

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	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: Seattle Small Moves

Trade Name, if applicable: N/A

Physical Address: 1830 S. Weller St. Seattle, WA 98144

Mailing Address: P.O. Box 84416 Seattle, WA 98124

Telephone Number (206): 900-4492      Fax Number ( ): N/A

Email: seattlesmallmoves@gmail.com

**BUSINESS INFORMATION - continued**

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

UBI #: 604-075-460 USDOT #: 2970999

If you currently do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://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 # 642,951-00

Employment Security Department (ESD) registration # 666-534-001

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.

**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:

Name	Title	Stock Distribution or % of Shares
<u>Kenneth Marley</u>	<u>Owner</u>	<u>100%</u>

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

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I provide a service that meets the needs of customers looking for "small" moves. I am competing with the big brand companies that require high minimums.
- Briefly describe your experience in the transportation/household goods moving industry: I have been a professional mover and started a moving company in Seattle. I have been a professional mover over 10 years.

To Whom It May Concern:

I received a letter of notification stating our moving permit has been cancelled. We received an email from Michael Dotson on 2/15/18 needing our proof of insurance. On 3/1/18 our insurance provider sent over the necessary information needed to avoid cancellation of permit. I understand this was later than the deadline, but this was out of my control. We did not have a lapse in coverage, and they sent over the information as soon as they received it. There was not a response after the submission, and obviously I need the permit to be active.

Thanks,  
Ken Marley