

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket # 161165
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	15791

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|--|---------------------|
| <input type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B, and a closing annual report from current company | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8, Attachments B & C, and a closing annual report from current company | \$ 250 |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input checked="" type="checkbox"/> <u>Name Change</u> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: ABC MOVERS SEATTLE LLC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: _____

Physical Address: 12040 28th AVE. N.E. #B2 Seattle WA 98125.

Mailing Address: Same

Telephone Number: 949-606-2148 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 603-393-839 Email: abcmoversseattle@gmail.com

USDOT #: 2512075 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 620-691-00

Employment Security Department registration number 000-522770-00-0

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>NIKITA NEMYKIN</u>	<u>managing member</u>	<u>50%</u>
<u>ROMAN CHOUKIN</u>	<u>member</u>	<u>50%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: household goods moving and storage at a reasonable price

2. Briefly describe your experience in the transportation/household goods moving industry: two years full time HHG Business management

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? No Yes If yes, please indicate your permit number _____

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

ATTACHMENT D

**CHANGE OF CORPORATE/INDIVIDUAL NAME
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: ABC MOVERS SEATTLE LLC
Current Trade Name, d/b/a: _____
Address: 17040 28th AVE NE Apt B2, Seattle, WA 98125
Phone Number: 909.606.2148 Fax Number: _____
Email Address: abcmoversseattle@gmail.com USDOT #: 251 2075

If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Nikita Nemyskin 50%
Roman Chuykin 50%

I request the name on household goods permit HG-THG 65581 be changed to:
New Name: None
New Trade Name, d/b/a (if applicable): d/b/a Kangaroo Movers
Address (if changed) Same

If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Same

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

[Signature] managing member _____ 10.25.16 Seattle, WA
Signature and Title of Applicant Date and Location