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P.O. Box 47250
Olympia, WA 98504-7250
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TTY: 360-586-8203 or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

APPLICATION FOR

149319 CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: 17511	Docket TE- 160270
111 0268 232 02	Date Filed: 2/2/16	Safety Inspection:
111 0268 232 03	Reg Fees: 00 XI	Insurance:
111 0268	DOL: 00	SOS:
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services WAC 480-30	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; WAC-480-30-121.	\$200.00
Plus,	
<input checked="" type="checkbox"/> 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 <u>1</u> x \$25 per vehicle	= \$ <u>25.00</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>225.00</u>
<input type="checkbox"/> 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: <u>Friday Harbor Jolly Trolley</u>	

SECTION 1 - APPLICANT INFORMATION

Legal Name: Anthony Joseph Jenne & Friday Harbor Jelly Trolley Inc
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Friday Harbor Jelly Trolley
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 1758 San Juan Dr. Street _____

City Friday Harbor City _____

State/Zip WA 98250 State/Zip _____

(Same)

Phone Number: 360-298-8873

Fax Number: N/A

UBI #: 603-495-206

E-Mail: FridayHarborJellyTrolley@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>Anthony Joseph Jenne</u>	<u>Owner, President</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2858854 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: I will be creating a trolley around Friday Harbor WA. I will be stopping @ approximately 10-12 stops explaining the history of San Juan Island a few times a day. Times and places are subject to change depending on the day.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
Jenneaj232LL	1997 Bath Freightliner Trolley	4V2MMD293VCO22659	(29)

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: Anthony Jenne Position: Owner, President, Operator

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>Anthony Jenne</u>	Position: <u>Owner, President, Operator</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>Anthony Jenne</u>	Position: <u>Owner, President, Operator</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 Anthony J. Jenne

Signature of applicant Tony Jenne

Date 2.26.2016 County, State San Juan County, WA



INSURANCE BINDER

DATE (MM/DD/YYYY)
2/26/2016

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY RIS Insurance Services PO Box 1059 Anacortes, WA 98221 DANIELE BAILEY		COMPANY BERKSHIRE HATHAWAY		BINDER # 16852	
PHONE (A/C, No, Ext): 360-293-2135		FAX (A/C, No): 360-293-2385		EXPIRATION DATE: 04/14/16 TIME: NOON	
CODE: _____ SUB CODE: _____		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # TBD		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) IT IS AGREED THAT THE UTILITIES & TRANSPORTATION COMMISSION IS NAMED AS ADDITIONAL INSURED, COVERED UP TO THE POLICY LIMITS AS REQUIRED IN THE WRITTEN CONTRACT.	
AGENCY CUSTOMER ID: TONYJ-1		INSURED ANTHONY JENNE 1758 SAN JUAN DRIVE FRIDAY HARBOR WA 98250		<i>Wrong name</i>	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ 5,000 PERSONAL INJURY PROT \$ BASIC UNINSURED MOTORIST \$ 1,000,000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS UTILITIES & TRANSPORTATION COM		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN # _____	<input checked="" type="checkbox"/> ADDITIONAL INSURED
		AUTHORIZED REPRESENTATIVE 	

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Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 14931P
 Payment Date: Wednesday, March 2, 2016
 Payment Time: 01:07PM PT

Payer Information

First Name: Alison Caruso
 Street Address: 1758 San Juan Dr.
 Town/City: Friday Harbor, WA 98250
 Country: United States
 Daytime Phone Number: (360) 298 - 8873
 E-mail Address: fridayharborjollytrolley@yahoo.com
 Company Name-If not a Company, provide name of Payee: Friday Harbor Jolly Trolley
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Charter & Excursion
 Application Types (If Applicable):

Card Information

Card Type: MasterCard
 Card Number: *****9677
 Expiration Date: 10/2020
 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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