

Replacement
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BUSINESS INFORMATION

Name of Applicant Doug Carr U Save Moving Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable NA U SAVE Moving INC.

Physical Address 8542 19 AM NW Sea WA 98117

Mailing Address _____

Telephone Number (206) 326-9967 Fax Number (801) 846-7382

UBI #: _____ Email: U.SAVE.MOVING@GMAIL.COM

USDOT #: 2100536 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____ (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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

Name	Title	Stock Distribution or Percentage of Shares
Doug Carr	OWNER	100 %



Master License Service
 Department of Licensing
 P O Box 9034
 Olympia WA 98507-9034

Master Business Application Record of Filing

Congratulations! The application has been submitted

If you find any mistakes, please enter your corrections on the next screen.

Filing Information

Filing Date and Time:	Jan 11 2011 12:37:15:000PM Pacific Time
UBI Issued:	Not Issued. To get your number, contact us after 2 business days at 360-664-1400 or mls@dol.wa.gov, or wait 14 days to receive your license in the mail.
Application Transaction #: <i>(Refer to this number if you have questions about this application.)</i>	20110115369
Credit Card Approval #:	0047702050005522004200
Last 5 digits of Credit Card #:	00000
Credit Card type:	Master Card
Total fees to be billed to your credit card	\$15.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

Industrial Insurance	\$0.00
Tax Registration	\$0.00
Unemployment Insurance	\$0.00
Processing Fee:	\$15.00
Total fees to be billed to your credit card:	\$15.00

Purpose of Application

Open/Reopen Business

Ownership Structure

Ownership Structure:	Corporation
Is this application for a business with a Washington State location?	Yes
Will you have employees working in Washington State within 90 days?	Yes
Do you plan to hire independent contractors or people you will report on a 1099 form?	Yes
Federal Employer ID Number (FEIN):	
Unified Business ID (UBI):	
Business ID:	
Location ID:	

Business Location Address:
 Business Location City:
 State:

Ownership Structure Follow-up

Have you filed your paperwork with the Washington Secretary of State? Yes
 Legal Business Name: U SAVE MOVING INC
 Date of Incorporation: January 2011
 State of Incorporation: WA

Governing Person(s)

Person 1:
 Title(s): President, Vice President, Secretary, Treasurer, Chairman of the Board, Director, Officer
 Name: DOUGLAS A CAVE
 Phone: (206) 789-4900
 Birth Date: [REDACTED]
 SSN: [REDACTED]
 Percent Owned: 100%
 Address: 1704 N 17TH ST
 BOISE, ID 83702
 Does this Governing Person have a spouse? No

Business Information

Business Firm Name (doing business as):
 Mailing Address: 3322 164TH ST SW
 LYNNWOOD, WA 98087

Business Location Information

Location Address: 3322 164TH ST SW
 LYNNWOOD, WA 98087
 Is this business located within the city limits? No
 Do you want a separate tax return for each location or trade name? No
 First date of business: January 2011
 Phone: (206) 789-4900
 Fax Number:
 Email Address: USAVEMOVING@GMAIL.COM
 Estimated Gross Income: \$28,001 - \$60,000
 Products sold and Services provided: MOVING FURNITURE
 Business activities in Washington State: Services

Additional Business Information

Bank Name: BANK OF AMERICA
 Branch: LYNNWOOD
 Did you buy, lease or acquire all or part of an existing business? None
 Date bought/leased/acquired:

Prior Business Name:

Prior Owner's Name:

Prior Owner's Phone:

Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? No

Purchase or lease price:

Is this business owned by, controlled by, or affiliated with any other business entity? No

If you are changing your ownership structure (such as changing from sole proprietor to corporation), do you want to close the old account? N/A

Old UBI number to be closed:

Have you ever owned another business in Washington? No

Business Name:

UBI Number:

If you need assistance, specify your language:

Hire Employees

Hiring: Adults

Do you have employees working at more than one location in Washington State? No

Unemployment Insurance: All locations combined

Workers' Compensation: All locations combined

General Employee Information

Date of first employment or planned employment at this location: 04/01/2011

First date wages paid: 05/01/2011

Number of persons you currently employ or plan to employ at this location (do not include owners): 2

Employee hours (3 month estimate): 240

Describe the activities of your employees: MOVING FURNITURE

Optional Insurance

Major operation of your business: Vehicles & Repair/Transportation

Profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form. Visit the Employment Security Department at: www.esd.wa.gov/uitax/corporateofficers/exempt-officers-defined.php for the form and more information.

Do you wish to apply for elective workers' compensation coverage for owners? No

Do you wish to apply for elective workers' compensation coverage for excluded employment? No

Prepared By:

Name:

JOHN HAUGHNEY

Phone number:

(425) 745-6900

By checking this box, I declare under penalty of perjury under the laws of the State of Washington that I am the applicant or authorized representative of the firm making this application and that the information provided in this application, including any additional information provided separately, is true, correct and complete.

Yes

Your application has been completed and submitted. We will review your application within the next 24 business hours. Your license document will be mailed after all licenses are approved. Please allow 14 business days to receive your license in the mail.

Please Print this page for your records.

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