98133

TV-101646 Replacement Pages

Name of the last o	BUSINESS (	NFORMATION
Name of Applicant (mus	onathon St	
Trade Name, if applicable	· · · · · · · · · · · · · · · · · · ·	5 Transport (august
Physical Address /	270 Auroi	a Ave N Apt. 306 Shoreline, WA
Maining Address	PA PO	BOX 77518 Seattle WA 98177
Telephone Number ( 253) 961-	4/63	Fay Number (
UBI#: 603 012 8	329	Email: JESMOVING Valva. com  rently don't have one, you can go online at 360-596-3816 on 360-606 3800 5
Www.fmcsca.dot.gov/online-registration	2/29 (If you cur	rently don't have one, you can go online at 360-596-3816 or 360-596-3803 for assistance.)
Have you established a Worker's c	7	unt with the Department of Labor & Industries?  (required if you have employees.)
Have you registered with the Empl ESD No. <u>1927 - 1698 - 002</u>	Olymont Committee De	A CONTRACT NO NO
Have you registered your business		· · ·
TY	PE OF BUSINE	SS STRUCTURE
Individual Partnership	Corporation (UP, LLP, LLC)	☐ Other
Name		stock distribution for major stockholders:
2.0001	Title	Stock Distribution or Percentage of Shares
CALL DECIMAL AND ASSESSMENT OF THE SECOND SE	and the Annual Control of the Contro	

Choose one of the following for the territory in which you wish to operate:
All counties in the State of Washington  The following named counties only:
Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmer need for service:  We only use dealected Professions to transport your belongings with the number care and compassions we provide a moving service unlike most your services unlike most yet as possible, because we understand the stress and pressure that comes in the
Briefly describe your experience in the transportation/household goods moving industry:  I have been in the industry to about three years and have undestrood the process to a happy custamer. My experience has shown me Customer service is most important to a successful business.
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  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"
Do you currently operate interstate? No DYes If yes, please indicate your  MC#and USDOT#
Do you operate interstate as an agent of another company? No Tes If yes, what is the
Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? INO 1 Yes If yes, please explain:
Have you ever been convicted of a crime? No   Yes   If yes, please explain:
lave you been cited for violation of state laws or Commission rules? No 🗆 Yes If yes,
Page 4 of 12

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Ass	ets	Liabilitie	
Cash in Bank	\$ 1000	Salarics/Wages Payable	s
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	s
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABLITIES	s
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	s 8500	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 9,500	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Yenr AOUX	Make Joseph Jackta	License Number	Vehicle ID Number	Gross Vehicle Weight
<u>2002</u>	Toyota Tudo	B90231L	5TB RN341425322582	la ton
				V
-				and the same of persons, and the same of t

Applicant Name:

#### 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.

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and the sample of the Constant of the anticont
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
Gig Husboy Wiff 98332
F. 11-1-5-12 -18-7-20
Gig Has 10/1 48351
Phone Number: 253-726-7625
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 MYes If yes, please describe your future moving needs:
I will be moving next year.
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:
The was first and golden Sing and former
moving services to the public.
pung arrest to the fullic
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit?
A Z Z
$N\mathcal{O}$
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
1 certify (or aectare) under penany of perfury under the turns of the state of trastinger than the foregoing to
and correct.
NO MARCHARIAN STATE STAT
Signature of Person Completing Form Date and Location

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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: ONOTA FEVVET
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Olivia Pevve+
Address (include street address, mailing address, city, state, zip, and county):
Address (include street address, marring address, thy, state, 21p, and county)  1927-0 Acros Ale VI # 306
Sometime WA OBBR 98103
Phone Number: 253495-5100
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?
TNo Wes If yes, please describe your future moving needs:
of more even that we are is
Transper as mymoser Workington
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:  Increase in labor Sewices by professionals whom I
Increase in land services by Lebournas
can rust with my our or j
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
I certify (or deciare) under penalty of perfury under the taws of the state of reasoning on the state of reasoning of reasoning on the state of reasoning on the state of reasoning on the state of reasoning of reasoning on the state of reasoning of reasoning of reasoning of reasoning or reasoning of reasoning or reasoning of reasoning or reas
12/10/16
Signature of Person Completing Form  Date and Location

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The following must be completed by the Supporter of the applicant  Name, firle, and Business Name  Address (include street address, mailing address, city, state, zip, and county):  Phone Number:  3 6 8 5 5 8 5  Do you currently need the services of a residential household goods moving company?  Alo 1 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?  This 1 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 consequenty.  The 1 Yes 1 Yes, please describe your consequenty.
Name, Fide, and Business Name  Co. 140 Sec. 440  Address (include street address, mailing address, city, state, zip, and county):  Phone Number: 3 (0.80) - 5875  Doyou currently need the services of a residential household goods moving company?  No 1 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 1 Yes If yes, please describe your future moving needs:
Address (include street address, mailing address, city, state, zip, and county):  Phone Number: 360 805 5875  Doyou currently need the services of a residential bousehold goods moving company?  No Tyes If yes, please describe your current moving needs:  Do you anticipate a future need for the services of a residential household goods moving company?  Thio Tyes If yes, please describe your future moving needs:
Address (include street address, mailing address, city, state, 2ip, and county):  Phone Number: 360. 801-5875  Doyou currently need the services of a residential bousehold goods moving company?  No 1 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?  Tho 1 Yes If yes, please describe your future moving needs:
Phone Number: 3 60. 801-5875  Do you currently need the services of a residential household goods moving company?  No Tyes 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 Tyes If yes, please describe your future moving needs:
Phone Number: 360.801-5875  Do you currently need the services of a residential household goods moving company?  No Tyes 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 Tyes If yes, please describe your future moving needs:
A No
Do you anticipate a future need for the services of a residential household goods moving company?  This I yes, please describe your future moving needs:
This I Yes If yes, please describe your future moving needs:
This I 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 consumity SERUICES SECULORS,
Karny Co.
Is there appeling else the Commission should consider when making a determination about this company's
application for a household goods permit that the Company
application for a household goods permit? Hot the Company
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
Signature of Person Completing Form  Date and Location