

FOR OFFICIAL USE ONLY

RECUIED

'JUN 17 2019

WASH. UT. & TF. COMM

1300 S. Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222 email: transportation@utc.wa.gov

# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Date Filed:	DOL/SOS:	ID:	Docket #	
	Insurance:		THG-	
Payment #	111-0268-207-02	111-0268-013-20	X:	
·	hold Goods Auth	ority Requested	– check one	Fee Required
Provisional and	permanent authority. Iority is a one-time fee	The fee for provisiona	l, and then	\$ 550
☐ Permanent auth	nority to transfer result t six months must be s	ing in a change in owr	nership or controlling	\$ 550
Complete pages	3-8, Attachment B as	well as a closing annu	al report	
Permanent auth	nority to transfer unde 3-8 and Attachments	r the exceptions in <u>W</u>		\$ 250
on criteria set fo	of permit (must be file orth in <u>WAC 480-15-45</u> ying the reinstatemen	<u>0</u> ). Complete pages 3-	ncellation, depending 5 and include a	ş \$ <b>250</b>
☐ Name Change o	r Addition of d/b/a – (	Complete pages 3-5 an	d Attachment D.	\$ 35
	BUSIN	ESS INFORMAT	ION	
Legal Name: WE	Got H loc	eal Mover	LLC	
Trade Name, if applica	ble		1	
Physical Address 9	40 N 1631	20 ST AP	T 103 Sh	welne Wa981
Mailing Address <u>Sa</u>	me as above.			
Telephone Number (2	098599401	Email: <u>(</u>	Joan4DJE	Hotmail.com

Guttervez Pevez

Contact Name:

	<b>BUSINESS INFORMATION -</b>	continued
	If you do not have a Uegistration to apply or call 360-59	
Business License/UBI #: 60	h the <u>Department of Revenue</u> ? ロ 04385045	Department of Labor & Industries (L&I)
Employment Security Departm	ent (ESD) registration #	
explain how you plan to obtain completed on each person you must perform the criminal back	workers. Per <u>WAC 480-15-555</u> , a	you do not have employees, please criminal background check must be ire day labor from a temp agency, they 2480-15-302 and 305.
	TYPE OF BUSINESS STRU	CTURE
☐ Individual ☐ Partnership	O ☐ Corporation	r (LP, LLP, LLC) State of Incorporation W/
List the name, title and percent	age of partner's share or stock di	stribution for major stockholders:
Juan Cutienrez De	Title OWNEY	Stock Distribution or % of Shares \ රිෆ ද්
		·
Provide a copy of a valid driver' named in the application.	s license or government-issued pl	hoto identification card for each person
	ish to provide. Explain how your san unmet need for service: Ditaling danation to all media.	services will enhance customer choice, elivery and moving to Chanity. I will
	ence in the transportation/house	1 -

3.	Dø you currently hold, or have you ever held, a  ☑ No ☐ Yes If yes, please indicate your perm	a permit to operate as a mo nit number	etor carrier of property? 
4.	Have you ever applied for and been denied a p Washington? ☑ No ☐ Yes If yes, please exp	permit to operate as a moto	or carrier of property in
5.	Do you currently operate interstate? √No □	Yes If yes, please indicate y	our MC#
	If you have interstate authority, have you regi		
7.	Do you operate interstate as an agent of anot If yes, what is the name of the company?	her company? ☑ No □ Yes	S
8.	Do you have, or have you ever had a business or in any other state? ☑ No ☐ Yes If yes, ple	-related legal proceeding ag ease list below:	gainst you in Washington,
	Type of Legal Proceeding	Date	State
9.	*attach additional pages if necessary  Has any person named in this application eve burglary, assault, sexual misconduct, identity sale, or distribution of a controlled substance	theft, fraud, false statemen	its, or the manufacture,
	Type of Conviction	Date	City/State
	-		
	*attach additional pages if necessary		
10	D. Has any person named in this application, bedrugers? ☑ No □ Yes If yes, please list below	en cited for violation of stat /:	e laws or Commission
	Violation	Date	RCW/WAC
	;		
	*attach additional pages if necessary		•
1	1. If you would like to receive information abou	ut new household goods car	rriers, check here $\;\;\Box$

Page **5** of **12** 

FINANCIAL STATEMENT  Complete the following or attach a balance sheet, profit and loss statement, or business plan.				
Ass	ets	Liabilitie	s	
Cash in Bank	\$ 600	Salaries/Wages Payable \$		
Notes Receivable	\$	Accounts Payable	\$	
Investments	\$	Notes Payable	\$	
Other Current Assets	\$	Mortgages Payable	\$	
Prepaid Expenses	\$	TOTAL LIABLITIES	\$	
Land and Buildings	\$	NET WORTH		
Trucks and Trailers	\$ 6000	Preferred Stock	\$	
Office Furniture	\$	Common Stock	\$	
Other Equipment	\$ 400	Retained Earnings	\$	
Other Assets	\$	Capital	\$	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$	

List the eq	uipment you own	<b>EQUIPMEN</b> or lease to provide moving	<b>T LIST</b> services (attach additional shee	ets if necessary).
Year	Make	License Number	Vehicle ID Number	GVW
1997	ForD	C80751N	IFDKE30L1V#Be	6,540
			7719	

### SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49</u>, 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 <u>Federal Motor Carrier Safety Regulations</u> (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).

pounds GVWR or more).	
Name:	Position:
Juan Cutierre Perce	Ollhaer

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.  Name:  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, prevalling 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:  DECLARATION OF APPLICANT  I understand that filling 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,		ODEDATIONAL DECRONCIPILITIES
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Print name of applicant Signature of Applicant Date	_	January 61 +12019
		Print name of applicant Signature of Applicant Date

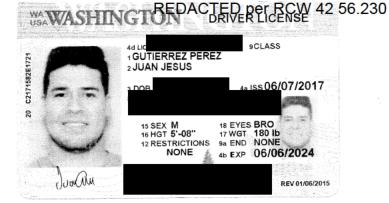


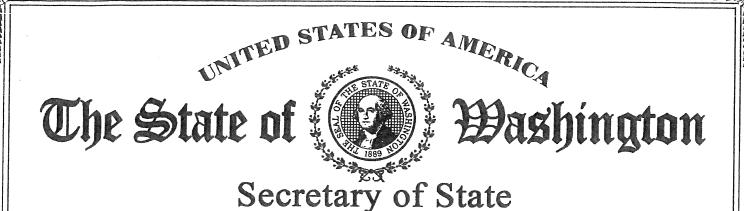
### **ATTACHMENT A**

### 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: Van Gutiewez Perz		
JOHN CHINEVEE VECE		
The following must be completed by the Supporter of the applicant		
Name Title and Rusiness Name:		
Address (include street address, mailing address, city, state, zip, and county):		
Address (include street address, mailing address, city, state, zip, and county):		
940 163 Rd ST ADT 103.		
Shoreline W9 99133		
Shoreline 49 98133  Phone Number: 206 8599 401		
Do you currently need the services of a residential household goods 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:		
Distributes with a hour growting this company a normit to provide household goods moving services in Washington		
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 just Want to provide Man Service and help my		
I ust want to Provide May Service and heir my commonity.		
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?		
application for a measure a good permit.		
wis ( ) I have a live for a single plant he laws of the state of Washington that the foregoing is true		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
and portion		
Ch-lang		
Signature of Person Completing Form  Date and Location		
Signature of Ferson completing Form		





I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### **CERTIFICATE OF FORMATION**

to

#### WE GOT IT LOCAL MOVER LLC

A WA LIMITED LIABILITY COMPANY, effective on the date indicated below.

Effective Date: 02/08/2019 UBI Number: 604 385 045



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 02/08/2019

OTHE	R PROVISI	ONS				
Other Prov	visions:					
PRINC	IPAL OFFI	CE				
Phone: 42 0439	25-435-					
Email: JUAN4D.	J@HOTMAIL.	COM				
This docu	ment is a public	record. For	more informa	ution visit <u>www.s</u>	sos.wa.gov/corps	Work Order #: 2019020500077871 - Received Date: 02/05/2019 Amount Received: \$200.00
Street Add	dress:				JUAN GUTIER	REZ PERREZ
PO BOX	257, OLYMPIA	A, WA, 9850	07-0257, UNI	TED	Email: Address:	
Mailing A PO BOX	ddress: <b>257, OLYMPI</b> A	A, WA, 9850	)7-0257, UNI	TED		
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EXEC	JTOR		<del></del>	44	Name	Document Type
Title	Executor	Entity	First	Last Name	No Value Found.	DOCUMENTS
	Туре	Name	<b>Name</b> GUTIER	REZ PEREZ	Address	DOCUMENTS
	OR INDIVIDUA RN ADDRE		JUAN R THIS F	ILING	940 N 163RD ST WA, 98133-5635, UNI	APT 103, SHORELINE,
Attention:						
Documen	t Type		Source	Created	Ву	Created Date

# EMAIL OPT-IN

No Value Found.

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## **AUTHORIZED PERSON - STAFF CONSOLE**

Document is signed.

Person Type:

INDIVIDUAL

First Name:

**JUAN** 

Last Name:

**GUTUERREZ PEREZ** 

Title:

This document is a public record. For more information visit www.sos.wa.gov/corps Work Order #: 2019020500077871 - 1

Received Date: 02/05/2019 Amount Received: \$200.00



Filed
Secretary of State
State of Washington
Date Filed: 02/08/2019
Effective Date:
02/08/2019

UBI #: 604 385 045

### **CERTIFICATE OF FORMATION**

UBI NUMBER	
UBI Number: 604 385 045	
BUSINESS NAME	
Business Name WE GOT IT LOCAL MOVER LLC	
REGISTERED AGENT	
Registered Agent Name Street Address REGISTERED AGENTS INC. 170 S LINCOLN STE 150, SPOKANE, WA, 99201, UNITED STATES	Mailing Address
REGISTERED AGENT CONSENT	
Customer provided Registered Agent consent? - Yes	
DURATION	
Duration: PERPETUAL	
EFFECTIVE DATE	
Effective Date: 02/08/2019	

ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/11/2019

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 have ADDITIONAL INSURED provisions or 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).

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PRODUCER	CONTACT Katie Thompson					
TOP Insurance Associates, LLC	PHONE (A/C, No, Ext): (425) 513-6007 FAX (A/C, No): (425) 3:	38-0275				
10530 19th Ave. SE, Suite 101	E-MAIL ADDRESS: katie@insurewithtop.com					
Everett WA 98208	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Scottsdale Insurance Co					
INSURED	INSURER B : Century Surety Company					
We Got It Local Mover, LLC	INSURER C: United Financial Casulty Company					
940 N 163rd St Apt 103	INSURER D:					
Shoreline WA 98133	INSURER E :					
	INSURER F:					
CONTRACTO CERTIFICATE NUMBER.	PEVISION NUMBED:					

we Got it Local Mover, LLC			INSURER C : Officeu	i mancial Ca	asuity Company						
940 N 163rd St Apt 103			INSURER D :								
Shoreline WA 98133				INSURER E :							
				INSURER F:							
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TI	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 I											
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.											
			SUBR	LIMITS SHOWN MAY HAVE E	POLICY EFF	POLICY EXP					
INSR LTR	TYPE OF INSURANCE	NSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY	l					EACH OCCURRENCE	\$ 300,000			
Α	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
l				CPS3217046	06/11/2019	06/11/2020	MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 300,000			
l	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s 300,000			
1	D PPO						PRODUCTS - COMP/OP AGG	s Included			
l							FNODUCTS - CUMP/OP AGG	\$			
	OTHER:						COMBINED SINGLE LIMIT				
	AUTOMOBILE LIABILITY						(Ea accident)	\$ 750,000			
С	ANY AUTO						BODILY INJURY (Per person)	\$			
l	OWNED AUTOS ONLY X SCHEDULED AUTOS			008059430	06/11/2019	06/11/2020	BODILY INJURY (Per accident)	\$			
l	HIRED NON-OWNED AUTOS ONLY	1					PROPERTY DAMAGE (Per accident)	\$			
l		1						\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
l	OBAINIO-NIABE						//COMES/ITE	\$			
_	DED   RETENTION \$   WORKERS COMPENSATION	_					PER OTH-	<u> </u>			
	AND EMPLOYERS' LIABILITY Y/N							\$			
	TOT TICETOMENDER EXCEODED:	N/A					E.L. EACH ACCIDENT				
l	(Mandatory in NH)	Ì					E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
		l									
В	Cargo			CCP-850220	06/11/2019	06/11/2020		\$20,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (	ACOR	D 101, Additional Remarks Schedu	ıle, may be attached if m	nore space is req	uired)				
Th	e Certificate Holder is an Additional	Insu	ired	as respects insured's op	erations		RFCE	PR RESERVE			
II IA .											
JUN 1 7 2010											
Max.											
The Certificate Holder is an Additional Insured as respects insured's operations  **RECEVED**  **JUN 17 2019**  WASH. UT. & TP. COMM**  **CERTIFICATE HOLDER**  **CANCELLATION**											
L	THE COMPANY OF THE COMPANY										
CEI	CERTIFICATE HOLDER CANCELLATION										
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
	Washington Utilites & Transportation Commission										
1300 S Evergreen Park Dr. SW				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	PO Box 47250										
	Olympia, WA 98504 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										
	Olympia, WA 98504										

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WE GOT IT LOCAL MOVER LLC APT 103 940 N 163RD ST SHORELINE WA 98133-5635 783

February 26, 2019 Letter ID: L0008733299 UBI: 604-385-045 Account ID: 604-385-045 Account Type: Excise Tax

### **IMPORTANT!** Tax Registration Information

Congratulations! You are now registered to operate your business in Washington. Your Unified Business Identifier (UBI) number shown above is a nine-digit number linking your business to the following UBI agencies if applicable: the Department of Revenue Business Licensing Service, the Office of the Secretary of State, the Department of Employment Security and Labor and Industries. Please use your UBI number when contacting these agencies. A Department of Revenue (DOR) tax account is also assigned to your business for reporting taxes. Please refer to the account ID shown above any time you contact DOR for assistance with your tax account.

### Filing due dates

Your taxes must be filed **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). When a due date falls on a weekend or legal holiday, the due date extends to the next business day. You must file a tax return each year, even if you do not have business activity to report.

Based on your business open date, the first return you must file is the annual period ending 12/31/2019 and is due on **January 31, 2020**.

### How to file your return

- E-file on our website: Filing your state excise tax return electronically saves time and helps
  your business avoid penalties by calculating taxes due and flagging potential errors. To get
  started on E-file you must access My DOR, our secure portal for business licensing and tax
  accounts.
- Request a printed form: Call us at 1-800-647-7706 to request tax return forms using the automated system or speak to a tax representative.
- Download forms: Go to our website at dor.wa.gov.

### Learn about your tax responsibilities

As a business owner, it is important that you stay up to date on your reporting obligations. For new businesses needing an overview of Washington taxes, we offer monthly workshops and webinars to help you understand your tax reporting responsibilities. Go to <a href="mailto:dor.wa.gov/workshops">dor.wa.gov/workshops</a> for a complete list of workshops around the state.

### How to apply for a free reseller permit

Reseller permits allow businesses to make qualifying purchases for resale without paying sales tax.