

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 #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|---|---------------------|
| <input checked="" 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 as well as a closing annual report | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187.</u> Complete pages 3-8 and Attachments B & C. | \$ 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 type="checkbox"/> <u>Name Change</u> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: ~~Dolly Apple, Inc~~ Dolly Inc.

Trade Name, if applicable Dolly

Physical Address 901 5th Avenue, Suite 600, Seattle WA, 98164

Mailing Address SAME

Telephone Number () 206-494-3198 Fax Number () 833-817-6581

Email: armikka@dolly.com

BUSINESS INFORMATION - continued

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

UBI #: 603 437 688 USDOT #: N/A See Attachment E

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 # 336,381-00

Employment Security Department (ESD) registration # 000052720000

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>
Michael Howell	Shareholder	Non-majority shareholder
Other Investors	Shareholders	Non-majority shareholders

(No single shareholder holds a majority or controlling interest in the company)

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: _____

Dolly is an app-based marketplace which connects consumers and businesses that have local goods transportation needs with local truck owners (called "Helpers") who want to do the transportation for them. Dolly enables people to get help with on-demand, micro-move tasks that existing household goods carriers don't service thereby expanding the range of services available to WA state residents. In addition, there's only one other similar service operating in WA state (Lugg.com) so Dolly would be increasing competition for such services.

2. Briefly describe your experience in the transportation/household goods moving industry:

Dolly has been providing this service in 6 other markets, some for as long as 4 years.

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 _____
 Prior application in Docket TV-180605 was denied without prejudice after a BAP
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
UTC Staff Investigation	January 2018	WA

*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
Operating and advertising as a HHGC, SWC, and CC without permits	May 2018	RCW 81.80.070, 355, and 81.77.040

*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	\$ 6,949,200	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 7,511	Accounts Payable	\$ 491,057
Investments	\$ 0	Notes Payable	\$ 1,337,787
Other Current Assets	\$ 323,148	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 112,415	TOTAL LIABILITIES	\$ 2,369,746
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 8,634,296
Office Furniture	\$ 0	Common Stock	\$ 1,158,764
Other Equipment	\$ 685	Retained Earnings	\$ 12,589,354
Other Assets	\$ 91,720	Capital	\$ 0
TOTAL ASSETS	\$ 7,484,679	TOTAL LIABILITIES & NET WORTH	\$ 1,369,686

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

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:

Armikka R. Bryant

Position:

Director of Legal and Government Affairs

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: Armikka R. Bryant	Position: Director of Legal and Government Affairs
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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: Armikka R. Bryant	Position: Director of Legal and Government Affairs
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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.

Armikka R. Bryant



May 6, 2019
Seattle, Washington

Print name of applicant

Signature of Applicant

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: Austin Cohn

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Austin Cohn

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

3417 31st Ave W Seattle, WA 98199. County of King.

Phone Number: (206) 579-1344

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

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

Our family is trading out two large couches for three smaller ones. The buyers of each couch are different and we won't be able to coordinate a time that works for each person at the same time that works for us.

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

We are helping my in-laws move some items from their primary home to their beach cabin. My father in-law will need help in moving some of the heavier items from point to point.

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:

Moving items is one of the least desirable activities for me. Being able to trust and rely on Dolly has taken the negative out of moving due to their professionalism, timeliness, comfort and ease of the transaction. I always recommend Dolly to friends which is a great community service.

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

Dolly is a company that has taken a frustrating task and made it simple. The Helpers work hard because they earn additional income after a job well done. I remember what moving items was like before Dolly and it wasn't pleasant. Dolly has alleviated this issue and I hope they continue to operate in and around

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

6.28.18 -- 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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Gigi Buchanan - Owner - Phase Two Interiors

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

3808 S. Edmunds Street Seattle WA 98118

Phone Number:

206-457-8419

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

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

We are a furniture consignment shop. Our customers need furniture delivered to and from the shop!

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:

We will continue to need moving services as long as we are in business

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:

Our customers use Dolly all the time. It helps our sales when we have Dolly to recommend. and enables customers to receive merchandise

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

Dolly is a wonderful company and fills a large void of providing affordable and friendly and competent moving services !!

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

Gigi Buchanan

Signature of Person Completing Form

June 26, 2018

Date and Location



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER JMB Insurance Agency, Inc. 900 N Michigan Ave, 15th Floor Chicago IL 60611	CONTACT NAME: Laura Wainwright														
	PHONE (A/C, No, Ext): (312) 915-2211 FAX (A/C, No): (312) 577-0725 E-MAIL ADDRESS: lwainwright@jmbins.com														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: First Mercury Insurance Company</td> <td>10657</td> </tr> <tr> <td>INSURER B: James River Insurance Company</td> <td>12203</td> </tr> <tr> <td>INSURER C: LM Insurance Corporation</td> <td>33600</td> </tr> <tr> <td>INSURER D: Underwriters at Lloyd's</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: First Mercury Insurance Company	10657	INSURER B: James River Insurance Company	12203	INSURER C: LM Insurance Corporation	33600	INSURER D: Underwriters at Lloyd's		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED Dolly, Inc. 901 5th Avenue Suite 600 Seattle WA 98164															

COVERAGES

CERTIFICATE NUMBER: Cert ID 61553

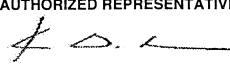
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible: \$2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ILCGL000008132601	12/17/2018	12/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA4360030205	12/17/2018	12/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			000806341	12/17/2018	12/17/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A			WC539S356521018 Illinois	12/06/2018	12/06/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	CYBER LIABILITY			CR164015	12/17/2018	12/17/2019	AGGREGATE \$ 5,000,000 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 For Informational Purposes Only

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ATTACHMENT E

May 6, 2019

VIA WEB PORTAL

Mr. Mark L. Johnson
Executive Director and Secretary
Washington Utilities and Transportation Commission
1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, Washington 98504-7250

RE: *United States Department of Transportation Number Operating and Washington State Household Goods Moving Permit Application*

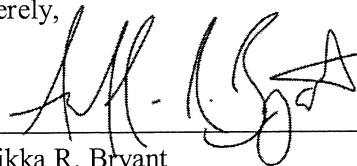
Dear Mr. Johnson

1 Dolly, Inc. (“Dolly”) files this Attachment E in conjunction with its *HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION* to explain why it does not possess a United States Department of Transportation Number (“USDOT No.”).

2 Dolly is an Internet and app-based software company that provides a technology platform that allows consumers to post jobs with details about what they need help with (e.g. time, location and items for transport). Dolly does not own any vehicles or employ any individuals to perform any moving services. As a result, Dolly does is unable to obtain a USDOT No.

Dolly, Inc.
901 Fifth Avenue, Suite 600
Seattle, Washington 98164-2086
Office: 206-494-3198
Fax: 833-817-6581
E-mail: armikka@dolly.com

Sincerely,



Armikka R. Bryant
Director of Legal and Government Affairs