

**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	<u>Fee Required</u>
Application fee (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (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
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<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) Exp Date Month/Year	
Amount \$ <u>275.00</u> Company Name: <u>Nanyabizness Enterprises 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>[Signature]</u> Date: _____	

VISA (For Commission Use Only) 111 0268 232 01	25.-	Company ID: <u>6378</u>	Docket TE-
111 0268 232 02	200.-	Date Filed: <u>3/16/11</u>	Safety Inspection:
111 0268 232 03		Reg Fees: <u>OK X1</u>	Insurance:
111 0268		DOL: <u>OK</u>	SOS: <u>OK</u>

0031220

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: Richard L. Oster Nunyabizness Enterprises LLC
 Trade Name(s) (if applicable): Nunyabizness Enterprises LLC

Mailing Address: Street 521 N. 6th Ave SW City Tumwater State/Zip WA 98512
Physical Address: Street _____ City _____ State/Zip _____
 Phone Number: (360) 742-4185 Fax Number: _____
 UBI #: 603-091-314 E-Mail: _____

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>Richard L. Oster</u>	<u>member</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

List your USDOT # _____ (If you don't have one you can go online at 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>B4188R</u>	<u>1988 Chevy Bus</u>	<u>2GBJG31M45412627</u>	<u>14</u>

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS 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 a 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.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: *Richard L. Oster*

Position: *member*

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: *Richard L. Oster*

Position: *member*

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: *Richard L. Oster*

Position: *member*

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 Richard L. Oster

Signature of applicant 

Date 03/14/2011 County, State Thurston, WA

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Nunya Business Ent. dba Kick Rocks Ent.

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

1

2 Total Regulatory Fees owed (enter amount from line 1)

	x 25.00 =	\$
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There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01 Reception Number:	Docket TE-	Permit No:
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NUNYABIZNUSS ENTERPRISES, LLC
KICK ROCKS ENTERTAINMENT
521 N 6TH AVE SW
TUMWATER WA 98512

DETACH BEFORE POSTING



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

Domestic Limited Liability Company

Unified Business ID #: 603 091 314
Business ID #: 1
Location: 1

NUNYABIZNUSS ENTERPRISES, LLC
KICK ROCKS ENTERTAINMENT
521 N 6TH AVE SW
TUMWATER WA 98512

TAX REGISTRATION

REGISTERED TRADE NAMES:
KICK ROCKS ENTERTAINMENT

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce
Director, Department of Licensing

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

NUNYABIZNUSS ENTERPRISES, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 3/3/2011

UBI Number: 603-091-314

APPID: 1970905



Given under my hand and the seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State