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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 SERVICES CERTIFICATE**

(For Official Use Only) 111 0268 232 01	25.00	Company ID: 16,676	Docket TE-
111 0268 232 02	200.00	Date Filed: 10-3-14	Safety Inspection:
111 0268 232 03		Reg Fees: [initials]	Insurance:
111 0268		DOL: [initials]	SOS: [initials]
Receipt ID: 051244		Payment ID: American West Bank New check No #	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30 Fee Required

- New Authority** **\$200.00**
- Transfer an existing certificate to a new owner or business structure.**
 - If transfer, complete Attachment A. **\$200.00**
- Reinstate a previously cancelled certificate; WAC-480-30-121.** **\$200.00**

Plus,

- Regulatory Fee** - 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.

Total number of vehicles to be operated 1 x \$25 per vehicle = \$ 25.00

Total due (\$200, plus, \$25 per vehicle) = \$ 225.00

- Name Change - WAC 480-30-146** **\$ 35.00**
 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.

Company Name: Bad Magick LLC

SECTION 1 – APPLICANT INFORMATION

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Legal Name: Bad Smagick LLC
The legal name must match your registration with Department of Revenue

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Trade Name(s) (if any): Twilight Tours
Trade name(s) must be registered under your UBI number

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Mailing Address:

Physical Address:

Street 412 Orcas St.

Street 281 E Olympic NE

City Seattle

City Grapeview

State/Zip Washington 98108

State/Zip Washington 98546

Phone Number: 206-795-1468

Fax Number: n/a

UBI #: 003 355 986

E-Mail: pink48384@yahoo.com

Website: n/a

Type of business structure

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

If a Partnership, Corporation, or Other, 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>Diana Lane</u>	<u>owner</u>	<u>25%</u>
<u>Beau Maples</u>	<u>owner</u>	<u>25%</u>
<u>Preston Walker</u>	<u>owner</u>	<u>25%</u>
<u>Nic Narducci</u>	<u>owner</u>	<u>25%</u>

List other certificates or permits held with the commission: _____

USDOT # 2545353 If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: We are associated w/ a fellow business The Blu Grange and will be shuttling people to & from the stadiums. Also offering tours around Seattle to different breweries & local historic attractions

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SECTION 2 – EQUIPMENT
(Attach additional sheets if necessary)

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License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C46068B	1996 Ford	1FDKE3DG4THA98444	14

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: <i>Thana Lane</i>	Position: <i>Owner</i>
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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: Diana Lane 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: Diana Lane 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. **RECEIVED**

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I certify that I am authorized to execute and file this document.

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Printed name of applicant Diana Lane

Signature of applicant Diana Lane

Date 9/24/14 County, State King, Washington



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 355 986

Business ID #: 1

Location: 1

BAD MAGICK, LLC
TWILIGHT TOURS
281 E OLYMPIC DR
GRAPEVIEW WA 98546 9791

TAX REGISTRATION

REGISTERED TRADE NAMES:
TWILIGHT TOURS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application 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.

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

BAD MAGICK, LLC

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

Date: 12/6/2013

UBI Number: 603-355-986



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

Kim Wyman, Secretary of State

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Date Issued: 12/9/2013

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