

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

1300 S. Evergreen Park
P.O. Box
Olympia, WA 985
Phone: 360-6
Fax: 360-5
TTY: 360-5

1-800-4

E-mail: Transportation@utc

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Req
<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.	\$20
<input checked="" type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate C-65454</u> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$15
<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- _____	\$20
<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.	\$15
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment E.	\$3
<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.	\$3
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$20

FOR OFFICIAL USE ONLY			
Date Filed	#07050D 6/4/15	ID#	7295
LS Staff Assigned	<i>[Signature]</i>	Insurance	<i>on file</i>
		Map	Docket #: Tariff/

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: 1610 1/2 East Maplewood	Street: PO Box 2976
City: Bellingham	City: Bellingham
State/Zip: WA 98225	State/Zip: WA 98227

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
Joel Kronenberg	President	100%
_____	_____	_____
_____	_____	_____

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 #: 006-650196-01-6

SECTION 2 – COMPANY INFORMATION

Provide the following documents with your application

- X A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- X 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,

Describe the proposed type of service (see WAC 480-30-096) 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:

This application proposes to extend our current authority to add closed door, scheduled service, by reservation only, between Best Western Plus Lakeway Inn in Bellingham, WA and Paine Field in Everett, WA. No passengers may be picked up between the point in Bellingham to Paine Field in Everett.

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

No transportation service is currently authorized to service the new airport facility going in at Paine Field, Everett and servicing this airport will be a necessity to Bellingham residents.

State the applicant's prior experience and familiarity with the statutes and rules that govern operations it proposes: Familiar with UTC regulations from compliant operations 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:

Number of witnesses: 2	Amount of time ³ 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	\$ 18,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 20,000.00
Accounts Receivable	\$ 27,000.00	Notes Payable	\$ 842,000.00
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$ 175,000.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 1,037,000.00
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	\$ 528,500.00
TOTAL ASSETS	\$ 1,565,500.00	TOTAL LIABILITIES AND NET WORTH	\$ 1,565,500.00

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 insp and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before application may be granted.

Year	Make	License Number	Vehicle ID number	Seating Capacity
2006	Ford	ANS9698	1FDXE45S46DB10192	14
2004	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 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:
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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
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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
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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: Joel Kronenberg	Position: President
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INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier must systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Joel Kronenberg	Position: President
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SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: Joel Kronenberg	Position: President
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DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

Name: Joel Kronenberg	Position: President
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PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)

Name: Joel Kronenberg	Position: President
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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 applied. 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
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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
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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 te 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 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 Kronenerg

Title: President

Signature: _____

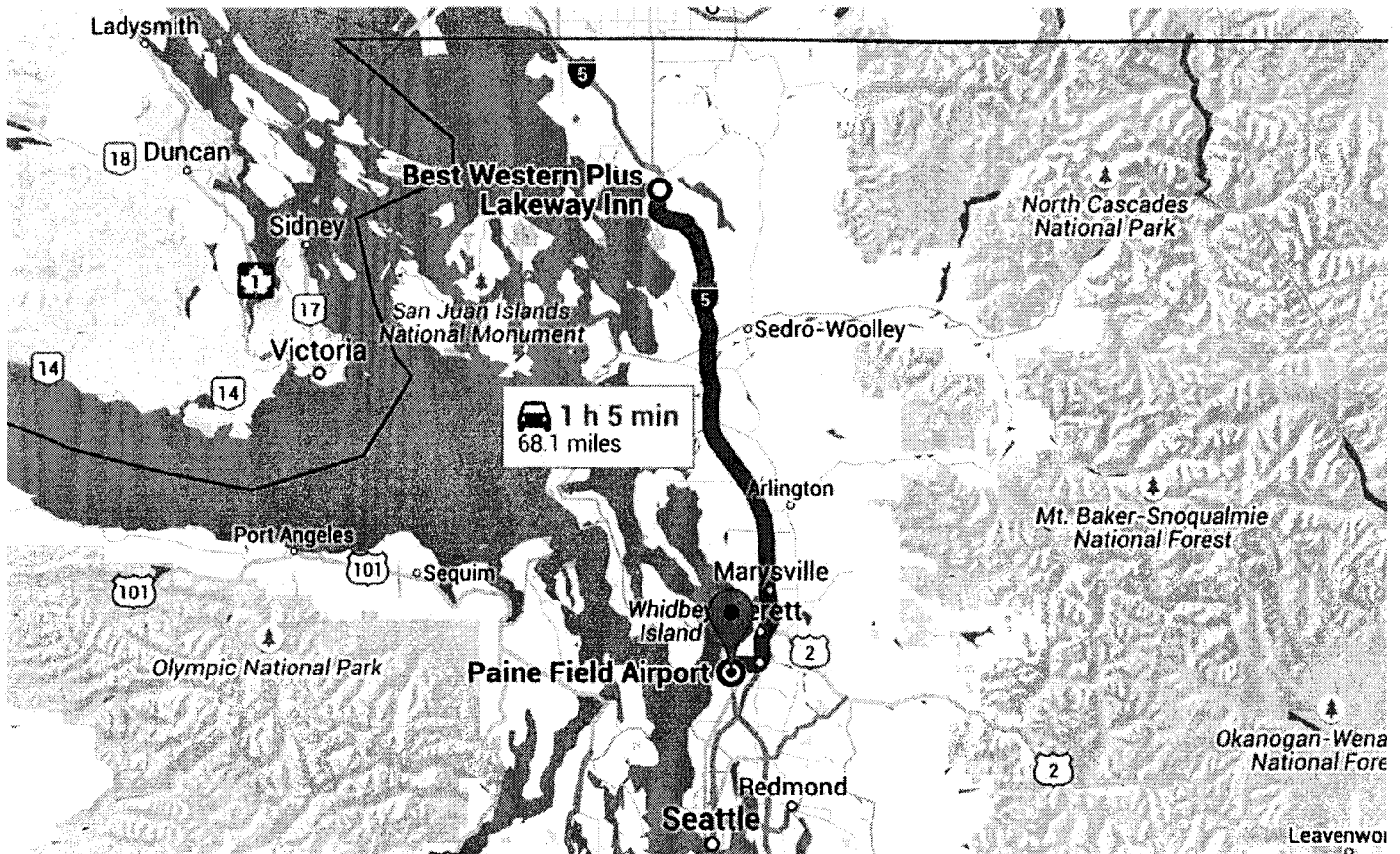
Date: 6-3-15

County, State Whatcom County, WA

BEST WESTERN PLUS LAKEWAY INN BELLINGHAM, WA
TO PAINE FIELD EVERETT, WA

Directions from 714 Lakeway Dr to 3220
100th St SW

Google Google



Best Western Plus Lakeway Inn
714 Lakeway Drive, Bellingham, WA 98229

Get on I-5 S

0.4 mi

↑ Head north toward Lakeway Dr

0.1 mi

↶ Turn left onto Lakeway Dr

318 ft

↶ Turn left onto the Interstate 5 S ramp to Seattle

62.9 mi



Take exit 189 for WA-99 S/WA-526 W toward Everett Mall Way/WA-527 S/Broadway/Whidbey Island Ferry

0.2 mi



Keep right at the fork, follow signs for WA-526 W/Mukilteo/Whidbey Is Ferry and merge onto WA 526 W

3.0 mi



Take the Airport Rd exit toward Paine Field

0.3 mi

Continue on Airport Rd. Drive to 100th St SW in Paine Field-Lake Stickney

1.4 mi



Turn left onto Airport Rd

1.0 mi



Turn right onto 100th St SW

0.4 mi

Paine Field Airport

3220 100th Street Southwest, Everett, WA 98204

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



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 Name: Amy Roselli

Address: 2520 New Haven Pl. Bham, WA 98226

Phone Number: 360-220-2841 Fax Number: _____ Email: amroselli@hotmail.com

Describe the need for the requested service:

No service available to Everett

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

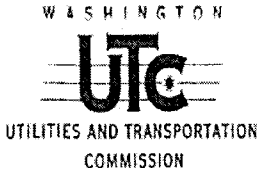
Explain why the current company is not providing adequate service: _____

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

Amy Roselli
Print Name

Amy Roselli
Signature

6-4-15 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 Name: Marcie Thran

Address: 2418 Walnut St. Bellingham 98225

Phone Number: 360-270-1660 Fax Number: Email: jmthran@hotr

Describe the need for the requested service:

There is no other public service to Payne Field

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

Explain why the current company is not providing adequate service: no

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

Marcie Thran Marcie Thran 6-3-15 Whatcom

Print Name Signature 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 Name: Koni Jones

Address: 2451 Heather Dr. Ferndale WA 98248

Phone Number: 3603120756 Fax Number: _____ Email: _____

Describe the need for the requested service:

There is not any service to/from Paine Field at this time. It would be very convenient if service was available.

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

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 on this form is true and correct.

Koni Jones
Print Name

Konijones
Signature

6/3/15 Whatcom
Date, County, State

TARIFF NO: 1

Cancels

TARIFF NO.

Of

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

Certificate Number: C-65454

For the transportation of passengers in the following territory:

PASSENGER SERVICE DOOR-TO-DOOR, BY RESERVATION ONLY, within Bellingham city limits and Best Western Plus Lakeway Inn.

SCHEDULED PASSENGER SERVICE BETWEEN: Closed door service between Best Western Lakeway in Bellingham to Paine Field in Everett. No passengers may be picked up between the point in Bellingham to Paine Field in Everett.

Issued by:

Name: Joel Kronenberg, President & CEO

Address: PO Box 2976

City, State/Zip: Bellingham, WA 98227

Telephone Number: 360-733-3666

Fax Number: 360-733-9152

Email: kronenbergjoel@hotmail.com

Issue Date: June 3, 2015

Effective Date:

Company Name: Northwest Smoking & Curing, Inc. dba SeaTac Direct, C-65454

PASSENGER RULES

PETS must be in an airline-approved kennel and ride in the cargo compartment for a fee of \$25. Large kennels will not be accepted. Exception: Service animals accompanying impaired passengers will be carried free of charge. Service animals will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger.

REFUND POLICY

Unused tickets or portions will be redeemed when presented by the owner within 1 year from sale date. Subject to the exceptions of WAC 480-30-356 (d), (ii), and (iii) of this subsection unused tickets will be redeemed at the purchase price and unused portions of round-trip or commutation tickets will be redeemed by charging the regular fare or fares for the portion used, and refunding the balance of the purchase price.

RESERVATIONS

Reservations can be made by phone or internet. Service is by 24 hour prepaid advance reservation only. Walk-ons are welcome with credit card payment only when service and seating are available. When booking, please include everyone in your party in the passenger count, even infants. Car seats are highly recommended for all children less than 8 years old, unless the child is 4 feet 9 inches or taller. Car seats are not provided.

SCHEDULE MAINTENANCE

Carrier will not be liable for delays caused by accidents, breakdowns, bad conditions of roads, snow storms or other conditions beyond the control of the carrier and does not guarantee arrival at, or departure from, any point at any specific time. The time schedules provided are schedules the carrier endeavors to maintain, but does not guarantee to be able to do so at all times due to the conditions listed above. Seats are reserved for pre-paid passengers until 5 minutes prior to departure.

Issue Date: June 3, 2015

Effective Date:

Issued

By: _____

(For Official Use Only)

Effective: _____ TC- _____ LSN _____

Order/Other _____ By: _____

Company Name: Northwest Smoking & Curing, Inc. dba SeaTac Direct, C-65454

RATE SCHEDULE

**BELLINGHAM TO PAINE FIELD OR PAYNE FIELD 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)(N)	Base	Max
ONE WAY	\$39	\$50.00
DOOR-TO-DOOR Your home within Bellingham City Limits to/from BW Lakeway Plus by reservation only.	\$30 EACH WAY	

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

NOTE 2: HOLIDAYS OBSERVED – N/A

NOTE 3: 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 4: As provisioned by WAC 480-30-420, after maximum fares have been published and become effective, the maximum fare will increase by 5% annually.

NOTE 5: PETS must be in an airline-approved kennel and ride in the cargo compartment for a fee of \$25. Large kennels will not be accepted. Exception: Service animals accompanying impaired passengers will be carried free of charge. Service animals will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger.

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

TIME SCHEDULE NO. 1

Cancels

Time Schedule No. _____

Of

Company Name: 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 714 Lakeway Drive Bellingham, WA to Paine Field 3220 - 100th St SW, Everett, WA. No passengers may be picked up between the point in Bellingham to Paine Field.

BY THE FOLLOWING ROUTE:

FROM DOWNTOWN BELLINGHAM TO PAYNE FIELD

NON-STOP VIA I-5

68 Miles

FROM BELLINGHAM SOUTHBOUND TO SEATTLE				
BEST WESTERN PLUS LAKEWAY INN DEPARTURES	4:00 A.M.	9:45 A.M.	3:15 P.M.	
PAINE FIELD ARRIVALS	5:00 A.M.	10:45 A.M.	4:15 P.M.	
FROM PAINE FIELD NORTHBOUND TO BELLINGHAM				
PAINE FIELD DEPARTURE TIMES	5:30 A.M.	11:30 A.M.	5:00 P.M.	
BEST WESTERN PLUS LAKEWAY INN ARRIVAL	6:30 A.M.	12:30 P.M.	6:00 P.M.	

Issue Date: June 3, 2015

Effective Date:

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 First 12 Months of Business to Paine Field

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 day yr)

Projecting filling 3 seats per trip x 3 RT per day x \$100RT = \$900.00

\$900 per day x 365 days = \$328,500

\$900 per day x 274 days = \$246,000

\$575,100 Forecasted Gross Revenue

Sheet1

Pro_Forma Income Statement
SEATAC DIRECT
PO Box 2976 Bellingham, WA 98227
360-733-3666 **kronenbergjoel@hotmail.com**

First 12 Months of Business – Paine Field
Forecast Estimate

<u>REVENUE</u>		<u>First 12 Month:</u>
Projected Gross Sales		\$575,100.00
 OPERATING EXPENSES		
Advertising		\$10,000.00
Salaries & Wages		\$80,000.00
Payroll Taxes		\$25,000.00
Fuel		\$210,000.00
Insurance		\$15,000.00
Utilities		\$3,500.00
Office Supplies		\$2,500.00
Equipment Maintenance		\$12,000.00
Licenses & Fees		\$10,000.00
Furniture & Equipment		\$1,500.00
TOTAL EXPENSES:		\$369,500.00
Net Income Before Taxes		\$205,600.00
Taxes on Income	25.00%	\$51,400.00
Net Income After Taxes		\$154,200.00
 NET INCOME(LOSS)		 \$154,200.00