

TV-110445-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 - 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 checked="" 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 - 7 and Attachment A	\$ 550

**TYPE OF PAYMENT**

Check     Money Order     Amex     Mastercard     Visa    # 091246

Amount: \$ 250      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): Eric J. Michelson      Company Name: Can't Stop Moving  
 Cardholder's Signature: [Signature]      Date: 3/1/11

FOR OFFICIAL USE ONLY			
Date Filed: <u>3/8/11</u>	DOL/SOS: <u>OK/N/A</u>	ID: <u>5087</u>	Permit Issued: <u>THG-</u>
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>0031119</u>	111-0268-207-02 <u>250</u>	111-0268-207-01	111-0268-013-20

VISA

**BUSINESS INFORMATION**

Name of Applicant Eric Michelson Alex Overlan  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Can't Stop Moving

Physical Address 6328 Latona Ave NE Seattle WA 98115

Mailing Address Same

Telephone Number (425) 577-1524 Fax Number ( )

UBI #: 602-926-567 Email: esm@cantstopmovers.com

USDOT #: 1934023 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.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  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>Eric Michelson</u>	<u>Partner</u>	<u>50%</u>
<u>Alex Overlan</u>	<u>Partner</u>	<u>50%</u>

To whom it may concern:

We are writing to request a reinstatement of our permit to move household goods within the state of Washington. We have fixed any issues regarding incompilance with state regulations, and would like our operating authority reinstated so we may resume business activities. Thank you for your time, and have a great day.

Eric Michelson, Owner  
Can't Stop Moving  
425-577-1524  
info@cantstopmovers.com