

March 30, 2022

10631.0104

#### VIA WEB PORTAL

Ms. Amanda Maxwell
Executive Director and Secretary
Washington Utilities and Transportation Commission
621 Woodland Square Loop SE
P.O. Box 47250
Olympia, Washington 98504-7250

Re: Kent Meridian Disposal, Certificate G-60; Trade Name Application

Dear Ms. Maxwell:

Enclosed for filing today are Kent Meridian Disposal's Trade Name Change Application along with the Attachment C-Change of Corporate/Individual Name. The application fee of \$35 will be processed though the website.

Please contact us with any further questions you might have on this matter and thank you for your attention to the above.

Yours truly,

David W. Wiley

dwiley@williamskastner.com

(206) 233-2985



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

### SOLID WASTE COLLECTION COMPANY CERTIFICATE APPLICATION

FOR OFFICIAL USE ONLY								
Date Filed: <b>03/31/2022</b>	Comp	oany: <b>Kent Meridian D</b>	Docket #: <b>TG-220236</b>					
Receipt ID:		Payment ID: 18670		Amount	Paid: <b>\$ 35.00</b>			
111-0268	111-0268-227-02		111-0268-032-20					

Type of Solid Waste Authority Requested - only	one type per application is allowed	Fee		
Permanent Authority – check the appropriate box below and complete entire application				
and submit a proposed tariff as outlined in the standard tariff form (WAC 480-70-091).				
☐ New certificate				
☐ Extension of certificate: Certificate G-				
☐Transfer of authority: Certificate G-	Complete Attachment B	\$200		
☐ Lease of authority: Certificate G-	Complete Attachment B			
☐ Reinstatement of canceled authority: Certificate G-				
(must be filed within 30 days of cancellation). Include a statement justifying the				
reinstatement and complete sections 1, 2, and 8.				
Temporary Authority – Complete this application and check appropriate type (WAC 480-70-131).				
☐ New temporary authority – complete <i>Attachment A.</i>				
☐ Temporary authority to operate pending a commission decision on a concurrently filed				
certificate application.				
☐ Expedited temporary authority – to meet an immediate or urgent need for a period of not				
more than 30 days – complete <i>Attachment A.</i>				
Name Change (There can be no change in ownership) –	Check the appropriate box(s)			
below (WAC 480-70-121) and complete section one of this application and Attachment C.				
☑ Change of corporate name				
☐ Change of trade name				
☐ Addition or new trade name				
☐ Change of surname of an individual owner or par	tner			
Mortgage including requests for permission to mortgag	e or otherwise encumber a	\$35		
certificate (WAC 480-70-116).				
☐ Complete Attachment D				

5-2020 Page **3** of **9** 



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

# Section 1 – Business Information Legal Name: Kent Meridian Disposal Company Trade Name(s), if applicable: Republic Services of Kent/Allied Waste Services of Kent/Kent Mg Physical Address: 22010 76th Ave S, Kent, WA 98032 Mailing Address: 22010 76th Ave S, Kent, WA 98032 Email Address: Measley@republicservices.com Telephone Number(s): 206-225-6967 USDOT#: 265361 If you do not have a USDOT number, go on-line at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance. Is your business registered with the **Department of Revenue**? Business License/UBI#: 602-637-833 **Type of Business** Other (LP, LLP, LLC) Partnership / Corporation 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 50% Rabanco Companies 50% Fiorito Enterprises, Inc \*SUBMIT AS ATTACHMENT IF MORE SPACE IS REQUIRED Section 2 - Industry Questionnaire Do you currently hold, or have you ever held a solid waste certificate? No If yes, please indicate your certificate number: G- 60 2. Have you ever applied for and been denied a certificate to transport solid waste? If yes, please explain:

5-2020 Page **4** of **9** 



## **Solid Waste Permit - ATTACHMENT C**

#### **CHANGE OF CORPORATE/INDIVIDUAL NAME**

This application is for name change only and **must not** involve a change in ownership, management, or control of the solid waste certificate authority. A company must file a name change application to:

- Change a corporation's name;
- Change or add a trade name;
- Change the surname of an individual owner or partner to reflect a change resulting from marriage or other legal action.

NOTE: You <i>may not</i> advertise to operate	under th	e changed nam	ne until a certif	icate is issued in th	e new	
name. Current Name on Cert ficate: Ral		-				
Current Trade Name (if applicable): Reput	olic Services	s of Kent, Allied V	Vaste Services of	Kent, Kent Meridian D	isposal	
Mailing Address: 22010 76th Ave S.,	Kent, V	VA 98032				
Physical Address: 22010 76th Ave S.	, Kent, V	VA 98032				
Phone Number: 03/31/2022		Fax Number: Kent Meridian Disposal Company				
Contact Name:		Email address	18670			
		Type of Busin	ness			
Individual Partnership Co	rporation		P, LLP, LLC)	State of Ir Washing	ncorporation yton	
List the name, title and percentage of all	partner's	share or stock	distribution fo	r major stockholde	rs:	
Name	Title			Stock Distribution	/% of Shares	
Rabanco Companies				50%		
Fiorito Enterprises, Inc.				50%		
I request the name on solid waste certif	icate G- 6	0	be changed to:			
New Name: Kent Meridian Disposa	al Comp	any				
New Tradename (if applicable): Repub	lic Servi	ces of Kent	, Allied Was	ste Services of	Kent, Kent Me	
UBI Number: <b>602-637-833</b>						
DOT Number: <b>265361</b>						
You must file a new tariff using the same	rate leve	ls as currently	on file, or adop	t the current tariff	in the new name.	To
file a new tariff, use the standard tariff for	ormat (ww	/w.utc.wa.gov)	or you must se	eek approval to use	an alternate form	۱.
Indicate which option you will use	: 🚺 Ado	pt File a N	lew Tariff			
I certify that this information is true and the applicant and that all information is			orized to execu	ite and file this doc	ument on behalf (	)f

Date

Name and Title of Applicant