



UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

NOV 10 2014

WASH. UT. & TP. COMM

TC-143864

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

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <u>New Certificate</u> (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete sections 1-8 and Attachment A. Submit a proposed tariff and time schedule. Do you plan on providing charter/excursion service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F.	\$200.00
<input checked="" type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate</u> Certificate 65454 Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> <u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C- _____ Transferring a portion of Certificate C- _____	\$200.00
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.	\$150.00
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment E.	\$35.00
<input type="checkbox"/> <u>Name Change</u> – Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.	\$35.00
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY			
Date Filed 11/10/14		ID# 7295	Docket #:
LS Staff Assigned		Map	Tariff/ Time Schedule
DOL/SOS	Safety Inspection		Cert Issued
		Receipt ID 52589	111-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

TYPE OF PAYMENT

Check Money Order

Amount \$ 150.00

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Company Name: Northwest Smoking & Curing, Inc. dba SeaTac Direct

Name (printed): Joel Kronenberg Date: 11-3-14

Signature: _____ Title: President

If paying by credit card, fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250



SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Northwest Smoking & Curing, Inc.

Trade Name(s) (if applicable): SeaTac Direct

Phone #: 360-733-3666 Fax #: 360-733-9152 E-mail: kronenbergjoel@hotmail.com

Physical Address:	Mailing Address (if different from physical):
Street: <u>1610 1/2 East Maplewood</u>	Street: <u>PO Box 2976</u>
City: <u>Bellingham</u>	City: <u>Bellingham</u>
State/Zip: <u>WA 98225</u>	State/Zip: <u>WA 98227</u>

Unified Business Identifier Number (UBI): 600 550 895 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

Type of Business Structure: Individual Partnership Corporation Other (LP, LLP, LLC)

If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders or members:

Name	Title	Stock Distribution or % of Shares
<u>Joel Kronenberg</u>	<u>President</u>	<u>100</u>
_____	_____	_____
_____	_____	_____

USDOT number 2405919 If you do not have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3810 for assistance.

Labor & Industries #: 545, 523-01 Employment Security Department #: 000-650196-01-6

SECTION 2 – COMPANY INFORMATION

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 proposed service authority

What type of service do you plan on providing: door-to-door services and/or scheduled service?

Door-to-door service - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC 480-30-281(2)(c) and may be restricted to "by reservation only"; and/or,

Scheduled service - Service provided between locations specifically named by the company (e.g., the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC 480-30-281 (2)(b) and may be restricted to "by reservation only."

Describe the proposed type of service (see) including the line, route or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic description:

By reservation, door-to-door, passenger pick-up and deliver to scheduled by reservation SeaTac Direct non-stop service Best Western Lakeway Plus Bellingham to SeaTac Airport & drop off from Best Western Plus Lakeway Bellingham after disembarking by reservation SeaTac Direct non-stop SeaTac to Best Western Plus Lakeway Bellingham within Bellingham city limits.

State the conditions that demonstrate this proposed service is for the public convenience and necessity:

Many of our senior & disabled passengers have difficulties finding transportation (and assistance with luggage) to the departure point at Best Western Plus Lakeway to coordinate with our bus schedule and have requested this service.

State the applicant's prior experience and familiarity with the statues and rules that govern operations it proposes: Familiarity with UTC regulations from compliant operation under existing Auto Transportation Certificate.

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:

Do you currently hold, or have you ever held, an auto transportation certificate?

No Yes If yes, please indicate your certificate number C- 65454

Have you ever applied for and been denied an auto transportation certificate?

No Yes If yes, please explain _____

Have you ever 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 480-30-256 through WAC 480-30-436.

Or are you applying for fare flexibility as described in WAC 480-30-420? Yes or No
If yes, complete Attachment H to show your proposed base rate and maximum rate.

If this application is a transfer or a lease of authority from an existing certificated company, 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 or File new tariff

SECTION 4 – HEARING INFORMATION

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

Number of witnesses: 2	Amount of time: 30 minutes
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address: Street	Fax number:
City, State, Zip	E-mail address

SECTION 5 – FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash in Bank	\$25,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$25,000.00
Accounts Receivable	\$35,500.00	Notes Payable	\$850,000.00
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$175,000.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$1,050,000.00
Land and Buildings	\$1,500,000	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$1,500.00	Common Stock	\$
Other Equipment	\$4,000.00	Retained Earnings	\$
Other Assets	\$15,000.00	Capital	\$531,000.00
TOTAL ASSETS	\$1,581,000.00	TOTAL LIABILITIES AND NET WORTH	\$1,581,000.00

In addition: the application must include the following: (see WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

SECTION 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheet 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
2006	FORD	ANS9698	1FDXE45S46DB10192	14
2003	FORD	APX9918	1FDXE45F93HB94615	14
2001	DODGE	APY0385	2B4GP44361R221628	5

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. **N/A**

Name: _____ Position: _____

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: Joel Kronenberg 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: Joel Kronenberg 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). **N/A**

Name: _____ Position: _____

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: Joel Kronenberg Position: **President**

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

Name: Joel Kronenberg Position: **President**

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

Name: Joel Kronenberg Position: **President**

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

Name: Joel Kronenberg Position: **President**

OPERATIONAL RESPONSIBILITIES

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: Joel Kronenberg 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 its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by December 31 of each year.

Name: Joel Kronenberg Position: **President**

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

Name: Joel Kronenberg 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: Joel Kronenberg	Position: President
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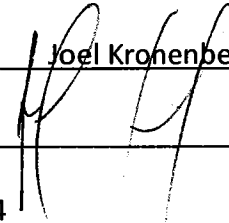
SECTION 8 – DECLARATION OF APPLICANT

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: Joel Kronenberg Title: President

Signature: 

Date: 11/3/14 County, State Whatcom Co., WA

Tariff No. 1

1st Revised Page No. 4

TIME SCHEDULE NO. 1

Of

Northwest Smoking & Curing, Inc. dba SeaTac Direct

Certificate Number: C-65454

BY RESERVATION ONLY:

SeaTac Direct operates by reservation only and will not operate scheduled routes if no prior reservations are received.

TERRITORY

SCHEDULED PASSENGER SERVICE BETWEEN: Closed door service between Best Western Plus Lakeway Inn to SeaTac International Airport. No passengers may be picked up between the point in Bellingham to SeaTac International Airport.

BY THE FOLLOWING ROUTE:

FROM DOWNTOWN BELLINGHAM TO SEA-TAC AIRPORT

NON-STOP VIA I-5 and 405 FREEWAY

104 Miles

*714 Lakeway Drive Bellingham, WA

**17801 International Boulevard Seattle, WA

FROM BELLINGHAM SOUTHBOUND TO SEATAC			
BEST WESTERN PLUS LAKEWAY INN* DEPARTURES	4:00 A.M.	9:45 A.M.	3:15 P.M.
SEATAC** ARRIVALS	6:00 A.M.	11:30 A.M.	5:15 P.M.
SEATAC ** DEPARTURE TIMES	6:30 A.M.	12:30 P.M.	6:30 P.M.
BEST WESTERN PLUS LAKEWAY INN* ARRIVAL	8:30 A.M.	2:30 P.M.	8:30 P.M.

Issue Date: 11-7-14

Issued By: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

FOR OFFICIAL USE ONLY
 Docket: TC-143232
 Agenda Date: September 24, 2014
 Effective Date: October 2, 2014

RATE SCHEDULE

BELLINGHAM TO SEATAC OR SEATAC TO BELLINGHAM BY 24 HOUR ADVANCE RESERVATION ONLY

Note: Flexible Fares – gives company the authority to charge, at their discretion, any amount equal to or below the maximum fares.

(N) Bottom Row Table

	ADULTS		SENIORS & MILITARY		YOUTH 13 & Under	
	Base	Max	Base	Max	Base	Max
ONE WAY	\$39	\$48.75	\$35	\$43.75	\$25	\$31.25
ROUND TRIP	\$70	\$87.50	\$60	\$75.00	\$40	\$50.00
DOOR TO DOOR Your home within Bellingham City limits to/from BVI or KAL by the door reservation only	\$30 ONE WAY		\$50 ROUND TRIP			

NOTE 1: CHILDREN UNDER 2 FREE (NOT OCCUPYING A SEAT)

NOTE 2: ADULT FARES – Apply to passengers who have reached their 16th birthday.

NOTE 3: YOUTH FARES – Youth fares apply to who are 2 years of age and up to 15 years of age.

NOTE 4: SENIOR/MILITARY FARES - Senior and military fares apply to passengers who have reached their 60th birthday or are currently on active duty or retired from a career in the United States armed forces, or are dependents of military personnel and can show military identification.

NOTE 5: HOLIDAYS OBSERVED – N/A

(N) NOTE 6: Flexible fares apply only to fare charges, not additional charges of any sort such as door to door pick-up, baggage, cancellation fees, etc.

NOTE 7: As provisioned by WAC 480-30-420, after maximum fares have been published and become effective, the maximum fare will increase by 5% annually.

Issue Date: 11-7-14

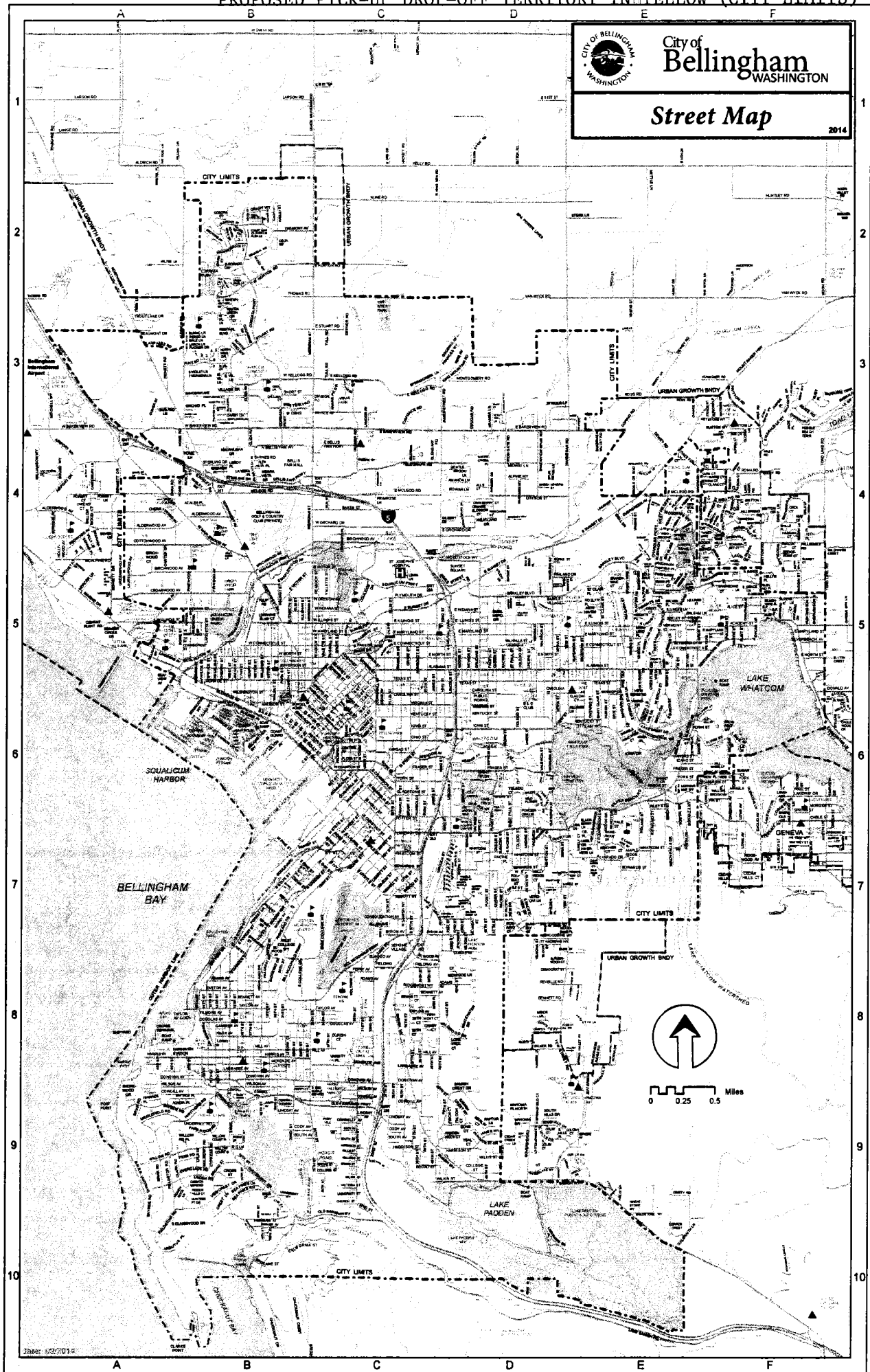
Effective Date:


Issued By: _____
(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

PROPOSED PICK-UP DROP-OFF TERRITORY IN YELLOW (CITY LIMITS)



 **City of Bellingham**
WASHINGTON
Street Map
2014

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: SEATAC DIRECT

Customer Sworn Statement Relating to the need for service:

Customer Name: Tom + Kathy Sparks

Address: 2723 Utter Street, Braham

Phone Number: 360 223-2290 Fax Number: _____ Email: tk@tsparks.com

Describe the need for the requested service:

Pickup + delivery to our home would eliminate the concern we have regarding transport from the airport to home as we have had to rely on the kindness of neighbors + friends at odd hours.

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

Explain why the current company is not providing adequate 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.

Kathy Sparks
Print Name

Kathy Sparks
Signature

11/8/14 Whatcom, Wa
Date, County, State



ATTACHMENT A

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: SEATAC DIRECT

Customer Sworn Statement Relating to the need for service:

Customer Name: Terri Gambini

Address: 3316 Cedarside Crt Bellingham Wa 98224

Phone Number: 360 739-5267 Fax Number: Email: terrigambini@comcast.net

Describe the need for the requested service:

With home pick up I would not have to leave a car at a lot or rely on some one to pick me up and come get me.

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

Explain why the current company is not providing adequate 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.

Terri Gambini
Print Name

[Signature]
Signature

11/6/14 Whatcom WA
Date, County, State



AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: SEATAC DIRECT

Customer Sworn Statement Relating to the need for service:

Customer Name: GARY TICE

Address: 3923 E. Connecticut St Bellingham WA 98226

Phone Number: 360-224-1492 Fax Number: _____ Email: garytice@gmail.com

Describe the need for the requested service:

My wife and I have four children plus pets that travel with us. This service would provide the needed transportation direct from our home to Seatac since our vehicle is not large enough and a taxi fee is out of the question for cost. This is the most cost effective form of travel for our requirements.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) NO

Explain why the current company is not providing adequate 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.

GARY TICE
Print Name

Gary Tice
Signature

NOV 6th 2014
WITATION, WA
Date, County, State

**CERTIFICATE #65454
EXTENSION OF EXISTING AUTO TRANSPORTATION CERTIFICATE**

**SEATAC DIRECT
PO Box 2976
Bellingham, WA 98227**

**360-733-3666
kronenbergjoel@hotmail.com**

Ridership & Revenue Forecast for the First 12 Months of Business

1 bus (14 passenger maximum capacity) making 3 RT per day, 7 days per week

2nd bus (14 passenger maximum capacity) – same as above, added in 3 months 274

Projecting filling 6 seats per trip x 3 RT per day x \$57 = 1026.00
(Averaged our base tariffs to accommodate mix of adults/seniors/etc. & one-way
and round-trip fares to arrive at an average of \$33 OW or \$57 RT.)

1026.00 per day x 365 days = \$374,490

1026.00 per day x 274 days = \$281,124

\$655,614 Forecasted Gross Revenue

Pro-Forma Income Statement

CERTIFICATE 65454

SEATAC DIRECT PO Box 2976 Bellingham, WA 98227

360-733-3666 kronenbergjoel@hotmail.com

First 12 Months of Business – Forecasted & Estimated

	First 12 Months
REVENUE	
Gross sales	\$655,614.00
OPERATING EXPENSES	
Advertising	10,000.00
Salaries and wages	100,000.00
Payroll taxes	30,000.00
Fuel	210,000.00
Insurance	20,000.00
Utilities	3,500.00
Office Supplies	2,500.00
Equipment Maintenance	12,000.00
Licenses & Fees	10,000.00
Furniture & equipment	5,000.00
Total Operating Expenses	403,000.00
Net Income Before Taxes	252,614.00
Taxes on income	25.00%
Net Income After Taxes	189,460.00
NET INCOME (LOSS)	<u>\$189,460.00</u>