, 10</u>
5900 - Retained Earnings	9,813.39
Net Income	698,691.98
Total Equity	<u>82,266.08</u>
TOTAL LIABILITIES & EQUITY	<u>91,650.48</u>

All My Sons of Portland
Profit & Loss
 January through December 2010

	Jan - Dec 10
Ordinary Income/Expense	
Income	
6010 · Moving Sales	2,148,665.54
6090 · CC Deposits	0.00
6100 · Refunds	-773.92
Total Income	2,147,891.62
Cost of Goods Sold	
7000 · Cost of Labor	
7001 · Drivers - payroll	232,887.46
7002 · Helpers - Payroll	225,437.88
7004 · Estimators	2,080.63
7005 · Leased Employees	184.38
Total 7000 · Cost of Labor	460,590.35
7010 · Boxes & Supplies Expense	13,424.95
Total COGS	474,015.30
Gross Profit	1,673,876.32
Expense	
8000 · Advertising & Promotion	
8020 · Internet	71,053.61
8030 · Mailers	11,902.84
8040 · Yellow Pages	106,191.98
8050 · Other - Advertising	1,179.79
Total 8000 · Advertising & Promotion	190,328.22
8105 · AMS - Business Development	17,391.00
8106 · AMS - Call Center	22,055.00
8110 · Bank Charges	1,300.94
8120 · Business Insurance	
8125 · Vanliner Truck Insurance	24,905.16
8120 · Business Insurance - Other	11,296.00
Total 8120 · Business Insurance	36,201.16
8140 · Claims Paid	16,505.81
8160 · Convention Expense	2,968.05
8170 · Credit Card Fees	43,536.67
8180 · Depreciation	15,320.08
8200 · Dues & Subscriptions	2,638.26
8210 · Equipment Leasing	
8211 · Truck Leasing	78,125.37
8212 · Truck Rental	497.80
8213 · Equipment Rental	2,956.98
8210 · Equipment Leasing - Other	1,867.60
Total 8210 · Equipment Leasing	83,447.75
8220 · Fuel	85,869.36
8230 · Health Insurance	1,405.55
8235 · HR/Recruiting Expense	27.00
8240 · Interest	-18,579.17
8250 · Meals & Entertainment	394.25
8260 · Miscellaneous	1,647.98
8270 · Office Expense	13,580.03
8295 · Uncategorized Payroll	12,159.92
8300 · Payroll Processing	102,316.96
8320 · Penalties	2,128.50
8330 · Postage, Freight & Shipping	2,857.06
8350 · Professional Fees	10,929.24
8380 · Rent - Office / Warehouse	84,482.54
8440 · Short Haul Expense	1,650.00
8445 · Software & Technology	671.75
8450 · Warehouse Supplies	2,622.96
8460 · Taxes & Licenses	5,847.55
8470 · Telephone	16,105.59

7:06 PM
11/30/10
Accrual Basis

All My Sons of Portland
Profit & Loss
January through December 2010

	<u>Jan - Dec 10</u>
8480 · Travel	2,508.05
8485 · Truck Repairs & Maintenance	28,100.30
8490 · True Van Lines	8,867.51
8500 · Uniforms	896.30
8540 · Utilities & Occupancy	10,423.01
8560 · Wages - Office staff	97,579.16
8570 · Wages - Officers	69,000.00
Total Expense	<u>975,184.34</u>
Net Ordinary Income	<u>698,691.98</u>
Net Income	<u><u>698,691.98</u></u>

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:
AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

DENICE VOGEL

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

624 W. LOOKOUT RIDGE DRIVE #101
WASHOUGAL, WA 98671

Phone Number:

503.954-7663

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

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

N/A

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:

N/A

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

Date and Location

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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:
AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Dana Janigan

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

13811 NE River Bend Rd
Battle Ground WA 98604

Phone Number:

360-667-9924

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:

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.

Dana Janigan
Signature of Person Completing Form

12-13-10
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:
AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Catherine Bell

Address (include street address, mailing address, city, state, zip, and county):
7609 NE Vancouver Mall #1496
Vancouver WA, 98662

Phone Number: 5037845152

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I needed movers today 12/11/10

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 may move at a later time

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:
movers make life easier

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I have used ams moving company a few times / they are always great.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Catherine Bell 12/11/10 Vancouver WA
Signature of Person Completing Form Date and Location