



TE-160163-CT



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APPLICATION FOR

#500502 CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: 17436	Docket TE-
111 0268 232 02	Date Filed: 1/29/16	Safety Inspection:
111 0268 232 03	Reg Fees: 21 x 1	Insurance:
111 0268	DOL: [initials]	SOS: [initials]
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	Fee Required
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> If transfer, complete Attachment A. 	\$200.00
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
<input checked="" type="checkbox"/> Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "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 <u>1</u> x \$25 per vehicle	= \$ <u>25</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225</u>
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 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: <u>Lemyn's Legacy Inc</u>	

SECTION 1 - APPLICANT INFORMATION

Legal Name: Lemyn's Legacy Inc.
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Spokane Party Bus
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 4508 N. Monroe St. Street Same

City Spokane City _____

State/Zip WA 99205 State/Zip _____

Phone Number: 509.995.4525 Fax Number: _____

UBI #: 603-486-038 E-Mail: spokanepartybus@outlook.com

Website: spokanepartybus.com

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>Sarah L. Grant</u>	<u>owner</u>	<u>45%</u>
<u>Chauncy Weliver</u>	<u>owner</u>	<u>45%</u>
<u>Freddie Miller</u>	<u>part owner</u>	<u>10%</u>

List other certificates or permits held with the commission: _____

USDOT # 2837327 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: Customers can hire us for group transportation for festive events; birthdays, anniversaries, weddings, pub crawls, holiday light tours, etc.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
C25437E	2006 Chevy CT3	1GBJG31U761256701	13

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	
<ul style="list-style-type: none"> ▪ 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 an 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: Sarah Grant	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: <u>Sarah Grant</u>	Position: <u>owner</u>
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.</u>	
Name: <u>Sarah Grant</u>	Position: <u>owner</u>

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 Sarah Grant

Signature of applicant Sarah Grant

Date 1/11/2016 County, State Spokane County, WA

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 500502
Payment Date: Friday, January 29, 2016
Payment Time: 10:32AM PT

Payer Information

First Name: Sarah Grant
Street Address: 4508 N. Monroe St.
Town/City: Spokane, WA 99205
Country: United States
Daytime Phone Number: (509) 995 - 4525
E-mail Address: spokanepartybus@outlook.com
Company Name-If not a Company, provide name of Payee: Lemyn's Legacy Inc
Payment Menu : Application Fees
Payment Menu - Additional Payment:
Application Types (If Applicable): Charter & Excursion

Card Information

Card Type: Visa
Card Number: *****3070
Expiration Date: 11/2018
Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
Payment Amount: \$225.00
Convenience Fee: \$5.63
Total Payment: \$230.63

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