

UTILITIES AND TRANSPORTATION
COMMISSION

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

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" type="checkbox"/> <u>New Certificate</u> (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete sections 1-8 and Attachment A. Submit a proposed tariff and time schedule. Do you plan on providing charter/excursion service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Attachment F.	\$200.00
<input type="checkbox"/> <u>Extension of existing Auto Transportation Certificate C-_____</u> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> <u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C-_____ Transferring a portion of Certificate C-_____	\$200.00
NOTE: A closing annual report must be submitted by the current company before the transfer will be finalized.	
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> - New temporary authority or temporary to operate pending a Commission decision on a parallel filed permanent application. Complete sections 1-8 and Attachment B.	\$150.00
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment E.	\$35.00
<input type="checkbox"/> <u>Name Change</u> – Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.	\$35.00
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY

Date Filed		ID#	Docket #:
LS Staff Assigned	Insurance	Map	Tariff/ Time Schedule
DOL/SOS	Safety Inspection	06310	Cert Issued
		Receipt ID	111-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

\$ 275.00 Check # 1387

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: S.J. Taxi, LLC

Trade Name(s) (if applicable): San Juan Taxi & Tours

Phone #: 360-378-3530 Fax #: 0 E-mail: carl.hassell@gmail.com

Physical Address:	Mailing Address (if different from physical):
Street: <u>266 Whatever way</u>	Street: <u>P.O. Box 2316</u>
City: <u>Friday Harbor</u>	City: <u>Friday Harbor</u>
State/Zip: <u>WA. 98250</u>	State/Zip: <u>WA. 98250</u>

Unified Business Identifier Number (UBI): 603 360 596 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

Type of Business Structure: Individual Partnership Corporation Other (LP, LLP, LLC)
 If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders or members:

Name	Title	Stock Distribution or % of Shares
<u>Carl Hassell</u>	<u>President</u>	
<u>Gudrun Zimney</u>	<u>VP/Sec/Treasurer</u>	

USDOT number 2912988 If you do not have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3810 for assistance.

Labor & Industries #: NA/Have no Empl Employment Security Department #: No Empl, Corp are Exempt By law

SECTION 2 – COMPANY INFORMATION

Provide the following documents with your application:

- A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- Support statements for proposed service authority

What type of service do you plan on providing: door-to-door services and/or scheduled service?

- Door-to-door service** - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC 480-30-281(2)(c) and may be restricted to "by reservation only"; and/or,
- Scheduled service** - Service provided between locations specifically named by the company (e.g., the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC 480-30-281 (2)(b) and may be restricted to "by reservation only."

Describe the proposed type of service (see WAC 480-30-096) including the line, route or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic description:

San Juan Transportation to all points on San Juan Island

State the conditions that demonstrate this proposed service is for the public convenience and necessity:

Provide Transportation to all visitors and locals on San Juan Island

State the applicant's prior experience and familiarity with the statutes and rules that govern operations it proposes:

Have owned San Juan Taxi for the last 3 years, provided needed Transportation to all who need.

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve? No Yes If yes, list the names and addresses of companies:

San Juan Transit. who only runs in the summer and not winter

Do you currently hold, or have you ever held, an auto transportation certificate?
 No Yes If yes, please indicate your certificate number C-_____

Have you ever applied for and been denied an auto transportation certificate?
 No Yes If yes, please explain _____

Have you ever been cited for violation of state laws or commission rules?
 No Yes If yes, please explain _____

SECTION 3 – TARIFF AND TIME SCHEDULE

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-256 through WAC 480-30-436.

Or are you applying for fare flexibility as described in WAC 480-30-420? Yes or No
If yes, complete Attachment H to show your proposed base rate and maximum rate.

If this application is a transfer or a lease of authority from an existing certificated company, you must either file a new tariff and time schedule at the same rate levels as on file, or, you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

Adopt or File new tariff

SECTION 4 – HEARING INFORMATION

If the Commission assigns this application for a formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: <u>1</u>	Amount of time: <u>15 min</u>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: <u>None</u>	Attorney's phone number:
Attorney's address: Street	Fax number:
City, State, Zip	E-mail address

SECTION 5 – FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash in Bank	\$ <u>5,800.00</u>	Salaries/Wages Payable	\$ <u>0</u>
Notes Receivable	\$ <u>0</u>	Accounts Payable	\$ <u>0</u>
Accounts Receivable	\$ <u>0</u>	Notes Payable	\$ <u>29,000</u>
Investments	\$ <u>0</u>	Mortgages Payable	\$ <u>0</u>
Other Current Assets	\$ <u>0</u>	Contracts and Bonds Payable	\$ <u>0</u>
Prepaid Expenses	\$ <u>3,000.00</u>	TOTAL LIABILITIES	\$ <u>29,000</u>
Land and Buildings	\$ <u>0</u>	NET WORTH	
Trucks and Trailers	\$ <u>44,000.</u>	Preferred Stock	\$ <u>0</u>
Office Furniture	\$ <u>0</u>	Common Stock	\$ <u>0</u>
Other Equipment	\$ <u>0</u>	Retained Earnings	\$ <u>0</u>
Other Assets	\$ <u>0</u>	Capital	\$ <u>0</u>
TOTAL ASSETS	\$ <u>47,000.</u>	TOTAL LIABILITIES AND NET WORTH	\$ <u>0</u>

In addition: the application must include the following: (see WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

SECTION 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheet if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.

Year	Make	License Number	Vehicle ID number	Seating Capacity


SECTION 8 – DECLARATION OF APPLICANT

I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Carl Hassell Title: Owner / President

Signature: 

Date: 8-00-17 County, State Son Juan Co, Wa.



ATTACHMENT A

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements from independent members of the public who need service or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: San Juan Taxi & Tours

Customer Sworn Statement Relating to the need for service:

Customer Name: Carl Hassel

Address: 266 whatever way

Phone Number: 360-378-3530 Fax Number: 0 Email: carlhassel@gmail.com

Describe the need for the requested service:

Transportation around Island for Travelers and locals

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) Bobs Taxi, Friday Harbor Taxi, Roads Taxi, Classic Cab

Explain why the current company is not providing adequate service: Not enough cars to serve whole island and they dont run in winter or after dark

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Carl Hassel Print Name

[Signature] Signature


8-20-17 San Juan, wa. Date, County, State

San Juan County

Washington 98250

To Whom It May Concern

This is a letter on behalf of San Juan Taxi and Tours and why they are an asset to San Juan Island. My name is Chris Mason and I own Herb's Tavern in Friday Harbor on the island. I exclusively use San Juan Taxi and Tours as they are the most reliable taxi service on the island. They operate 24 hours a day. Also, they have wheelchair accessibility on their tour bus which is utilized weekly for my patrons and anyone living or visiting the San Juan Island. They have great knowledge of the entire Island and are very personable to all their customers which makes it a memorable experience to visit the island. They definitely go above and beyond compared to the other taxi companies on the island.

Thank you

Chris MASON

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

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Applicant Name: _____

Customer Sworn Statement Relating to the need for service:

Customer Name: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Describe the need for the requested service:

See Attached

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) _____

Explain why the current company is not providing adequate service: _____

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Print Name

Signature

Date, County, State



ATTACHMENT F

CHARTER AND EXCURSION CARRIER REGULATORY FEES
(A minimum fee of \$25.00 is required)

Name of Applicant: San Juan Taxi & Tours

Trade Name(s), if applicable: Carl Hassell

Phone Number: 360-378-3530 Fax Number: ☎

Physical Address

Mailing Address (if different from physical address)

Street: 266 Whatever Way Street: P.O. Box 2316

City: Friday Harbor City: Friday Harbor

State/Zip: WA. 98250 State/Zip: WA. 98250

There is a minimum fee of \$25.00 that an auto transportation company with charter and excursion carrier service must pay.

Number of Vehicles 3 X \$25.00 = \$ 75.00





ATTACHMENT G

TARIFF ADOPTION NOTICE

Tariff No. _____

Name of New Company

Trade Name of New Company

Adopt all tariffs and supplements to the tariffs, filed with the
Washington Utilities and Transportation Commission by:

Name of Prior Company

Before the date of its (new company) acquired possession of
that (prior) company, or a portion of the authority of that (prior) company.

Notice issued by:

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Date filed with Commission: _____

