

RECEIVED

JUN 26 2012

WASH. UT. & TP. COMM

1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 E-mail: Transportation@utc.wa.gov

| Type of Passenger Transportation Authority Requested (check one box) | Fee Required |
|---|--------------|
| <input checked="" type="checkbox"/> Auto Transportation Authority <input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule. Do you plan on providing charter/excursion service No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | \$ 200 |
| <input checked="" type="checkbox"/> Extension of Existing Auto Transportation Certificate No. C- 63818 CH-63818 Complete sections 1-8. Submit a proposed tariff and time schedule. <i>charter</i> | \$ 150 |
| <input type="checkbox"/> Transfer or Lease Auto Transportation Authority – Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____ | \$ 200 |
| <input type="checkbox"/> Temporary Auto Transportation Authority (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A. | \$ 150 |
| <input type="checkbox"/> Mortgage of Certificate – Complete section 1 and Attachment D. | \$ 35 |
| <input type="checkbox"/> Name Change (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C. | \$ 35 |
| <input type="checkbox"/> Reinstatement of Cancelled Certificate – Complete sections 1 and 8 | \$200 |

TYPE OF PAYMENT:

Cash Check Money Order AMEX MasterCard Visa

035750 Appr

Credit Card Information (if applicable):

Expiration Date
 Month/Year

Amount: \$ 225⁰⁰ Company Name: BICYCLING & HIKING TOURS, LLC
 Cardholder's signature: [Signature] Date: 6/21/12

FOR OFFICIAL USE ONLY

| | | | |
|---------------------------|-----------------------|---------------------------|-------------------------------------|
| Date Filed: <u>6/2/12</u> | Docket #: | Motcar: <u>5759</u> | Cert. Issued: |
| LS Staff Assigned: | Insurance: | Application: | Related App: |
| DOL/SOS: | Tariff/Time Schedule: | Map: | |
| Text approved for docket: | Safety Inspection: | Reception # <u>039272</u> | 111 0268: <u>\$150⁰⁰</u> |

111 0268 01: \$75⁰⁰

SECTION 1 - APPLICATION INFORMATION

| | | |
|---|--|---|
| Name of Applicant: <u>BICYCLING & HIKING TOURS, LLC</u> | | |
| Trade Name(s) (if applicable): | | |
| Unified Business Identification Number (UBI): <u>601365937</u> (If you do not know your UBI number or need to request one contact the Department of Licensing at (360)664-1400) | | |
| Phone Number: <u>(206) 325 5569</u> | Fax Number: <u>(206) 328 1937</u> | E-mail: <u>SPORTOUR@AOL.COM</u> |
| <u>Physical Address</u> | | <u>Mailing address</u> (if different from Business Address) |
| Street: <u>3810 E. GALER ST</u> | | Street: _____ |
| City: <u>SEATTLE</u> | | City: _____ |
| State/Zip: <u>WA 98112</u> | | State/Zip: _____ |

SECTION 2 - COMPANY INFORMATION

| | | |
|---|--------------------------------------|---|
| Type of business structure: | | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input checked="" type="checkbox"/> 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>STEVE TERRY</u> | <u>PRESIDENT</u> | <u>100%</u> |
| | | |
| | | |
| | | |

Provide the following documents with your application:

- A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- Support statements for temporary authority (if applicable)

Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.

WE OPERATE IN AND AROUND THE SEATTLE AREA AND WESTERN WASHINGTON. WE WILL TRANSPORT GUEST TO/FROM HOTELS, TRAILHEADS, AIRPORT, PRIVATE HOMES, FERRY AND CRUISE TERMINALS

State the conditions that justify the granting of this application.

WE NEED TO BE ABLE TO PICK UP OUR GUESTS AND TRANSPORT OVER ROADS TO/FROM VARIOUS LOCATIONS

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

- No
- Yes If yes, list the names and addresses of companies

UNKNOWN

What is your USDOT number? 1990903 (If you currently don't have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3816 or 360-596-3803)

Do you currently hold, or have you ever held, an auto transportation certificate?
 No Yes If yes, please indicate your certificate number: C- _____

Have you ever applied for and been denied an auto transportation certificate?
 No Yes If yes, please explain: _____

Have you been cited for violation of state laws or commission rules?
 No Yes If yes, please explain: _____

SECTION 3 - TARIFF AND TIME SCHEDULE

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436.

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file, or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

Adopt (Complete attachments _____) or File a new tariff

SECTION 4 - HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 10 Amount of time: 3 HOURS

Will an attorney be representing you? If yes, complete the following:

Attorney's name: _____ Attorney's phone number: _____

Attorney's address: _____ Fax Number: _____

Street _____ E-mail: _____

City, State, Zip _____

SECTION 5 - FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

| ASSETS | | LIABILITIES | |
|----------------------|---------------------|--|-------------------|
| Cash in Bank | \$ <u>4544.9</u> | Salaries/Wages Payable | \$ <u>1445.99</u> |
| Notes Receivable | \$ <u>0</u> | Accounts Payable | \$ <u>1213.47</u> |
| Accounts Receivable | \$ <u>2302.00</u> | Notes Payable | \$ <u>0</u> |
| Investments | \$ <u>0</u> | Mortgages Payable | \$ <u>0</u> |
| Other Current Assets | \$ <u>0</u> | Contracts and Bonds Payable | \$ <u>0</u> |
| Prepaid Expenses | \$ <u>0</u> | TOTAL LIABILITIES | \$ _____ |
| Land and Buildings | \$ <u>0</u> | NET WORTH | |
| Trucks and Trailers | \$ <u>12,000.00</u> | Preferred Stock | \$ <u>0</u> |
| Office Furniture | \$ <u>500.00</u> | Common Stock | \$ <u>0</u> |
| Other Equipment | \$ <u>0</u> | Retained Earnings | \$ <u>0</u> |
| Other Assets | \$ <u>0</u> | Capital | \$ <u>0</u> |
| TOTAL ASSETS | \$ <u>19346.19</u> | TOTAL LIABILITIES AND NET WORTH | \$ <u>0</u> |

SECTION 6 – EQUIPMENT LIST

| Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted. | | | | |
|--|-------|----------------|-------------------|------------------|
| Year | Make | License Number | Vehicle ID Number | Seating Capacity |
| 2002 | CHEVY | 775 LZS | 1GAHG39R521242807 | 15 |
| 2005 | CHEVY | 083 U5V | 3GNFK16Z05G270145 | 9 |
| 2005 | CHEVY | 557 UJC | 1GAHG39U151241033 | 15 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 7 – 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) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: **STEVE TERRY** Position: **PRESIDENT**

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: **STEVE TERRY** Position: **PRESIDENT**

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: **STEVE TERRY** Position: **PRESIDENT**

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: **STEVE TERRY** Position: **PRESIDENT**

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: **STEVE TERRY** Position: **PRESIDENT**

SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: **STEVE TERRY** Position: **PRESIDENT**

DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

Name: **N/A** Position: **N/A**

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)

Name: **STEVE TERRY** Position: **PRESIDENT**

OPERATIONAL RESPONSIBILITIES

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

TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.

Name: **STEVE TERRY** Position: **PRESIDENT**

ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: **STEVE TERRY** Position: **PRESIDENT**

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.

Name: STEVE TERRY

Position: PRESIDENT

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 such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: STEVE TERRY

Position: PRESIDENT

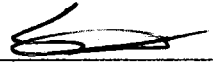
SECTION 8 - DECLARATION OF APPLICANT:

I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: STEVE TERRY

Signature: 

Date, County, State: 6/21/12 KING, WASHINGTON

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: BICYCLING & HIKING TOURS, LLC

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name: Ace Parking Management Inc (Westin Seattle)

Address: 1900 Fifth Avenue Seattle, WA 98101

Phone Number: (206) 727-5919 Fax Number: (206) 727-5924 E-mail: Stephen_rountree@aceparking.com

Describe the need for the requested service:
Tours of transporting guests to various locations in and around the Seattle area for the Westin Seattle. Very professional and popular due to the number of tours he provides and he also provides transportation for large & small groups staying at our hotel.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):

Phone Number: () _____

Explain why the current company is not able to provide you service:
It is extremely difficult to get professional tours & transportation in Seattle, Steve and his team consistently exceed expectations, so we depend on his services.

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Stephen Rountree _____ [Signature] _____ 06/22/12 - King / Washington
Print Name Signature Date, County, State

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

BICYCLING & HIKING TOURS, LLC

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name:

Harry Fetch

Address:

~~P.O. Box~~ 1100 - University St Seattle WA - (Home)

Phone Number:

(206) 749-9298

Fax Number: ()

E-mail:

Describe the need for the requested service:

Transferis + Louis

As I am a travel Agent and I find
this service to fit my client Rq.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):

Phone Number: ()

Explain why the current company is not able to provide you service:

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Harry Fetch
Print Name

[Signature]
Signature

4/23/12 / Seattle WA
Date, County, State

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: BICYCLING & HIKING TOURS, LLC

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name: Shervaton Seattle

Address: 1400 6th Ave

Phone Number: 206 621-9000 Fax Number: 206 621 8441 E-mail: concierge.seattle@shervaton.com

Describe the need for the requested service:
Bicycle Rental, Tours, and transportation

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):
Shuttle express

Phone Number: () _____

Explain why the current company is not able to provide you service:
with 1258 Rooms we have a high demand for services with multiple companies

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

| | | |
|-----------------------|-----------------------|---------------------|
| <u>Bernadette Lai</u> | <u>Bernadette Lai</u> | <u>6/23/2012 WA</u> |
| Print Name | Signature | Date, County, State |
| <u>concierge</u> | | <u>King County</u> |

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

BICYCLING & HIKING TOURS, LLC

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name: Fairmont Olympic Hotel - Concierge

Address: 411 University Street Seattle, WA 98101

Phone Number: (206) 621-1700 Fax Number: (206) 682-3875 E-mail: sea.concierge@fairmont.com

Describe the need for the requested service:

Bike rentals, tours, airport transfers, chartered transfers, cruise line transfers

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):

NO

Phone Number: () _____

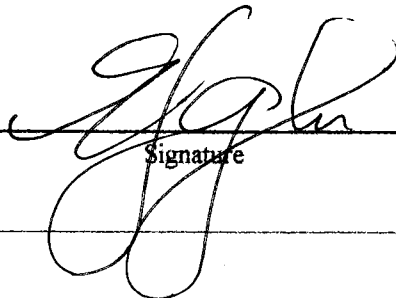
Explain why the current company is not able to provide you service:

N/A

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

EMILY LUGTU

Print Name



Signature

6-22-12 USA, WA

Date, County, State

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

BICYCLING & HIKING TOURS, LLC

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name:

Columbia Hospitality Inc (Bell Harbor)

Address:

2211 Alaskan Way Seattle, WA.

Phone Number:

(206) 441-6666

Fax Number:

(206) 441-6665

E-mail:

Describe the need for the requested service:

**Transportation to City destinations & Airport
Tours**

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):

Phone Number: ()

Explain why the current company is not able to provide you service:

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

David Dimitre

Print Name

(conciierge)

David Dimitre

Signature

6/22/12 King WA.

Date, County, State

ATTACHMENT E

CHARTER AND EXCURSION CARRIER REGULATORY FEES

(A minimum fee of \$25.00 is required)

Name of applicant: BICYCLING & HIKING TOURS, LLC

Trade name (s) (if applicable): _____

Phone Number: 206-325-5569 Fax Number: 206-328-1937

Physical Address

Mailing Address (if different from Business Address)

Street: 3810 EAST GALER ST.

Street: _____

City: SEATTLE

City: _____

State/Zip: WA 98112

State/Zip: _____

There is a minimum fee of \$25.00 that an auto transportation company with charter and excursion carrier service must pay.

Number of Vehicles: 3 X \$25.00 = \$ 75.00

TARIFF & TIME SCHEDULE

TARIFFS SHALL BE DETERMINED BY
SIZE OF GROUP AND DESTINATION/
TOUR

BICYCLE TOURS ARE \$99⁰⁰ A PERSON + TAX

HIKING TOURS ARE \$99⁰⁰ A PERSON + TAX

WINE TOURS ARE \$65⁰⁰ A PERSON + TAX

CITY TOURS ARE \$80⁰⁰ AN HOUR

THERE IS NO SET TIME SCHEDULE

TRANSFERS ARE CUSTOM MADE TO

THE GUESTS' DESIRE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Bell-Anderson Insurance, 600 SW 39th Street, Suite 200, Renton, WA 98057, 425 291-5200. CONTACT NAME: Bell-Anderson Insurance, PHONE (A/C, No, Ext): 425 291-5200, FAX (A/C, No): 4252915100. INSURER(S) AFFORDING COVERAGE: INSURER A: Cornhusker Casualty Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include GENERAL LIABILITY, AUTOMOBILE LIABILITY (WAA100024), and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: Evidence of Insurance

CERTIFICATE HOLDER and CANCELLATION sections. CANCELLATION text: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: James B. [Signature]