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TE-132138-CT



NOV 18 2013

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

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 Fee Required
Application fee \$200.00
Name Change \$35.00
Regulatory Fee (per vehicle) \$25.00
TYPE OF PAYMENT
Amount \$ 225.00 Company Name: DAVES PARTY BUS LLC
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: [Signature] Date: 11/13/13

Table with 3 columns: (For Commission Use Only), Company ID, Docket TE-; 111 0268 232 01, 25.00, 5789; 111 0268 232 02, 200.00, Date Filed: 11/18/13; 111 0268 232 03, Reg Fees: OUL X 1; 111 0268, DOL, Insurance, SOS.

0477777

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: DAVID LEE Dave's Party Bus, L.L.C.

Trade Name(s) (if applicable): DAVE'S PARTY BUS, L.L.C.

**Mailing Address:**

**Physical Address:**

Street 23104 47<sup>TH</sup> AVE W.

Street \_\_\_\_\_

City MOUNTLAKE TERRACE

City \_\_\_\_\_

State/Zip WA 98043

State/Zip S A M E

Phone Number: (206) 601-1800

Fax Number: \_\_\_\_\_

UBI #: \_\_\_\_\_

E-Mail: davespartybus@hotmail.com

**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>DAVID LEE</u>	<u>OWNER</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 1974332 WA (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3812 for assistance.)

**SECTION 2 - EQUIPMENT**

*(Attach additional sheets if necessary)*

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>739-YMP</u>	<u>1991 FORD E350</u>	<u>1FDKE37G7MHA76123</u>	<u>14 PASSENGERS</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: *DAVID LEE*

Position: *OWNER*

#### **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: *DAVID LEE*

Position: *OWNER*

**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, Internal Revenue Service and Employment Security.

Name: *DAVID LEE*

Position: *OWNER*

**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 DAVID LEE

Signature of applicant 

Date 11-13-2013 County, State SNOHOMISH, WASHINGTON

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

**CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE**

**Company Name** DAVE'S PARTY BUS L.L.C.

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) 1 x 25.00 = \$ 25.00

*There is a minimum fee of \$25.00.*

(For Commission Use Only) 001-111-02-68-232-01  Reception Number:	Docket TE-	Certificate No:
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**PUBLIC AUTO POLICY  
DECLARATIONS**

Coverage is provided in Company checked  
 **NORTHLAND INSURANCE COMPANY**  
 **NORTHLAND CASUALTY COMPANY**  
 **NORTHFIELD INSURANCE COMPANY**

Check here if PART 2 is attached

St. Paul, MN 55120-1139  
**STOCK COMPANIES**

<b>ITEM ONE - NAMED INSURED AND ADDRESS</b>		Policy Period	<input type="checkbox"/> Individual	POLICY NO. TP257225
Dave's Party Bus LLC		From 12/04/2012	<input type="checkbox"/> Partnership	
15205 Dayton Ave North		To 12/04/2013	<input type="checkbox"/> Corporation	PREVIOUS POLICY NO. TP252100
Shoreline WA 98133		12:01 A.M. Standard Time at Named "Insured's" Garaging address	<input checked="" type="checkbox"/> LLC	
None		Business of Named "Insured": Party Bus	<input type="checkbox"/> Other	AGENCY NO. 102000002
Garaging address if different:				BRANCH SOURCE # YRS. 002

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**  
 This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as Covered "Autos." "Autos" are shown as Covered "Autos" for a particular coverage by the entry of one or more of the Symbols listed in Section 1 of the Business Auto Coverage Form.

LIABILITY	Covered "Autos"	COVERAGES	LIMITS OF LIABILITY	PREMIUM
7		(1) BODILY INJURY - BI	\$ each person \$ each "accident"	\$
		(2) PROPERTY DAMAGE - PD	\$ each "accident"	\$
		COMBINED (1) AND (2) - CSL	\$ 1,500,000 each "accident"	\$ 2,457.00
ADDITIONAL COVERAGES BY ENDORSEMENT		PERSONAL INJURY PROTECTION - PIP (or equivalent No-Fault coverage)	Separately Stated in each PIP endorsement	\$
		ADDED PIP (or equivalent No-Fault coverage)	Separately Stated in each added PIP endorsement	\$
		PROPERTY PROTECTION-PPI (Michigan Only)	Separately Stated in PPI endorsement	\$
		"AUTO" MEDICAL PAYMENTS	\$	\$
	7	UNINSURED MOTORISTS - UM <input checked="" type="checkbox"/> Includes Underinsured Motorists - UIM	Separately Stated in endorsement(s)	\$ 53.00
	UNDERINSURED MOTORISTS-UM	Separately Stated in endorsement(s)	\$	
PHYSICAL DAMAGE		CARGO	\$ each accident less the deductible	\$
	7	COMPREHENSIVE	Stated Amount, Actual Cash Value or Cost of Repairs, whichever is less minus the deductible.	\$ 374.00
		SPECIFIED PERILS		\$
7	COLLISION	\$ 561.00		
ADDITIONAL PREMIUM PER ENDORSEMENTS:				\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:			ESTIMATED TOTAL PREMIUM	\$ 3,445.00

Per Schedule of Forms and Endorsements N-2500 (4/94)

**ITEM THREE - SCHEDULE OF COVERED AUTOS**

Year, Model, Trade Name, Body Type	Identification Number	Loss Payee
1 See TP-001		
2		
3		
4		

  

	LIABILITY PREMIUMS							STATED AMOUNT	PHYSICAL DAMAGE PREMIUMS				STATED AMOUNT	CARGO		
	BI/CSL	PD	PIP	MED*	PPI	UM	OTHER		Comp. S.P.	DED.	COLL.	DED.		DED.	RATE	PREM.
1																
2																
3																
4																

\* For Virginia Med. = Medical Expense and Income Loss Benefits.

Countersigned \_\_\_\_\_ Date \_\_\_\_\_ By Bruce M Lopez  
 Sweett & Crawford, Boise, Idaho Branch  
 Meridian, ID

THESE DECLARATIONS TOGETHER WITH THE BUSINESS AUTO COVERAGE FORM PROVISIONS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Policy No. TP257225

Issued to Dave's Party Bus LLC

**SCHEDULE OF AUTOMOBILES**  
 (forming part of DECLARATIONS)  
 ITEM THREE SUPPLEMENT

NO.	YEAR, MODEL, TRADE NAME, BODY TYPE, SERIAL NUMBER(S), VEHICLE IDENTIFICATION NUMBER (VIN)	TERRITORY	LOSS PAYEE
1	1991 Ford 1FDKE37G7MHA76123	1	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

NO.	LIABILITY PREMIUMS						STATED AMOUNT	PHYSICAL DAMAGE PREMIUMS				STATED AMOUNT	CARGO		
	BI/CSL	PD	PIP	PPI	UM	OTHER		<input checked="" type="checkbox"/> COMP <input type="checkbox"/> S.P.	DED.	COLL.	DED.		DED.	RATE	PREM.
1	2,457				53		20,000	374	1,000	561	1,000				
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