

BUSINESS INFORMATION

Smooth Moves LLC

Name of Applicant ~~KENNETH A. TEASDALE~~ **Smooth Moves LLC**
(must be individual, partners of a partnership or corporation)

Trade Name ~~if applicable~~ **Smooth Moves LLC**

Physical Address **12 W Jefferson St.**

Mailing Address **Same**

Telephone Number (569) **460-8158** Fax Number (569) **396-9784**

UBI #: **602 989 976** Email: **Smoothmoves@360gmail.com**

USDOT #: **2013092** (If you currently don't have one, you can go online at [www.usdot.gov](#) 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. **167 950-00** (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. **562118007** (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
Kenneth A Teasdale	President	100% 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:

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

Household moving as well as delivery of furniture purchased from retail locations. Prices are competitive. Service is outstanding.

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

Been delivering furniture since 2007.

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 Insurance could not figure out what a "Form E" was so my 2nd application was dismissed.

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____ and USDOT# 2013092

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.

All attachments

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

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2004	ISUZU NPR	B13513H	JALB4B1444 7001237	9600

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:

Kenny A. Teasdale

Position:

Owner/President

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>Kenny A. Teasdale</u>	Position: <u>Owner</u>
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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: <u>Kenny A. Teasdale</u>	Position: <u>Owner</u>
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DECLARATION OF APPLICANT

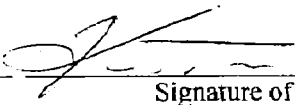
I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

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.

<u>Kenny A. Teasdale</u>		<u>2/23/11</u>
Print name of applicant	Signature of Applicant	Date and Location

11:00 AM
03/31/10
Accrual Basis

Smooth Moves
Balance Sheet
As of March 29, 2010

	<u>Mar 29, 10</u>
ASSETS	
Current Assets	
Checking/Savings	
Business Money Market	2,000.99
Chase Checking	12,041.83
Tax Account	50.57
Total Checking/Savings	<u>14,093.19</u>
Accounts Receivable	
Accounts Receivable	7,406.55
Total Accounts Receivable	<u>7,406.55</u>
Total Current Assets	21,499.74
Fixed Assets	
Computer Equipment	1,000.00
Vehicles	16,536.59
Total Fixed Assets	<u>17,536.59</u>
Other Assets	
Customer List	34,000.00
Total Other Assets	<u>34,000.00</u>
TOTAL ASSETS	<u>73,036.33</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Capital One	-1,781.37
Total Credit Cards	<u>-1,781.37</u>
Other Current Liabilities	
Payroll Liabilities	582.20
Sales Tax Payable	650.64
Total Other Current Liabilities	<u>1,232.84</u>
Total Current Liabilities	<u>-548.53</u>
Total Liabilities	-548.53
Equity	
Opening Balance Equity	100.00
Owners Draw	-43,911.58
Owners Equity	102,902.38
Net Income	14,494.06
Total Equity	<u>73,584.86</u>
TOTAL LIABILITIES & EQUITY	<u>73,036.33</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: Kenny Teasdale - Smooth Moves

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Tammy Garza

Address (include street address, mailing address, city, state, zip, and county):
721 NW Sunburst, MOSES Lake, WA 98837 Grant

Phone Number: 509-765-6839

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
not at this time

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:
mainly do a new home.

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:
Moses Lake is a small town and we need more services and options.

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.
Tammy Garza 3/30/10 Moses Lake, WA
Signature of Person Completing Form Date and Location

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Applicant Name: Kenny Leadle / Smooth Moves

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RYAN WINZLER, MANAGER, ANYTIME FITNESS

Address (include street address, mailing address, city, state, zip, and county):
619 N. STRATFORD STE A
MOSES LAKE WA, 98837 GRANT COUNTY

Phone Number: 509-764-0933

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
HOME FURNISHINGS & HOT TUB

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:
HOME FURNISHINGS

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'VE USED SMOOTH MOVES BEFORE & WISH TO CONTINUE USING THEIR BUSINESS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
NEVER HAD A COMPLAINT. ALWAYS PROMPT, GOOD SERVICE.

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: 3/31/10 - MOSES LAKE

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Applicant Name: Nenny Tisdale / Smooth Moves

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: NICKI TUCKER, Store Manager, Affordable Furniture

Address (include street address, mailing address, city, state, zip, and county): 3101 W Clearwater Ave, Kennewick, WA 99336
Benton County

Phone Number: (509) 783-3175

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: Many of our customers are not able to transport their own merchandise. Smooth moves provides a great delivery service allowing my customers to experience worry-free delivery & take away.

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: Yes as more and more people down size their vehicles the need for transporting items is steadily rising with this growing number we will need to keep reliable moving options to all our customers.

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: By offering delivery options this will help our business increase, if we do not offer moving services ultimately our business will go somewhere that does. With movers our business will remain steady and grow.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Smooth moves has provided great quality service to our customers. We have had nothing but awesome reviews. Many of them have had multiple deliveries. If they have so many returning people they must be doing great service.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 3/31/2010
Signature of Person Completing Form Date and Location