

17 pages

total

TV-131920

Replacement  
Pages

Attn: Tina Heipski

I am so hoping this is what is needed to complete our application for a moving permit.

Insurance Co faxed over forms needed...

Can you please email me that this has been received?

dannythemoover@aol.com



Danny The Mover

①

**BUSINESS INFORMATION**

Name of Applicant Janice Stone / Daniel Eddy Danny the Mover  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Danny The Mover

Physical Address 4807-200<sup>th</sup> St SW # J-103 Lynnwood WA

Mailing Address PO Box 3165 Lynnwood WA 98046 98036

Telephone Number (425) 876-0018 Fax Number (425) 678-0022

UBI #: 603 339 423 Email: dannythemover@aol.com

USDOT #: on file (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://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. \_\_\_\_\_

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_

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

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Other \_\_\_\_\_  
(LP, LLP, LLC)

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

Name	Title	Stock Distribution or Percentage of Shares
on file		

②

Danny The Mover USB 603 339 423

**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	\$ 1000 <sup>00</sup>	Salaries/Wages Payable	\$
Notes Receivable	\$ 0	Accounts Payable	\$
Investments	\$ 0	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5000 <sup>00</sup>	Preferred Stock	\$
Office Furniture	\$ 200 <sup>00</sup>	Common Stock	\$
Other Equipment	\$ 500 <sup>00</sup>	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 6700 <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
on	file			

**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.

Applicant Name: Dianne Major Danny the Mover

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Steven D. Smith Const Inc

Address (include street address, mailing address, city, state, zip, and county):  
P.O Box 379 Redmond Wa 98073

Phone Number: 425 869-2148

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
We build homes and decorate them to sell. we need our staging moved from storage to the homes

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:  
We will be building new homes every year and will need a moving service

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:  
I have worked w/ Jane & Danny when they were with another CO and I liked how they work and ->

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
none that I can think of.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Diane P May 10/9/13 Redmond  
Signature of Person Completing Form Date and Location wa.

(13)

No. 6592 P. 15  
Fig ~ 27

The care they took. They know our routine with our houses and they are the perfect fit for our moving needs.

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** Ellen Jurak Danny the Mover

**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):**  
21909 - 34th Ave W  
BRIER WA 98036

**Phone Number:** 425-772-5921

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
my father passed away and we will be cleaning out his home and will need moving services

**Do you anticipate a future need for the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your future moving needs:  
I am the executor of an estate and I will be needing moving services for that as well

**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:**  
I personally know Janice and Danny and they are reliable hard working people who take pride in their work. I trust them

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
NO

**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

Ellen Jurak 10-10-13 BRIER  
Signature of Person Completing Form Date and Location wa.

them will my moving needs



**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.

**Applicant Name:** Andry Woodes Danny the Mover

**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):**  
~~HHH~~ 1111 102nd Ave NE apt #124  
Bellevue WA 98004

**Phone Number:** 425 508 6163

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
I am moving end of the month from apartment to home

**Do you anticipate a future need for the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your future moving needs:  
I am leaving for a year so I may need moving service in a 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.**  
I have tried other moving services and they are horrible. I know how they are I know that the job will be done right

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
Please issue permit so I can move from my apartment in rapidly moving market

**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

[Signature] 10/10/13  
**Signature of Person Completing Form** **Date and Location**

## Leipski, Tina (UTC)

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**From:** dannythemover <dannythemover@aol.com>  
**Sent:** Monday, October 28, 2013 1:40 PM  
**To:** Leipski, Tina (UTC)  
**Subject:** RE: Automatic reply: CONFIRMATION OF PAPERWORK

Good afternoon Tina....was wondering what else we need for moving permit....ubi #603 339 423 danny the mover...we got new license in the mail showing partnership then for tax registration shows industrial insurance and unemployment insurance...same day recieved paper from employment security dept with es # of 495330000.....unsure what is left that we need to send you...please contact and let me know via email is best....in a shotty area for cell service rest of the day...

Thank You

Janyce Stone and Danny Eddy danny the mover

Sent from my Galaxy S@III

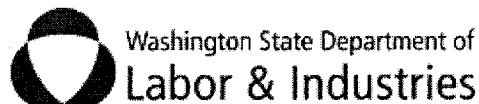
----- Original message -----

**From:** "Leipski, Tina (UTC)" <TLeipski@utc.wa.gov>  
**Date:** 10/22/2013 3:04 PM (GMT-08:00)  
**To:** dannythemover <dannythemover@aol.com>  
**Subject:** Automatic reply: CONFIRMATION OF PAPERWORK

*Out of the office in training Monday & Tuesday.*

*Thanks! Tina*





Verify Workers' Comp Premium Status: Account Information

**Did you know ...**  
 ...that under Washington State law\*, you may be liable for the unpaid workers' compensation (industrial insurance) premiums of any business you hire or contract with? (\*See [RCW 51.12.070](#))  
  
 In the construction industry, you can protect yourself from liability for your subcontractor's unpaid premiums. [Click here to see what you have to do.](#)

**L&I will track a contractor for you and tell you if their status changes.**

If this is a contractor whose premiums and license are current, a "**Submit Contractor Tracking Request**" link will appear in the certificate below. **Click it to fill out a Tracking Request.** If the contractor fails to pay workers' comp premiums or renew their contractor registration or if their electrical contractor license is suspended or revoked within one year of the start-date on your tracking request, L&I will send you a notification letter.

**Department of Labor and Industries**  
**Employer Liability Certificate**

Date: 10/28/2013

UBI #:	603 339 423 -- <a href="#">Check for active Department of Revenue tax account.</a>
Legal Business Name:	DANNY THE MOVER
Account #:	275,125-00
'Doing Business As' Name:	DANNY THE MOVER
Estimated Workers Reported: (See Description Below)	N/A
Workers' Comp Premium Status:	Recently opened account, no premiums are due or owed at this time.
Licensed Contractor?	No
Risk Classification:	<a href="#">Get risk classification information.</a>
Experience Factor:	<a href="#">Get experience factor history.</a>
Account Representative:	T1 / FEARAED FEROUZE (360)902-4797 - Email: FERH235@lni.wa.gov

**What does "Estimated Workers Reported" mean?**

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

**Industrial Insurance Information**

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due. Industrial insurance accounts **have**