

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Lake Union Ferry Company

Application Docket No.:

THE APPLICATION What authority are you applying for? Include any amendments.
WUTC Commercial Ferry Permit for operation in Lake Union and Portage Bay.

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.
Fremont employees and business people long for a boat to get around the lake for business and pleasure!

Are your transportation needs being met now? Yes__ No If not, explain problems you have experienced.
Today the car is necessary to get down to SLU or Eastlake.

If the request is denied, would it have any affect on you or your business/organization:
Yes No _____ If yes, please explain.____

We have all been looking forward to getting this additional ease and fun of movement.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Suzanne M Burke, President

Business/Organization: Fremont Dock Co.

Street/Mailing Address: 3500 1st Ave NW

City, State, Zip Code: Seattle, WA 98107

Telephone Number: 206-632-0124 Fax Number: 206-632-1081

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.



SIGNATURE

Suzanne M Burke

3/15/18

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Lake Union Ferry Company

Application Docket No.:

THE APPLICATION What authority are you applying for? Include any amendments.
WUTC Commercial Ferry Permit for operation in Lake Union and Portage Bay.

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. EBDG has employees living in multiple locations around the Seattle Metropolitan Area, including downtown and Capitol Hill. Having a ferry system on Lake Union would improve connections with Fremont and the University of Washington

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

Employees are frequently delayed in Seattle street traffic, which is exacerbated by the need to cross the ship canal. We need options that are not as dependent on surface streets.

If the request is denied, would it have any affect on you or your business/organization: Yes X No ___ If yes, please explain. We will need to absorb the lost productivity due to commute delays and/or offer our employees incentives to reside closer to work.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: John W. Waterhouse

Business/Organization: Elliott Bay Design Group

Street/Mailing Address: 5305 Shilshole Ave. NW, Suite 100

City, State, Zip Code: Seattle, WA 98107

Telephone Number: 206-782-3082 Fax Number: 206-782-3449

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

John W. Waterhouse
PRINT NAME


SIGNATURE

3/15/13
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Lake Union Ferry Company

Application Docket No.:

THE APPLICATION What authority are you applying for? Include any amendments.

WUTC Commercial Ferry Permit for operation in Lake Union and Portage Bay.

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Our need is a ferry service. Employers doing business within South Lake Union are seeking to offer alternative methods of commuting to, from, and within the area.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

Washington State Legislature passed the Commute Trip Reduction (CTR) Law in 1991 to address traffic congestion. CTR targets workplaces with 100 or more full-time employees in the most congested areas of the state. As SLU is one of the most congested, this commuting option allows a choice not currently available to employees.

If the request is denied, would it have any effect on you or your business/organization:
Yes X No ___ If yes, please explain.

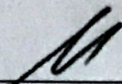
Without this service, employers are limited to only traditional means of commuting, thereby unable to reduce congestion within the North of Denny corridor.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Scott Stonehocker, Senior Transportation Program ManagerBusiness/Organization: Hines@AmazonStreet/Mailing Address: 2021 7th Ave STE 02401City, State, Zip Code: Seattle WA, 98121Telephone Number: 206-437-5747 Fax Number: NA*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*Scott F. Stonehocker

PRINT NAME



SIGNATURE

3/29/2018

DATE