

- Legal Name must match your registered name with Business Licensing Services.
- Trade Name(s) if any. If you plan on using other names than your legal name, include them on the application. They also must be registered with Business Licensing Services.
- Include Mailing address and Physical address, if different.
- Record your Unified Business Identifier (UBI#).(business license number);
- If corporation or LLC, you must be registered with Secretary of State's Office. Also list the names, titles, and percentages of ownership/members of business.
- Record your USDOT number. This is a requirement for intrastate passenger carriers. The legal name and trade name must match exactly how applying for this authority.
- Describe the type of tours/excursions you plan on providing. (attach additional sheets if needed)

Section 2 - Equipment

- List all vehicles that will be used to transport passengers. The equipment will be inspected once all requirements are met and we have insurance on file.

Section 3 - Safety and Operations

- Indicate the name and position of the person that will be responsible for these requirements.

Section 4 - Declaration of Applicant

- Sign and date.

Insurance

- Contact your insurance agent and request a Form E filing (combined single limit of public liability and property damage). The insurance must be in your legal name. We will accept a Binder or Certificate of Liability for up to 60 days or until the Form E is received. The Binder or Certificate of Liability must show the Washington Utilities & Transportation Commission as the certificate holder. Mail, fax or email to the above address or email address.

Once all requirements are met and insurance is received, we will set up an inspection of your vehicles.



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

**APPLICATION FOR
 CHARTER AND EXCURSION CARRIER SERVICES
 CERTIFICATE**

(For Official Use Only)	Company ID:	Docket TE-
111 0268 232 01		
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

TE-200169
Yakima Beer Tour, LLC
Received: 3/11/2020
Payment ID: 10941
Receipt ID:
Payment: \$225

**Passenger Charter and Excursion Carrier Services [WAC 480-30](#)
Fee Required**

New Authority
\$200.00

Transfer an existing certificate to a new owner or business structure.
 o If transfer, complete Attachment A.
\$200.00

Reinstate a previously cancelled certificate; [WAC-480-30-121](#).
\$200.00

Plus,

Regulatory Fee - In accordance with [RCW 81.70.350](#) "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

Total number of vehicles to be operated 1 x \$25 per vehicle =
 \$ 25

Total due (\$200, plus, \$25 per vehicle)
 = \$ 225

Name Change - WAC [480-30-146](#)
\$ 35.00

Application to change a company's corporate name, change a trade name, add a new trade name or change the surname of an individual owner or partner.

Company Name: _____

FIL

ATION

Select one of the following:

- Scan/PDF your app _____ and pay online at payments.utc.wa.gov, or,
- Mail your application with your check or money order to the following address:
 UTC, PO Box 47250, Olympia, WA [98504-7250](tel:3604857250)

ACH online (no service fee) or credit card online at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

SECTION 1 – APPLICANT INFORMATION

Legal Name: Yakima Beer TOUR LLC / OSCAR R. Rodriguez Peña
The legal name must match your registration with [Department of Revenue](#)

Trade Name(s) (if any): Yakima Beer TOUR LLC
Trade name(s) must be registered under your [UBI number](#)

Mailing Address: _____ Physical Address: _____

Street Street 611 S. 9th Ave
City City YAKIMA
State/Zip State/Zip WA 98902

Phone Number: 509 952 8989 Fax
Number: N/A
UBI #: 604 227804 E-
Mail: YAKIMA-beertour@hotmail.com
Website: N/A

Type of business structure

Individual Partnership Corporation Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name of Shares	Title	Stock Distributions or Percentage
<u>Oscar Rodriguez</u>	<u>Owner</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

USDOT # 3120551 If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: weddings, quinceaneras, private parties, beer tours, wine tours.

Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?

No Yes If yes, please explain _____

SECTION 2 - EQUIPMENT

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 number	Seating Capacity	Party Bus Vehicle (Y/N)
994	Ford	C53862B	1FDXE40SDX1851083	14	Y

SECTION 3 – 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). 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.
- **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.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: OSCAR RODRIGUEZ | Position: OWNER / OPERATOR

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by May 1 of each year.

Name: OSCAR RODRIGUEZ | Position: OWNER / OPERATOR

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to:

Name: OSCAR RODRIGUEZ Position: Owner/Operator

SECTION 4 – DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

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.

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

Printed name of applicant
OSCAR RODRIGUEZ

Signature of applicant
[Signature]

Date 03/09/2020 County, State
Yakima, WA

ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): _____

Current Trade Name on Certificate (Seller): _____

Address (Seller): _____

Certificate Number: _____ Phone Number (Seller) _____

Have all fines or penalties owed to the Commission been paid? No Yes

Has the closing safety report been filed with the Commission? No Yes