



AUTO TRANSPORTATION AUTHORITY APPLICATION

FOR OFFICIAL USE ONLY			
DATE FILED: 1/15/21	Company: Northwest Paragliding Adventures LLC		Docket #: TC-210033
111-0268	Receipt ID: 71184	Payment ID:	Amount Paid: \$200
111-0268-232-01	111-0268-232-02	111-0268-230-01	111-0268-230-02

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below). Complete Sections 1-8 and Attachment A . Submit a proposed tariff and time schedule. Do you plan on providing charter/excursion service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Attachment F .	\$200.00
<input type="checkbox"/> Extension of Existing Auto Transportation Certificate C- <input style="width: 100px;" type="text"/> Complete Sections 1-8. Submit a proposed tariff, time schedule and Attachment A .	\$150.00
<input type="checkbox"/> Transfer or Lease Auto Transportation Authority – Complete Sections 1-8 and Attachments C & G . Transferring all of Certificate C- <input style="width: 100px;" type="text"/> Transferring a portion of Certificate C- <input style="width: 100px;" type="text"/>	\$200.00
<input type="checkbox"/> Temporary Auto Transportation Authority - New temporary authority or temporary to operate pending a commission decision on a parallel filed permanent application. Complete Sections 1-8 and Attachment B .	\$150.00
<input type="checkbox"/> Mortgage of Certificate – Complete Section 1 and Attachment E .	\$35.00
<input type="checkbox"/> Name Change – Change in corporate name, change in trade name; adding or deleting a trade name; or changing the surname of an individual owner or partner. Complete Section 1 and Attachment D .	\$35.00
<input type="checkbox"/> Reinstatement of Canceled Certificate – Complete Sections 1, 2 and 8.	\$200.00



Section 1 - Business Information

Legal Name: **Northwest Paragliding Adventures LLC**
Trade Name, if applicable:
Physical Address: **16633 SE 17th St**
Mailing Address: **16633 SE 17th St**
Telephone Number: **425.444.8854** Email: **scott@nwpa.aero**
Fax Number:
Contact Name: **Scott Stabbert**
USDOT#: **3537871** If you do not have a USDOT number, go to the [FMCSA website](#) to apply or call 360-596-3812 for assistance.

Is your business registered with the [Department of Revenue](#)? No Yes
Business License/UBI#: **604653062**

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

Washington ▼

List the name, title, and percentage of all partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
Scott Stabbert	Managing Member	100

Section 2 – Proposed Service Information

- What type of service do you plan on providing: door-to-door services and/or scheduled service?
 - Door-to-door service** - Service provided between locations identified by the passengers and points specifically named by the company in its filed tariff and time schedule. Door-to-door service requires a time schedule in compliance with WAC [480-30-281\(2\)\(c\)](#) and may be restricted to "by reservation only"; and/or,
 - Scheduled service** - Service provided between locations specifically named by the company (for example, the X Hotel at 4th and Main) and points specifically named by the company in its filed tariff and time schedule. Scheduled service requires the company to file a time schedule in compliance with WAC [480-30-281 \(2\)\(b\)](#) and may be restricted to "by reservation only."
- Provide the following documents with your application:
 - A map of the proposed line, route, or service territory that meets the standards described in [WAC 480-30-051](#).
 - Support statements for proposed service authority.



3) Describe the proposed type of service (see [WAC 480-30-096](#)) including the line, route, or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties or other geographic description:

Paraglider pilot shuttle up and down Tiger Mountain near Issaquah, WA. The route leaves the 'landing zone' on Issaquah-Hobart road, and drops pilots off at Poo Poo point.

4) State the conditions that demonstrate this proposed service is for the public convenience and necessity:

Required to support paragliding at Tiger Mountain. While strong athletic pilots can hike the mountain with their gear, that is not a practical solution for the majority of pilots. Paragliding is recognized by the City of Issaquah as a "City Treasure" and the site is recognized as one of the top paragliding spots in the entire US. The shuttle service is one of the aspects that makes the site accessible and popular.

5) State the applicant's prior experience and familiarity with the statutes and rules that govern operations they proposes:

No prior experience working with UTC, but shuttle operations have existed at the mountain for 25 years.

6) Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve? No Yes If yes, list the names and addresses of companies:

n/a

7) Do you currently hold, or have you ever held, an auto transportation certificate? No Yes

If yes, please indicate your certificate number C-

8) Have you ever applied for and been denied an auto transportation certificate? No Yes

If yes, please explain:

n/a

9) Have you or your company ever been cited for a business-related violation of state laws or commission rules by the UTC or any other federal or state agency? No Yes If yes, please explain:

n/a



Section 3 – Tariff and Time Schedule

- 10) Is this application for temporary authority, a new certificate, or extension of existing certificated authority?
 No Yes **If yes, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-256 through WAC 480-30-436.**
- 11) Are you applying for fare flexibility as described in WAC 480-30-420? Yes No
If yes, complete Attachment H to show your proposed base rate and maximum rate.
- 12) If this application is a transfer or a lease of authority from an existing certificated company, you must either file a new tariff and time schedule at the same rate levels as on file, or, you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use: Adopt File new tariff

Section 4 - Financial Statement

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

Assets		Liabilities	
Cash in Bank	\$ 18	Salaries/Wages Payable	\$ 0
Notes Received	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	Total Liabilities	\$ 0
Land and Buildings	\$ 0	Net Worth	\$ 0
Trucks and Trailers	\$ 20,000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 38	TOTAL LIABILITIES AND NET WORTH	\$ 0

In addition, the application must include the following (see WAC 480-30-096)

- Ridership and Revenue forecasts for the first twelve months of operation.
- A pro forma balance sheet and income statement for the first twelve months of operation.

Section 5 – Hearing Information

If the commission assigns this application for a formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 0	Amount of time: 0
Will an attorney be representing you? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following:	
Attorney's Name:	Attorney's Phone Number:
Attorney's Firm:	Fax Number:
Street:	
City, State, Zip:	Email:



Section 6 - Equipment List

Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required. Per [WAC 480-30-036 \(2\)](#), "Party bus" means any motor vehicle whose interior enables passengers to stand and circulate throughout the vehicle because seating is placed around the perimeter of the bus or is nonexistent and in which food, beverages, or entertainment may be provided. A motor vehicle configured in the traditional manner of forward-facing seating with a center aisle is not a party bus.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity	Party Bus?
2013	Chevy Express	C72904V	1GAZGZFG6D1179603	15	NO <input type="checkbox"/>

*attach additional pages if necessary

13) Will you be employing CDL drivers? Yes No

Section 7 - Operational Responsibilities

Identify the person and position responsible for understanding and complying with the requirements of each category shown below:

Tariffs, Time Schedules, Rates and Rate Filings ([WAC 480-30-251](#) through [WAC 480-30-436](#)) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per [WAC 480-30-251](#).

Name: **Scott Stabbert** Position: **Managing Member**

Annual Reports and Regulatory Fees ([WAC 480-30-066](#) through [WAC 480-30-081](#)) Auto transportation companies must file an annual report of its financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report by May 1; and pay regulatory fees by Dec. 31 of each year.

Name: **Scott Stabbert** Position: **Managing Member**

Customer Service Person responsible for customer service complaints, and customer notice requirements.

Name: **Scott Stabbert** Position: **Managing Member**

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 such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (business licensing, taxes); and Employment Security.

Name: **Scott Stabbert** Position: **Managing Member**



Section 8 – Safety
 In each of the categories shown below, list the person and position responsible for understanding and complying with the **Federal Motor Carrier Safety Regulations (FMCSR)** and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

Controlled Substance Abuse 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 if your company has commercial vehicles and employs CDL drivers.**

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Driver Qualification Requirements (Title 49, Code of Federal Regulations Part 391) Drivers must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Driver Hours of Service (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Inspection, Repair and Maintenance (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Safety Regulations, General (Title 49, Code of Federal Regulations Part 390)

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Driving of Commercial Motor Vehicles (Title 49, Code of Federal Regulations Part 392)

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Parts and Accessories Necessary for Safe Operation (Title 49, Code of Federal Regulations Part 393)

Name: Scott Stabbert	Position: Managing Member
-----------------------------	----------------------------------

Section 9 - Declaration of Applicant

INITIAL

SS I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

SS I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

SS I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

SS I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

Name: Scott Stabbert	Date: 01/21/2021
-----------------------------	-------------------------



Poo Poo Point

Landing Zone

Tiger Mountain

Tiger Mountain State Forest

18

Tiger Mountain Rd SE

Tiger Mountain

Issaquah High School

Squak Valley Park

Seattle Paragliding

Squak Mountain

SE Tiger Mountain Rd

Mirrormont

Issaquah Hobart Rd SE

Cedar Grove Rd SE

SYCAMORES

SE May Valley Rd



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: **Northwest Paragliding Adventures, LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Alex Leone**

Address: **518 N 72nd St, Seattle, WA 98103**

Phone Number: **(206) 866-5497** Email: **acleone@gmail.com**

Fax Number:

Describe the need for the requested service:

As a paraglider pilot, I would like a shuttle from the landing zone at the bottom of Tiger Mountain (Chrico Trailhead on Issaquah Hobart Road) to the launch point at the top (Poo Poo Point viewpoint). Currently, I have to hike ~45 minutes, sometimes multiple times per day, to enjoy my hobby.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **None**

Explain why the current company is not providing adequate service:

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Alex Leone
 Print Name


 Signature

12/8/2020
 Date



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: **Northwest Paragliding Adventures, LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Marc Chirico**

Address: **11206 Issaquah-Hobart Rd. SE Issaquah, WA 98027**

Phone Number: **206.387.3477** Email: **marc@seattleparagliding.com**

Fax Number:

Describe the need for the requested service:
We currently have no shuttle service up the mountain, and really need one. We've had a shuttle service for 25 years, and not having one now really impacts the community.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No. DNR only allows a single shuttle, and there is currently none.**

Explain why the current company is not providing adequate service:
n/a

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Marc Chirico Print Name	 Signature	01/12/2021 Date
-----------------------------------	---------------	---------------------------

Northwest Paragliding Adventures LLC

Ridership Revenue Forecast and Pro Forma Balance Sheet and Income Projections for 2021

Prepared 1/15/2021 by Scott Stabbert, Managing Member, Northwest Paragliding Adventures LLC

Estimated Expenses - average year		Notes
Total shuttle runs / year	730	Average from last 3 years (H64)
Total shuttle mileage / year	15,609	Runs * avg miles/run + Flying days * Begin/end day distance
Fuel	\$ 11,121.18	(miles / miles per gallon) * \$ / Gal
Tires (5K miles / set: \$1,500.00)	\$ 3,000.00	
Brakes each year	\$ 1,960.00	
Driver runs	\$ 36,500.00	
Driver daily fueling & safety check	\$ 8,816.67	
Business Auto Policy	\$ 2,000.00	
CGL	\$ 1,300.00	
Other maintenance	\$ 1,000.00	
Accounting	\$600.00	
Vehicle depreciation	\$5,000.00	4 year
Web application operational fees	\$1,000.00	
Total Estimated Expenses	\$ 72,297.84	

Estimated Revenue - average year		Notes
Assuming average rider pays	\$ 18.00	
	Trips Passenger load Revenue	
	7% 14 \$ 12,877.20	Total shuttle runs * Trip% * passengers * Fee
	8% 13 \$ 13,665.60	
	8% 12 \$ 12,614.40	
	9% 11 \$ 13,008.60	
	12% 10 \$ 15,768.00	
	12% 9 \$ 14,191.20	
	11% 8 \$ 11,563.20	
	10% 7 \$ 9,198.00	
	10% 6 \$ 7,884.00	
	8% 5 \$ 5,256.00	
	5% 4 \$ 2,628.00	
	100%	
Total estimated gross revenue	\$ 118,654.20	
Stripe - bank processing fee	4% \$ 4,746.17	Total Revenue * average Stripe processing fee
Total Estimated net revenue	\$ 113,908.03	

Net \$ 41,610.19

Cost of a one run day		
Trip fuel	\$ 12.83	Miles per run / Miles per gallon * \$/gallon of fuel
Arrive and depart fuel	\$ 9.98	Begin/End Day miles / Miles per gallon * \$/gallon of fuel
Driver	\$ 100.00	Begin/end day fee + per trip fee
	\$ 122.80	
Yearly fixed costs	\$15,860.00	Tires, brakes, BAP, CGL, accounting, vehicle dep, website, maint
Fixed costs/runs per year	\$ 21.73	
Total cost for a single run day	\$ 144.53	

1/13/2021

Washington Utilities and Transportation Commission
Attn: Mr. Mark Johnson, Executive Secretary
PO Box 47250
Olympia, WA 98504-7250

RE: Request for Forbearance from Rate and Service Regulations and Exemption from Rules

To Mr. Mark Johnson, Executive Secretary

I am applying for authority to provide auto transportation services to shuttle paraglider pilots up Tiger Mountain to Poo Poo point where we fly off. I believe the service meets the criteria for an exemption/forbearance from rate and service regulations pursuant to RCW 81.68.015 Auto Transportation Companies.

Our service,

1. Does not serve an essential transportation purpose, is solely for recreation, and will not adversely affect the operation of any regulated auto transportation company.
2. The service is in the public interest.

The shuttle drives 3 miles on county streets to a gate to Tiger Mountain's forest road.

The shuttle has been granted access to the locked gate for the 1000 Forest Road on Tiger Mountain by Washington State Department of Natural Resources (DNR). DNR allows the paraglider shuttle privileged access to this road so there is no other traffic involved.

Because I am requesting forbearance from rate and service regulations, I am also requesting an exemption from the following related rules:

- WAC 480-30-256 thru 436, Tariffs and time schedules, as well as
- WAC 480-30-096(3)(c), (d), (f) and (g).

I understand that if forbearance from rate and service regulations is approved for this service, I will receive a Charter / Excursion certificate which falls under the requirements of RCW 81.70 (Passenger Charter and Excursion Carriers)

Thank you for your consideration of our request for forbearance from rate and service regulation.

Sincerely,



Scott Stabbert, Managing member
Northwest Paragliding Adventures LLC

SYCAMORES

Issaquah High School

Front St S Front St S

Squak Valley Park

Issaquah Hobart Rd SE

Seattle Paragliding

Squak Mountain

Site Park

SE May Valley Rd

Landing Zone

Poo Poo Point

Tiger Mountain State Forest

Tiger Mountain

Mirrormont

Tuscan Stone

SE Tiger Mountain Rd

Issaquah Hobart Rd SE

Cedar Grove Rd SE

Tiger Mountain Rd SE

Tiger Mountain

18





621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: **Northwest Paragliding Adventures, LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Marc Chirico**

Address: **11206 Issaquah-Hobart Rd. SE Issaquah, WA 98027**

Phone Number: **206.387.3477** Email: **marc@seattleparagliding.com**

Fax Number:

Describe the need for the requested service:
We currently have no shuttle service up the mountain, and really need one. We've had a shuttle service for 25 years, and not having one now really impacts the community.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No. DNR only allows a single shuttle, and there is currently none.**

Explain why the current company is not providing adequate service:
n/a

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Marc Chirico		01/12/2021
Print Name	Signature	Date



621 Woodland Square Loop SE
Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: **Northwest Paragliding Adventures, LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Alex Leone**

Address: **518 N 72nd St, Seattle, WA 98103**

Phone Number: **(206) 866-5497** Email: **acleone@gmail.com**

Fax Number:

Describe the need for the requested service:

As a paraglider pilot, I would like a shuttle from the landing zone at the bottom of Tiger Mountain (Chrico Trailhead on Issaquah Hobart Road) to the launch point at the top (Poo Poo Point viewpoint). Currently, I have to hike ~45 minutes, sometimes multiple times per day, to enjoy my hobby.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **None**

Explain why the current company is not providing adequate service:

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Alex Leone
Print Name


Signature

12/8/2020
Date

Northwest Paragliding Adventures LLC

Ridership Revenue Forecast and Pro Forma Balance Sheet and Income Projections for 2021

Prepared 1/15/2021 by Scott Stabbert, Managing Member, Northwest Paragliding Adventures LLC

Estimated Expenses - average year		Notes
Total shuttle runs / year	730	Average from last 3 years (H64)
Total shuttle mileage / year	15,609	Runs * avg miles/run + Flying days * Begin/end day distance
Fuel	\$ 11,121.18	(miles / miles per gallon) * \$ / Gal
Tires (5K miles / set: \$1,500.00)	\$ 3,000.00	
Brakes each year	\$ 1,960.00	
Driver runs	\$ 36,500.00	
Driver daily Fueling & safety check	\$ 8,816.67	
Business Auto Policy	\$ 2,000.00	
CGL	\$ 1,300.00	
Other maintenance	\$ 1,000.00	
Accounting	\$ 600.00	
Vehicle depreciation	\$ 5,000.00	4 year
Web application operational fees	\$ 1,000.00	
Total Estimated Expenses	\$ 72,297.84	

Estimated Revenue - average year		Notes
Assuming average rider pays	\$ 18.00	
	Trips Passenger load Revenue	
	7% 14 \$ 12,877.20	Total shuttle runs * Trip% * passengers * Fee
	8% 13 \$ 13,665.60	
	8% 12 \$ 12,614.40	
	9% 11 \$ 13,008.60	
	12% 10 \$ 15,768.00	
	12% 9 \$ 14,191.20	
	11% 8 \$ 11,563.20	
	10% 7 \$ 9,198.00	
	10% 6 \$ 7,884.00	
	8% 5 \$ 5,256.00	
	5% 4 \$ 2,628.00	
	100%	
Total estimated gross revenue	\$ 118,654.20	
Stripe - bank processing fee	4% \$ 4,746.17	Total Revenue * average Stripe processing fee
Total Estimated net revenue	\$ 113,908.03	

Net \$ 41,610.19

Cost of a one run day		
Trip fuel	\$ 12.83	Miles per run / Miles per gallon * \$/gallon of fuel
Arrive and depart fuel	\$ 9.98	Begin/End Day miles / Miles per gallon * \$/gallon of fuel
Driver	\$ 100.00	Begin/end day fee + per trip fee
	\$ 122.80	
Yearly fixed costs	\$ 15,860.00	Tires, brakes, BAP, CGL, accounting, vehicle dep, website, maint
Fixed costs/runs per year	\$ 21.73	
Total cost for a single run day	\$ 144.53	