



RECEIVED
 JUN 17 2019
 WASH. UT. & TP. 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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	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 or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: WE GOT IT Local Mover LLC.

Trade Name, if applicable _____

Physical Address 940 N 163 RD ST APT 103 Shoreline Wa 98133

Mailing Address Same as above.

Telephone Number (206) 8599401 Email: Joan4DJ@hotmail.com

Contact Name: Juan Gutierrez Perez

BUSINESS INFORMATION - continued

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

Is your business registered with the Department of Revenue? No Yes
Business License/UBI #: 604385045 Department of Labor & Industries (L&I)
Worker's Comp account # _____

Employment Security Department (ESD) registration # _____

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.

I am only working by myself right now just delivering.

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>
<u>Juan Gutierrez Perez</u>	<u>owner</u>	<u>100%</u>

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: Delivery and moving small items. taking donation to charity. I will promote by social media.

2. Briefly describe your experience in the transportation/household goods moving industry: I have experience on moving goods on my previous job.

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. If you have interstate authority, have you registered for Unified Carrier Registration?
 No Yes

7. Do you operate interstate as an agent of another company?
 No Yes
 If yes, what is the name of the company? _____

8. 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

9. 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

10. 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

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

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 600	Salaries/Wages Payable	\$
Notes Receivable	\$ _____	Accounts Payable	\$
Investments	\$ _____	Notes Payable	\$
Other Current Assets	\$ _____	Mortgages Payable	\$
Prepaid Expenses	\$ _____	TOTAL LIABILITIES	\$
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	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	GVW
1997	Ford	CE0751N	IFDKE30L1V#B6-6,540 7719	

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:

Juan Gutierrez Perez

Position:

owner

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: <u>Juan Gutierrez Perez</u>	Position: <u>Driver Owner</u>
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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: <u>Juan Gutierrez Perez</u>	Position: <u>owner</u>
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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.

Juan Gutierrez Perez Juan Gutierrez 6/7/2019

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: Juan Gutierrez Perez

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: We got it local Mover LLC

Address (include street address, mailing address, city, state, zip, and county):
940 163RD ST APT 103.
Shoreline WA 98133

Phone Number: 206 8599401

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:

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 My service and help my community.

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

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

Juan Gutierrez
Signature of Person Completing Form

6/7/2019
Date and Location

WA
USA **WASHINGTON** DRIVER LICENSE

20 CZ171582E1721

4d LIC [REDACTED] 9CLASS

1 GUTIERREZ PEREZ
2 JUAN JESUS

3 DOB [REDACTED] 4a ISS 06/07/2017

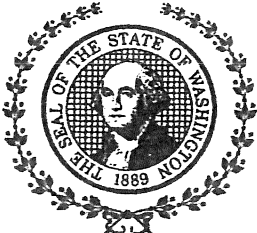
15 SEX M 18 EYES BRO
16 HGT 5'-08" 17 WGT 180 lb
12 RESTRICTIONS 9a END NONE
NONE 4b EXP 06/06/2024

Juan

[REDACTED]

REV 01/06/2015

UNITED STATES OF AMERICA

The State of  Washington
Secretary of State

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

OTHER PROVISIONS

Other Provisions:

PRINCIPAL OFFICE

Phone: 425-435-0439

Email: JUAN4DJ@HOTMAIL.COM

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

Street Address:

JUAN GUTIERREZ PERREZ

PO BOX 257, OLYMPIA, WA, 98507-0257, UNITED STATES

Email:
Address:

Mailing Address:

PO BOX 257, OLYMPIA, WA, 98507-0257, UNITED STATES

UPLOAD ADDITIONAL DOCUMENTS

EXECUTOR

Name Document Type
No Value Found.

Title	Executor Type	Entity Name	First Name	Last Name
			GUTIERREZ PEREZ	

UPLOADED DOCUMENTS
Address

EXECUTOR INDIVIDUAL JUAN
RETURN ADDRESS FOR THIS FILING

940 N 163RD ST APT 103, SHORELINE, WA, 98133-5635, UNITED STATES

Attention:

Document Type	Source	Created By	Created Date
No Value Found.			

EMAIL OPT-IN

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	Mailing Address
REGISTERED AGENTS INC. 170 S LINCOLN STE 150, SPOKANE, WA, 99201, UNITED STATES		

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - **Yes**

DURATION

Duration:
PERPETUAL

EFFECTIVE DATE

Effective Date:
02/08/2019



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

783

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

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 dor.wa.gov/workshops 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.

Taxpayer Account Administration Division
PO Box 47476 Olympia, WA 98504-7476

