



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: <u>10/31/18</u>	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: Livible, Inc. \_\_\_\_\_

Trade Name, if applicable \_\_\_\_\_

Physical Address 107 Spring Street Seattle, WA 98104 \_\_\_\_\_

Mailing Address 107 Spring Street Seattle, WA 98104 \_\_\_\_\_

Telephone Number (844) 548 - 4253 \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email: help@livible.com \_\_\_\_\_

## FILING YOUR APPLICATION

Select one of the following:

- File your application and pay online at [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov),
- Scan/PDF to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov) and pay online at [payments.utc.wa.gov](http://payments.utc.wa.gov),
- Mail your application *with* your check or money order to the following address:  
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at [payments.utc.wa.gov](http://payments.utc.wa.gov) (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

**DO NOT EMAIL YOUR CREDIT CARD INFORMATION**

**BUSINESS INFORMATION - continued**

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

UBI #: 603 286 273 \_\_\_\_\_ USDOT #: 3072577 \_\_\_\_\_

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 # 258,720-01 \_\_\_\_\_

Employment Security Department (ESD) registration #  
\_\_\_\_00479260011\_\_\_\_\_

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: WA

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>
Terry Drayton	CEO	20%
Global Logistics Properties		32%

**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:  
 Livible makes storage, organization, and moving your stuff easy! We're the #1 full service storage provider because we are easier, more convenient and you'll save 15% compared to self-storage. We pick up and deliver from your office, home, or apartment. In addition, we want to provide moving services if the customer has the need.
- Briefly describe your experience in the transportation/household goods moving industry:  
 Our team has over 30 years of experience in transportation, logistics, and moving and handling.

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? \_\_\_\_\_

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

\*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	\$9,890,198	Salaries/Wages Payable	\$134,511
Notes Receivable	\$	Accounts Payable	\$466,168
Investments	\$900,784	Notes Payable	\$576,789
Other Current Assets	\$93,816	Mortgages Payable	\$0
Prepaid Expenses	\$54,532	<b>TOTAL LIABILITIES</b>	<b>\$1,177,468</b>
Land and Buildings	\$0	NET WORTH	\$9,785,945
Trucks and Trailers	\$0	Preferred Stock	\$16,827,413
Office Furniture	\$0	Common Stock	\$10,880
Other Equipment	\$8,333	Retained Earnings	<\$6,444,397>
Other Assets	15,750	Capital	\$0
<b>TOTAL ASSETS</b>	<b>\$10,963,413</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$607,951</b>

### 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
2018	ISU NPR	C22589M	809584	20,000
2017	FRHT Sprinter	C78638L	809585	10,000
2013	Merz Sprinter	B38943X	SEA-001	10,000
2015	Merz Sprinter	005H2F	PDX-001	10,000

## 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: Michael L Smith

Position: Director of Operations

### 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: Michael L Smith

Position: Director of Operations

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: Michael L Smith

Position: Director of Operations

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.

Michael L Smith  
Print name of applicant

  
Signature of Applicant

10/30/18, Kent, 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:**

**Audrey Kolde**

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

**Audrey Kolde, Project Manager (Self-Employed Consultant)**

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

**4301 Stone Way N Seattle, WA 98103, USA**

Phone Number:

**425-442-2471**

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

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

**I am moving from Seattle to Kirkland, and need help moving all of my furniture and boxes.**

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, I do not intend to stay in Kirkland, I plan to move back to Seattle in a year or so and would need these services again.**

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 would be really helpful for me because Livible is a moving and storage company. I am moving to a temporary spot in Kirkland, so I need to store my items for a while until I move into my more permanent spot. I've looked into other options and they are so expensive. It would be so convenient to have a 'one stop shop', to have my moving and storage needs taken care of by one company.**

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

**N/A**

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

*Audrey Kolde*

Signature of Person Completing Form

9-21-18

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.

<b>Applicant Name:</b> <b>Allison Merriman</b>
---

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<b>Allison Merriman, Recruiter</b>
Address (include street address, mailing address, city, state, zip, and county):	<b>1600 43<sup>rd</sup> Ave E Seattle, WA 98112, USA</b>
Phone Number:	<b>425-466-8568</b>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No * Yes If yes, please describe your current moving needs:	<b>I will be moving from Queen Anne to Madison Park and could use some help moving.</b>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No * Yes If yes, please describe your future moving needs:	<b>Probably several years from now. I plan to live in a condo in Madison Park for a while, but when I'm ready to move to a house I will need help moving.</b>
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:	<b>They would make my move effortless and cheap!</b>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<b>No.</b>
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
<i>Allison Merriman</i>	<i>09/21/2018</i>
Signature of Person Completing Form	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:**  
**Brian Thomas**

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<b>Brian Thomas, Retired</b>
Address (include street address, mailing address, city, state, zip, and county):	<b>539 16<sup>th</sup> Ave W, Kirkland, WA 98033, USA</b>
Phone Number:	<b>206-335-7564</b>
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:	<b>Not currently, but will in the future.</b>
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:	<b>Yes, I am currently renting a home in Kirkland because I haven't decided where I would like to settle down next (Bellevue, Seattle, Kirkland, etc.). Once I decide, I will need a residential moving company.</b>
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:	<b>Livable would make my move easy and affordable when the time comes. Their labeling system is so organized I would feel secure knowing they are tracking my items and taking good care of them.</b>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<b>N/A</b>
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
<i>Brian Thomas</i>	<i>09/20/2018</i>
Signature of Person Completing Form	Date and Location