

RECEIVED
OCT 10 2017
WASH. UT. & TP. COMM

1300 S. Evergreen Park Drive 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
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket # <u>171038</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <u>06320</u>	111-0268-207-02	111-0268-013-20	

Type of Household Goods Authority Requested – check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer 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 as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name _____ Lake Union Movers, LLC. _____

Trade Name, if applicable _____

Physical Address _____ 1546 NW 56th St #233 Seattle, WA. 98107 _____

Mailing Address _____ 1546 NW 56th St #233 Seattle, WA. 98107 _____

Telephone Number (206) _____ 905-4620 _____ Fax Number () _____ none _____

Email: _____ joe@lakeunionmovers.com _____

BUSINESS INFORMATION - continued

Is your business registered with the [Department of Revenue](#)? No Yes

UBI #: 604075722 USDOT #: 3054912

If you currently do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Department of [Labor & Industries](#) (L&I) Worker's Comp account # 98913102

[Employment Security Department](#) (ESD) registration # 000696159002

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per [WAC 480-15-555](#), a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to [WAC 480-15-302](#) and [305](#).

All accounts are open due to UTC regulation to apply for a permit, we only plan to use only LLC members to perform the duties of the business including the physical labor, leaving us exempt from L &I and Employment Security at this time. Possibly later we will obtain employees.

TYPE OF BUSINESS STRUCTURE

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

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Joseph Smith</u>	<u>Partner</u>	<u>88%</u>
<u>Kristina Smith</u>	<u>Partner</u>	<u>10%</u>
<u>Jadon Miles/Kameron Krall</u>		<u>1% ea.</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: We will provide basic Household goods transportation within Washington State, as well as packing services. We will provide a fast efficient quality service that will be highly sought after. We will focus on a referral based business. When someone mentions moving, Our service will come to the top of their mind. We will improve the industry by providing clean cut energetic crews with a smile.

2. Briefly describe your experience in the transportation/household goods moving industry:
I have over 25 years of experience from the ground up. I have personally moved over 10,000 people locally and over the road. The companies I have worked for have serviced thousands of people. I have been involved in every aspect of household moving.

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 _____ 2000-2002 had a temporary THG.
 Which I voluntarily surrendered and moved into Interstate Household goods transportation.

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? _____

7. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? No Yes If yes, please list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC
Moving without a permit	1992?	
Dropped by the judge		

*attach additional pages if necessary

FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$3000	Salaries/Wages Payable	\$1000
Notes Receivable	\$	Accounts Payable	\$1000
Investments	\$	Notes Payable	\$
Other Current Assets	\$1000	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$2000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$10000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$2500	Retained Earnings	\$4000
	\$500	Capital	\$3000
TOTAL ASSETS	\$17000	TOTAL LIABILITIES & NET WORTH	\$9000

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	Isuzu FTR	C46795C	4GTJ7C137YJ700998	24000

SAFETY AND OPERATIONS

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 an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the [Federal Motor Carrier Safety Regulations \(FMCSR\)](#) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT 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.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: Joseph Smith

Position: Partner

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees ([WAC 480-15-480](#)). You must annually file a report of your financial operations and pay regulatory fees.


Name: Joseph Smith

Position: Partner

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: Joseph Smith

Position: Partner

If you would like to receive information about new household goods carriers, check here 

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

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

Joseph Smith

Print name of applicant



Signature of Applicant

October 4th, 2017 Seattle, WA.
Date and Location

WASHINGTON
ENHANCED COMMERCIAL
DRIVER LICENSE

4d LIC#

DONOR



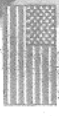
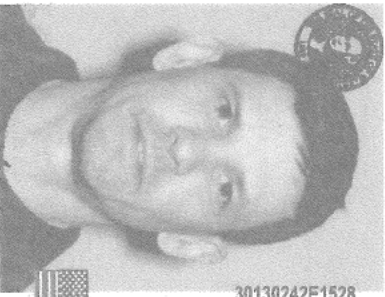
30130242E1528

1 SMITH
2 JOSEPH DEAN

3 DOB

4a Iss

01-24-2013



15 Sex M
16 Hgt 5-10
17 Wgt 165
18 Eyes BRN

9 Class: A

9a End NONE

12 Restrictions NONE

5 DE

4b Exp 12-27-2017



WASHINGTON DRIVER LICENSE



Kristina T Smith

C4170412G0848

4d LIC# [REDACTED]

DONOR 9

1 SMITH
2 KRISTINA TERESA

4a Iss 02-10-2017

15 Sex F
17 Wgt 135
16 Hgt 5-05
18 Eyes BLU



9 Class

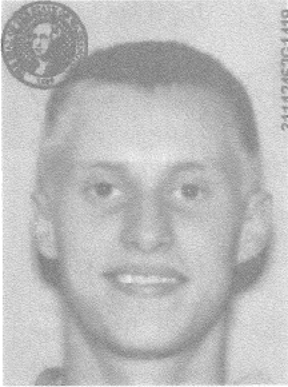
4b Exp 08-29-2022

9a End NONE

12 Restrictions C

5 DL [REDACTED]

INTERMEDIATE LICENSE



3114246261419

4d LIC# [REDACTED]

3 DOB [REDACTED]

4a Iss 09-03-2014

4b Exp 09-03-2020

DONOR ♥



AGE 18 ON
09-03-2016

KR Krall

1 KRALL
2 KAMERON ROBERT

8 [REDACTED]

15 Sex M 16 Hgt 5-08

17 Wgt 130 18 Eyes BLU

9 Class 9a End NONE

12 Restrictions NONE

5 DD [REDACTED]

Rev 09-16-2009



20 32170704G1155

4d LIC# [REDACTED]

1 MILES

2 JADON CARVER

9 CLASS DONOR

3 DOB [REDACTED]

4a ISS 03/11/2017



15 SEX M

18 EYES GRY

16 HGT 6'-00"

17 WGT 165 lb

12 RESTRICTIONS NONE

9a END NONE

NONE

4b EXP

03/16/2023

5 DD [Signature]

[REDACTED]

[Print](#) | [Close Window](#)

Subject: USDTC- Enrollment

From: "info@usdrugtestcenters.com" <no-reply@usdrugtestcenters.w3bcrm.com>

Date: Thu, Oct 05, 2017 1:48 pm

To: "joe@lakeunionmovers.com" <joe@lakeunionmovers.com>



Hello Lake Union Movers,

Thank you for enrolling in our random consortium for drug and alcohol testing. Please find our welcome letter and a copy of your certificate attached below.

If you are chosen for a drug and/or breath alcohol test, you will be notified by email and by phone. Once you receive your notification (if chosen), please contact our office to schedule your drug test.

Please feel free to contact our office at any time if you have any questions. Thank you for choosing US Drug Test Centers for all of your drug and alcohol testing needs.

Thank you,

US Drug Test Centers

866-566-0261

info@usdrugtestcenters.com

www.usdrugtestcenters.com

Follow us on Social Media :



US Drug Test Centers

info@usdrugtestcenters.com www.usdrugtestcenters.com

[Print](#) | [Close Window](#)**Subject: US Drug Test Centers Receipt (Ticket: 111723)****From: info@usdrugtestcenters.com****Date: Thu, Oct 05, 2017 12:38 pm****To: joe@lakeunionmovers.com****Your Receipt**

Transaction #: 111723
Transaction Date: 10/05/17 12:38PM
Location: US Drug Test Centers

Customer: Joseph Smith (111347)
Sales Rep: EVAN

Description	Price	Ext Price
US DTC-Quest - DOT 5 Panel Urine Drug Screen Test Code: 45304N	\$69.00	\$69.00
Item Subtotal:		\$69.00
Total:		\$69.00

Payments

Credit Card		\$69.00
Net Payment:		\$69.00
Refund:		\$0.00

All sales are final. US Drug Test Centers does not process any refunds or cancellations once your order has been placed. If you have received a copy of this receipt, please know that this transaction is final.

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[Print](#) | [Close Window](#)**Subject: US Drug Test Centers Receipt (Ticket: 111724)****From: info@usdrugtestcenters.com****Date: Thu, Oct 05, 2017 12:39 pm****To: joe@lakeunionmovers.com****Your Receipt**

Transaction #: 111724
Transaction Date: 10/05/17 12:38PM
Location: US Drug Test Centers

Customer: Joseph Smith (111348)
Sales Rep: EVAN

Description	Price	Ext Price
Company Random Drug & Alcohol Consortium/Pool Management Fee (Annual)	\$199.00	\$199.00
	Item Subtotal:	\$199.00
	Total:	\$199.00

Payments

Credit Card		\$199.00
	Net Payment:	\$199.00
	Refund:	\$0.00

All sales are final. US Drug Test Centers does not process any refunds or cancellations once your order has been placed. If you have received a copy of this receipt, please know that this transaction is final.

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Columbia Insurance Company
(Name of Company)
(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
(Home Office Address of Company)

has issued to LAKE UNION MOVERS LLC
(Name of Motor Carrier)
of 1546 NW 56TH ST #233, SEATTLE, WA 98107
(Address of Motor Carrier)

a policy or policies of insurance effective from 10/06/2017 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 1314 Douglas Street, Suite 1400 Omaha NE 68102-1944
(Street Address) (City) (State) (ZIP Code)

this 6th day of October, 20 17



Authorized Representative

Insurance Company File No. 71TRR234187
(Policy Number)

750,000 CSL

FORM H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE
 (EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
 (Name of Commission)

This is to certify, that the Columbia Insurance Company
 (Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
 (Home Office Address of Company)

has issued to LAKE UNION MOVERS LLC
 (Name of Motor Carrier)

of 1546 NW 56TH ST #233, SEATTLE, WA 98107
 (Address of Motor Carrier)

a policy or policies of insurance effective from 10/05/2017 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 Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 1314 Douglas Street, Suite Omaha NE 68102-1944
 (Street Address) (City) (State) (ZIP Code)

this 6th day of October, 20 17



Authorized Representative

Insurance Company File No. 71TRR234187
 (Policy Number)

FORM I
UNIFORM MOTOR CARRIER
CARGO INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for motor carrier cargo liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Cargo Certificate of Insurance has been filed with the State Commission indicated below:

X – Indicated State Commission with whom Uniform Motor Carrier Cargo Certificate of Insurance has been filed.

Alabama	Illinois	Montana	Rhode Island	
Alaska	Indiana	Nebraska	South Carolina	
Arizona	Iowa	Nevada	South Dakota	
Arkansas	Kansas	New Hampshire	Tennessee	
California	Kentucky	New Jersey	Texas	
Colorado	Louisiana	New Mexico	Utah	
Connecticut	Maine	New York	Vermont	
Delaware	Maryland	North Carolina	Virginia	
District of Columbia	Massachusetts	North Dakota	Washington	X
Florida	Michigan	Ohio	West Virginia	
Georgia	Minnesota	Oklahoma	Wisconsin	
Hawaii	Mississippi	Oregon	Wyoming	
Idaho	Missouri	Pennsylvania		

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 71TRR234187

Issued by Columbia Insurance Company, herein called

Company, of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944

To LAKE UNION MOVERS LLC

of SEATTLE, WA

Dated at Omaha, NE this 5th day of October, 20 17

Countersigned by

Authorized Representative

FORM F
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commission indicated below:

X – Indicated State Commission with whom Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed.

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 71TRR234187

Issued by Columbia Insurance Company, herein called

Company, of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944

To LAKE UNION MOVERS LLC of SEATTLE, WA

Dated at Omaha, NE this 6th day of October, 20 17

Countersigned by



Authorized Representative

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

Lake Union Movers, LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

SHAWN ROCKEY / PRESIDENT / BADAIBERTS TAP: Gail

Address (include street address, mailing address, city, state, zip, and county):

5100 Ballard Ave NW Seattle, WA 98107

Phone Number:

206 501-9550

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

Will be moving from one condo to another.

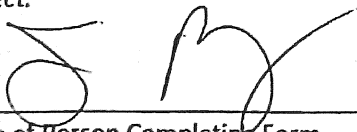
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

If you grant them a lic. I would contract them to for all of my moving needs.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I HAVE worked with one of the principals years ago and had a great experience

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



Signature of Person Completing Form

10/4/17, Seattle

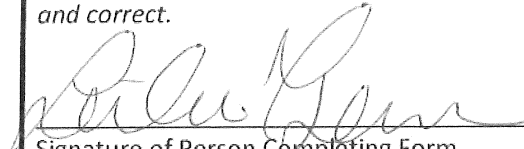
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Lake Union Movers, LLC

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Leilani Tynan, Branch Manager, Heritage Bank
Address (include street address, mailing address, city, state, zip, and county): 20333 Ballinger Way NE Shoreline, WA 98155
Phone Number: @ 206-456-9021
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: I have a family member who will need a moving company as they are moving into the area in a few months.
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: This will benefit members who are moving in and out of our area. A customer of mine had his movers cancel a day before his move and all other movers in this area were booked solid for weeks. There is a shortage of moving companies in this area.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I would consider the large amount of new residents moving into our state. There is a big need for more moving companies to keep up with demand for our community.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Signature of Person Completing Form </div> <div style="width: 45%; text-align: right;"> 10/3/2017 - Shoreline, WA. Date and Location </div> </div>

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

Lake Union Movers, LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

STEPHANIE SANTEFORD

Address (include street address, mailing address, city, state, zip, and county):

22209 91ST AVE W, EDMONDS WA 98026

Phone Number:

425-418-3221

Do you currently need the services of a residential household goods moving company?

No

Yes

If yes, please describe your current moving needs:

I HAVE FURNITURE AT MY OFFICE THAT MAY NEED TO BE MOVED IN THE NEAR FUTURE.

Do you anticipate a future need for the services of a residential household goods moving company?

No

Yes

If yes, please describe your future moving needs:

I HAVE ITEMS IN A STORAGE UNIT THAT I NEED TO MOVE BACK TO MY HOME.

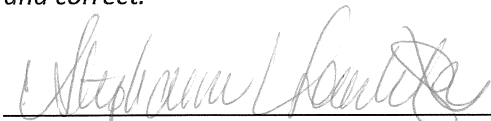
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I'M IN A NETWORKING GROUP WITH A MOVING COMPANY AND THEY ARE ALWAYS BOOKED UP

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I LIKE THIS INDIVIDUAL AND I TRUST JOE. WHEN I NEED MOVING SERVICES I WANT TO WORK WITH SOMEONE I TRUST AND SUPPORT A LOCAL BUSINESS

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



Signature of Person Completing Form

10/3/2017

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: *Lake Union Movers, LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Karen M. Gilbertson Retired*

Address (include street address, mailing address, city, state, zip, and county):
16555 5th Ave NE Shoreline WA

Phone Number: *206-962-7287*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
I may need belonging moved to storage facility.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
As a citizen of WA State I prefer the services of small businesses! I appreciate business competition that the USA affords!

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I used Joes services with another licensed business and was very satisfied with the service. I have no doubt that he will provide excellent small business performance.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Karen M. Gilbertson
Signature of Person Completing Form

10/3/2017 Shoreline WA.
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

Lake Union Movers, LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kimberly Molnar Coldwell Banker (Danforth)

Address (include street address, mailing address, city, state, zip, and county):

23515 TIMBER LAKE WOODWAY WA 98020

Phone Number:

206-619-5143

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

I GET A LOT OF CLIENTS THAT NEED A GREAT MOVING COMPANY

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

YES, FOR FRIENDS, FAMILY & REAL ESTATE CLIENTS

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

ITS A FANTASTIC SERVICE TO GET HELP WHEN MOVING EVERYONE AT SOME POINT NEEDS THIS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

JOE SMITH IS TRUST WORTHY, A HARD WORKER AND HE LOVES HELPING PEOPLE.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Kimberly Molnar
Signature of Person Completing Form

10/3/17 Woodway Washington
Date and Location