

TV-111886-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 checked="" 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 type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

Amount: _____ 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): _____ Company Name: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>W/1/11</u>	DOL/SPS: <u>OK/OK</u>	ID: <u>6709</u>	Permit Issued: THG-
Staff Assigned: <u>Check</u>	Insurance:	Inspection:	Docket #
Reception #: <u>5462</u>	111-0268-207-02 <u>\$550.-</u>	111-0268-207-01	111-0268-013-20

Reception # 034790

BUSINESS INFORMATION

Name of Applicant Moving On UP, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 819 N. 49th Street, # 221, Seattle, WA 98103
~~16714 197th Ave NE Woodinville, WA 98072~~

Mailing Address 13110 NE 127th Pl # 352 Woodinville, WA 98072

Telephone Number (206) 605-2913 Fax Number () _____

UBI #: 603148917 Email: zenmove111@hotmail.com

USDOT #: _____ (If you currently don't have one, you can go online at www.finesca.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. 016-044-01 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 441998 00 4 (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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>Jody Webb</u>	<u>member</u>	<u>100% owner</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:

I wish to provide quality, affordable, and professional moving services in the State of Washington. I already have experience in the moving industry and therefore, will be able to use my experience to better serve customers.

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

I worked for a moving company for 3 years before I started my own moving company in 2001. I later sold that company in 2004. I have approximately 6 years of moving experience.

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 _____

Do you currently operate interstate? No Yes If yes, please indicate your

MC# _____ and USDOT# _____

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. *Please see attached Business Plan*

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABLITIES	\$
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

BUSINESS PLAN

My plan is to start a moving business for household goods. It will be called "Moving On Up, LLC." I plan to conduct business in every county in Washington State once I have applied for the requisite licenses/permits. I am the sole member of Moving On Up, LLC. I do not plan to sell or gift any Units of my LLC to anyone else. I will probably hire employees or independent contractors to assist in daily business, such as professional movers, accountants, and secretaries.

I will purchase from Jesse Webb, moving equipment, service marks, intellectual property, and vehicles necessary to conduct business. I will pay Jesse \$82,500.00 pursuant to an Asset Purchase and Sale Agreement. Jesse will be available to train me for up to two months from the time of purchase. However, Jesse will not take any other part in my business.

I currently have not purchased any equipment or vehicles for my business. Accordingly, I cannot purchase insurance for the vehicles yet. However, once I do purchase vehicles for my business, I will immediately file and maintain Public Liability and Property Damage Insurance (Form E) with the commission.

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:

Jody Webb

Position:

Member

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>Jody Webb</u>	Position: <u>Member</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>Jody Webb</u>	Position: <u>Member</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>Moving On Up, LLC</u> Print name of applicant	<u>Jody Webb member</u> Signature of Applicant	<u>Woodinville, WA 10-17-11</u> Date and Location
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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:

MOVING ON UP, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

GARWOOD MUSTOE, GUITAR INSTRUCTOR

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

532 N WENATCHEE AVE
WENATCHEE WA 98801

Phone Number:

509-663-7300

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: FULL HOUSEHOLD FOR RELOCATION.

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:

WE HAVE MOVED OUR BUSINESS THREE TIMES IN 15 YEARS.
YOU WE COULD'VE USED HELP FROM A PROFESSIONAL.

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.

Signature of Person Completing Form

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:

Moving On Up, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

TROY CARSON - SALES - AVALON MUSIC, INC

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

532 N WENATCHEE AVE
WENATCHEE, WA 988

Phone Number:

509-663-2300

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:

IT'S NICE TO KNOW THAT THERE IS A GOOD MOVING SERVICE AVAILABLE WHEN YOU NEED ONE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

NONE

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

10/18/14
Date and Location

PIVOTAL
LAW GROUP

*Michael A. Larson
Attorney at Law
mlarson@pivotallawgroup.com*

October 26, 2011

Via U.S. Mail

Washington UTC
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504

RECEIVED
NOV 01 2011
WASH. UT. & TP. COMM

To Whom It May Concern:

We are the attorneys assisting Moving On Up, LLC in getting properly permitted, licensed, and ready to conduct business in the State of Washington. Enclosed with this letter is the UTC Household Goods Moving Company Permit Application and fee. At this time, the company has not purchased any vehicles for its business. Once it does purchase vehicles for its business, it will immediately file and maintain Public Liability and Property Damage Insurance (Form E) with the commission.

Please feel free to contact us if you have any additional questions or concerns. I will be out of the office from October 31, 2011 until November 10, 2011. If you wish to discuss this matter during my absence, please contact Emily Rao, an associate at our office.

Sincerely,

PIVOTAL LAW GROUP



Michael A. Larson

MAL:sb
Enclosure