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 WASH. UT. & TP. COMM

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 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: 7879	Docket TE- 161073
25.00 111 0268 232 02	Date Filed:	Safety Inspection:
200.00 111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID: 059649	Payment ID: 6401	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	Fee Required
<input checked="" type="checkbox"/> <b>New Authority</b>	\$200.00
<input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure.	
○ If transfer, complete Attachment A.	\$200.00
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
<b>Plus,</b>	
<input type="checkbox"/> <b>Regulatory Fee</b> - 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.	
<b>Total number of vehicles to be operated</b> <u>1</u> x \$25 per vehicle	= \$ <u>25.00</u>
<b>Total due</b> (\$200, plus, \$25 per vehicle)	= \$ <u>225.00</u>
<input type="checkbox"/> <b>Name Change</b> - <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.	
<b>Company Name:</b> _____	

Four Star Enterprises LLC



**SECTION 1 – APPLICANT INFORMATION**

Legal Name: FOUR STAR Enterprises, LLC  
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): FOUR STAR LIMOUSINE SERVICE  
Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street 95608 E Sagebrush Street SAME  
 City Kennewick City same  
 State/Zip WA 99338 State/Zip SAME

Phone Number: 509-521-7049 Fax Number: NONE

UBI #: 602 047 349 E-Mail: fourstar@fourstarlimos.com

Website: fourstarlimos.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Patrick L Colwell</u>	<u>owner</u>	<u>-</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 2921101 If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3812 for assistance.

**Business Operations**

Describe the type of tours/excursions you plan on providing: \_\_\_\_\_  
BUSINESS TRANSPORTATION - TOURS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity

**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: *PATRICK L. CUMMELL*

Position: *Owner*

<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by December 31 of each year.	
<b>Name:</b> <u>PATRICK L. CUMMEL</u>	<b>Position:</b> <u>OWNER</u>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> 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>	
<b>Name:</b> <u>PATRICK L. CUMMEL</u>	<b>Position:</b> <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 PATRICK L. CUMMEL

Signature of applicant PATRICK L. CUMMEL

Date 8/19/2016 County, State Benton County  
Washington State

**ATTACHMENT A**

**JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY**

Current Name on Certificate (Seller): \_\_\_\_\_

Current Trade Name on Certificate (Seller): \_\_\_\_\_

Address (Seller): \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Phone Number (Seller) \_\_\_\_\_

Have all fines or penalties owed to the Commission been paid?  No  Yes

Has the closing safety report been filed with the Commission?  No  Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?

Yes  No, If no, then when? \_\_\_\_\_

**RELEASE OF AUTHORITY**

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH-\_\_\_\_\_ to the following:

Name of Buyer: \_\_\_\_\_

Trade Name of Buyer: \_\_\_\_\_

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

\_\_\_\_\_  
Seller's signature

\_\_\_\_\_  
Date and Location

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Date and Location









# Uniform Limousine Vehicle Inspection

L - 56773	\$25.00
FAILED INSPECTION	Additional Fee
L -	\$
L -	\$
L -	\$
Total Inspections	\$ (Total)

Personnel No. 1853	Dist./Detachment 03/10	County Code 03	Interstate Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Date 06/09/16	Time (military) Start: 1015	Time (military) Finish: 1030	
Inspection Location Carrier		Terminal -	

### CARRIER

Carrier Name (include DBA when applicable) Four Star Enterprises LLC	UBI# (optional) 6020473490010001
Address 75608 E. Sagebrush RD.	Phone Number 509-521-7849
City Kennebec	State WA
ZIP Code 99338	Interstate Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### DRIVER

Driver Name Cowell, Patrick L.	DOB 06/08/49	License No. CULWEPLS12LH	State WA	Exp. Year 2021
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### VEHICLE

Exec. Sedan Min. wheelbase 114.5" Rear Seating Cap: (Max. 3 passengers)	Exec. Van Rear Seating Cap: (7 to 14 passengers) <input checked="" type="checkbox"/>	Stretch Limo. Max. wheelbase 285" Rear Seating Cap: (Max. 12 passengers)	Exec. SUV Min. wheelbase 116" Rear Seating Cap: (3 to 6 passengers)	Stretch SUV Max. wheelbase 325" Rear Seating Cap: (Max. 14 passengers)	Classic Car (over 30 years old) <input type="checkbox"/>
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Registered Owner  
Carrier

Year/Make 2008 / Ford	License No. A19266Y	VIN No. 1FDXE4SF3YHA90421	State WA
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A -- Lights/Signal System	Pass	Fail	D -- Steering - Suspension	Pass	Fail	I -- Body Components	Pass	Fail
1. Headlamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Steering Wheel Play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Doors/Locks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hazard/Warning System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Suspension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Stop Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	3. Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E -- Wheel System	Pass	Fail	4. Front Hood Latch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. License Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Tires, Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Trunk Latch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Clearance/Side Marker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Lugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bumpers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Interior Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Hubcaps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Paint Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	F -- Exhaust System	Pass	Fail	9. Body Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B -- Visibility	Pass	Fail	1. Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J -- Interior Cond/Cleanliness	Pass	Fail
1. Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	1. Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Wipers/Washers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G -- Fuel System	Pass	Fail	2. Carpet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Side/Rear Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fuel Caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Headliner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Defrost/Defogger	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	4. Door Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Tinting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H -- Other	Pass	Fail	5. Trunk	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C -- Brake System	Pass	Fail		<input type="checkbox"/>	<input type="checkbox"/>	6. Amenities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Master Cylinder Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments:					
2. Pedal	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. Lines/Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
4. Emergency Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

Driver/Carrier's Signature: Patrick L. Cowell

Officers' Signature: Jon Miller

Pass  Fail

Distribution: WHITE - Limousine Owner; YELLOW - CVD Headquarters; PINK - Officer