



RECEIVED

SEP 13 2016

WASH. UT. & TP. COMM

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	Company ID: 0875	Docket TE- 61068
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<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"> o 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 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>Lake Rapps Linousino LLC</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: LAKE TAPPS LIMOUSINE, LLC
The legal name must match your registration with Department of Revenue

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

Mailing Address:

Physical Address:

Street PO BOX 8343

Street 8503 209th AVE E

City BONNEY LAKE, WA

City BONNEY LAKE

State/Zip 98391

State/Zip WA 98391

Phone Number: 253 332 7846

Fax Number: _____

UBI #: 603 067 226

E-Mail: laketappsride@laketappslim.com

Website: _____

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 2921618 ~~APPLIED FOR~~ 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.

RECEIVED

SEP 13 2016

WASH. UT. & TP. COMM

Business Operations

Describe the type of tours/excursions you plan on providing: _____

WEDDINGS, WINERY TOURS, PARTIES

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: EMILY MACKAY 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: EMILY MACKAY Position: OWNER

RECEIVED
SEP 13 2016

WASH. UT. & TP. COMM

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 EMILY MACKAY

Signature of applicant 

Date 8-22-16 County, State PIERCE, WA

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Philadelphia Indemnity Insurance Company
(Name of Company)
(herein after called Company) of One Bala Plaza ,Ste 100 ,Bala Cynwyd ,PA ,19004
(Home Address of Company)

NAIC# 18058

has issued to LAKE TAPPS LIMOUSINE LLC of P.O. BOX 8343 ,BONNEY LAKE ,WA ,98391
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 08/31/2016 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at One Bala Plaza ,Ste 100 ,Bala Cynwyd ,PA ,19004 This 25th day of Aug 20 16
(Address) (Day) (Month) (Year)

Insurance Company File No. PHPK1541923
(Policy No)

Vanessa Ewing
(Authorized Company Representative)

Liability Limit :1,500,000.00

RECEIVED
SEP 13 2016
WASH. UT. & TP. COMM