

BUSINESS INFORMATION

Name of Applicant Donald Minchev
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Banner Moving + Transport

Physical Address 6318 Tacoma Ave So Tacoma Wa 98408

Mailing Address 6318 Tacoma Ave So Tacoma wa 98408

Telephone Number (253) 255-6185 Fax Number (253) 476-1447

UBI #: 601-235-293 Email: WESTMIN12@COMCAST.NET

USDOT #: 946 899 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 212,458-00

Have you registered with the Employment Security Department? No Yes
ESD No. 430359-009
Apply when I hire employ

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other Sole proprietor

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

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: _____

Per phone call 5/11/11

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Pickup & Delivery Home Moving Competitive Rates which give the customers more choices. We have three affordable choices for the customer one item or a truck load does not matter

Briefly describe your experience in the transportation/household goods moving industry:

20 years Delivery Household Goods, Frozen Foods Furniture & Appliances

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 Yes If yes, please indicate your MC# _____ and USDOT# _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

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FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 2500. ⁰⁰	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 5000. ⁰⁰	Preferred Stock	\$
Office Furniture	\$ 5000. ⁰⁰	Common Stock	\$
Other Equipment	\$ 2000. ⁰⁰	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 14500. ⁰⁰	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
97	Ford	B867LOS	1FDKE37S2VH825721	14000

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OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: Donald Minchew

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. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: Donald Minchew

Position: Owner

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant provide service as a household goods carrier on a provisional basis for at least 90 days. The commission will evaluate whether I have met the criteria in WAC 480-15-020. I also understand that I must comply with all conditions placed on my temporary permit. Failure to comply will result in cancellation of my permit.

Temporary authority to

My employees are sufficiently trained to comply with commission rules and charges and terms and conditions of household goods moves. In addition, I am trained to comply with commission rules regarding vehicle operation, and all other requirements. My company will provide a copy of the customer survey for household transportation service.

Scan to Post

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Donald Minchew
Print name of applicant

[Signature]
Signature of Applicant

42911 Pierce
Date and Location



Employment Security Department

WASHINGTON STATE

UNIFIED BUSINESS IDENTIFIER
601 235 293 000

DATE: 04/26/11

BANNER MOVING AND
TRANSPORT
DONALD RAY MINCHEW
6318 TACOMA AVE S
TACOMA WA 98408-6334

ES Reference Number
430359-00 9

You have been determined subject to the Washington Employment Security Act effective 05/01/11.

Please use your number as shown above on all communications and reports to the Employment Security Department.

You will be sent a tax report (EMS 5208) each quarter which must be completed and returned with your payment. If no wages are paid in a quarter and your account has not been closed, you are required to submit a report for that quarter indicating "no payroll". You may file this report by phone using the Washington Employer Help Line.

All Businesses may call 1-888-836-1900 (toll free).
Your default pin number is 3399.

It is your responsibility to advise us immediately of any change in the ownership of your business, since your status under the law may be affected.

If you have further questions, please contact this department in Olympia at (360)902-9360 or the SOUTH SOUND TAX OFFICE AT (253)593-7380.

Status Section
Tax Central Office Operations

Enclosures
Packet
Washington Employer Helpline Brochure