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 P.O. Box 47250
 Olympia, WA 98504-7250
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 or
 1-800-416-5289
 E-mail: Transportation@utc.wa.gov



Friday Harbor Jolly Trolley LLC

AUTO TRANSPORTATION AUTHORITY APPLICATION

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<input type="checkbox"/> <u>New Certificate</u> (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 type="checkbox"/> No If yes, complete Attachment F.	\$200.00
<input checked="" type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate</u> <i>C-H 067128</i> Complete sections 1-8. Submit a proposed tariff and time schedule.	\$150.00
<input type="checkbox"/> <u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachments C & G. Transferring all of Certificate C- _____ Transferring a portion of Certificate C- _____	\$200.00
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> - 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"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment E.	\$35.00
<input type="checkbox"/> <u>Name Change</u> – Change in corporate name, change in trade name; adding or deleting a trade name; or change the surname of an individual owner or partner. Complete section 1 and Attachment D.	\$35.00
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1, 2 and 8.	\$200.00

FOR OFFICIAL USE ONLY			
Date Filed		ID#	Docket #:
LS Staff Assigned	Insurance	Map	Tariff/ Time Schedule
DOL/SOS	Safety Inspection		Cert Issued
		Receipt ID	111-0268
111-0268-232-02	111-0268-232-01	111-0268-230-02	111-0268-230-01

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant: Friday Harbor Jolly Trolley Inc. DBA Leavenworth Jolly Trolley

Trade Name(s) (if applicable): Friday Harbor Jolly Trolley

Phone #: 360-298-8873 Fax #: _____ E-mail: Friday Harbor Jolly Trolley@yahoo.com

Physical Address:	Mailing Address (if different from physical):
Street: <u>1758 San Juan Drive</u>	Street: <u>PO Box 1024</u>
City: <u>Friday Harbor</u>	City: <u>Friday Harbor</u>
State/Zip: <u>WA 98250</u>	State/Zip: <u>WA 98250</u>

Unified Business Identifier Number (UBI): 603495-206 If you do not know your UBI number or need to request one, contact Business Licensing Services at 1-800-451-7985.

Type of Business Structure: Individual Partnership Corporation Other (LP, LLP, LLC)
If other than individual, list the name, title, and percentage of partner's share or stock distribution for major stockholders or members:

Name	Title	Stock Distribution or % of Shares
<u>Alison Canuso</u>	<u>Owner/President</u>	<u>100</u>
_____	_____	_____
_____	_____	_____

USDOT number 2858854 If you do not have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3810 for assistance.

~~NA Department #~~
Labor & Industries #: 642-354-00 Employment Security Department #: 000-687716-00-0

SECTION 2 - COMPANY INFORMATION

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 See map in Brochure. See Attached
- Support statements for proposed service authority

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 (e.g., 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."

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:

Passenger Service From The Following points, All being Start and End points
Depending on where clients start their tour. We stop @ Sleeping lady - Icicle A&S Cam
Icicle Village Resort - Bavarian Lodge - Chamber of Commerce - Museum - KOA - Hampton Inn -
Smallwoods - Silvara Winery - Icicle Ridge Winery - Remley Farm - Red Tail Canyon

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

We offer a service that no one else does. We have an educational video that teaches people about each stop we go to.

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

AS a Charter/Excursion Company we have worked with UTC which we know we need to apply for Forbearance

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:

NO ONE OFFERS THIS SERVICE UNDER AN AUTO TRANSPORTATION COMPANY.

Do you currently hold, or have you ever held, an auto transportation certificate?

No Yes If yes, please indicate your certificate number C-H 067128

Have you ever applied for and been denied an auto transportation certificate?

No Yes If yes, please explain

Have you ever been cited for violation of state laws or commission rules?

No Yes If yes, please explain

SECTION 3 - TARIFF AND TIME SCHEDULE

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-256 through WAC 480-30-436.

Or are you applying for fare flexibility as described in WAC 480-30-420? Yes or No

If yes, complete Attachment H to show your proposed base rate and maximum rate.

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 or File new tariff

SECTION 4 – 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: <u>1</u>	Amount of time: <u>1 DAY</u>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address: Street	Fax number:
City, State, Zip	E-mail address

SECTION 5 – FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

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 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheet if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted. *We ARE DOT Certified # 2858854. UTC Informed us we do NOT need a Commercial Vehicle Safety Alliance Inspection Decal*

Year	Make	License Number	Vehicle ID number	Seating Capacity
1997	Bath Trolley		4V2MM0293VC22659	29

SECTION 7 – SAFETY AND OPERATIONS

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.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Alison Canuso Position: Owner

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Alison Canuso Position:

DRIVERS 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: Alison Canuso Position: Owner

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: Alison Canuso Position: Owner

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: Alison Canuso Position: Owner

SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: Alison Canuso Position: Owner

DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

Name: Alison Canuso Position: Owner

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)

Name: Alison Canuso Position: Owner

OPERATIONAL RESPONSIBILITIES

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: Alison Canuso Position: Owner

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 December 31 of each year.

Name: Alison Canuso Position: Owner

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.

Name: Alison Canuso Position: Owner

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, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Alison Canuso Position: Owner

SECTION 8 – DECLARATION OF APPLICANT

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.

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.

I, the undersigned, certify that the information in this application is true and correct, and that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name: Alison Canuso Title: Owner/President

Signature: Alison Canuso

Date: 8/15/2018 County, State Son Juan County, WA

