



UTILITIES AND TRANSPORTATION
COMMISSION

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

| | | | |
|------------------------------|-----------------|-----------------|--------------------|
| <i>FOR OFFICIAL USE ONLY</i> | | | |
| Date Filed: | DOL/SOS: | ID: | Docket # |
| Staff Assigned | Insurance | Inspection | Permit Issued THG- |
| Reception # | 111-0268-207-02 | 111-0268-013-20 | |

Type of Household Goods Authority Requested – check one Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Five Stars Delivery LLC

Trade Name, if applicable _____

Physical Address 1715 NE 72nd cir Vancouver WA, 98665

Mailing Address 1715 NE 72nd cir Vancouver WA, 98665

Telephone Number (503) 309-8148 Fax Number 360 750-3031

Email: pmSarg10@aol.com

BUSINESS INFORMATION - continued

Is your business registered with the Department of Revenue? No Yes

UBI #: 604225769 USDOT #: 3098829

If you currently do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # _____

Employment Security Department (ESD) registration # _____

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

will be using EXPRESS Employment Professionals

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

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

| Name | Title | Stock Distribution or % of Shares |
|--------------------------------|----------------------|-----------------------------------|
| <u>Sergio Rojas Mondragon</u> | <u>owner/manager</u> | <u>50%</u> |
| <u>Marik Mendote Hernandez</u> | <u>owner</u> | <u>50%</u> |

Must provide a copy of a valid Driver's License or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I will be providing with a full moving services with over 30 years of experience handling low end and high end furniture y antiques

2. Briefly describe your experience in the transportation/household goods moving industry: I'm a third generation handling all kind of moves small y large were also a white glove delivery co. we are very honor to keep serving our community with the best customer service and quality work

3. 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 3098899

4. 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 _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# 76293

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

7. 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 list below:

| Type of Legal Proceeding | Date | State |
|--------------------------|------|-------|
| | | |
| | | |

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

| Type of Conviction | Date | City/State |
|--------------------|------|------------|
| | | |
| | | |

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

| Violation | Date | RCW/WAC |
|-----------|------|---------|
| | | |
| | | |

*attach additional pages if necessary

FINANCIAL STATEMENT

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

| Assets | | Liabilities | |
|----------------------|-----------|-------------------------------|-------------------|
| Cash in Bank | \$ | 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 | \$ 30,000 | Preferred Stock | \$ |
| Office Furniture | \$ 5,000 | Common Stock | \$ |
| Other Equipment | \$ 10,000 | Retained Earnings | \$ 22.1K per year |
| Other Assets | \$ | Capital | \$ 45,000 |
| TOTAL ASSETS | \$ 45,000 | TOTAL LIABILITIES & NET WORTH | \$ 67,000 |

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|---------------|----------------|-------------------|----------------------|
| 1989 | International | T604434 | 1HTJUZRK9KH653872 | 18,000 |
| 1989 | International | T60433 | 1HTJUZRK1KH664736 | 18,000 |
| | | | | |
| | | | | |

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the FMCSA Rule Book and publication "Our Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: *Sergio Rojas Mondragon*

Position: *manager/owner*



This is your temporary document. Carry this with you until you receive your new one in the mail.

Your new card will show the last photo we took. If you don't receive your document in 30 days, please call us (360) 902-3900 or email Customercare@dol.wa.gov.

This Temporary Document Expires 9/18/2018



This document is not valid for identification unless accompanied by another piece of photo identification.

~ PERSONAL INFORMATION ~

| | |
|-------------------|--|
| NAME | MENDOZA HERNANDEZ, MARIA |
| BIRTH DATE | [REDACTED] |
| GENDER | F |
| HGT | 5'-01" |
| WGT | 150 |
| EYES | BRO |
| RESIDENCE ADDRESS | 1715 NE 72ND CIR VANCOUVER WA, 98665 - 0586 |

~ LICENSE INFORMATION ~

| | |
|-----------------|---------------|
| DOCUMENT TYPE | IDENTITY CARD |
| LICENSE # | [REDACTED] |
| CONTROL # | [REDACTED] |
| ISSUE DATE | 08/04/2018 |
| EXPIRATION DATE | 01/18/2024 |
| RESTRICTIONS | NONE |
| ENDORSEMENTS | NONE |
| CLASS | NONE |
| ORGAN DONOR | NO |
| VETERAN | NO |

~ MAILING ADDRESS ~

| | |
|---------------------------------|--|
| Your license will be mailed to: | 1715 NE 72ND CIR VANCOUVER WA, 98665 - 0586 |
|---------------------------------|--|

WA
USA **WASHINGTON**

DRIVER LICENSE

20 34171785C1541



4d LIC [REDACTED]

1 **ROJAS**
2 **SERGIO**

9 CLASS **DONOR** ♥

3 DOB [REDACTED]

4a ISS **06/27/2017**

8 [REDACTED]

15 SEX **M**
16 HGT **5'-06"**
12 RESTRICTIONS
NONE

18 EYES **BRO**
17 WGT **243 lb**
9a END **NONE**

4b EXP **09/01/2019**



5 [REDACTED]

REV 01/06/2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|----------------|
| PRODUCER American Family Brokerage Inc 6000 American Parkway Madison WI 53783 | CONTACT NAME: Eduardo Diaz Guzman PHONE (A/C, No, Ext): (503) 233-9031 E-MAIL ADDRESS: eguzirai@amfam.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company | |
| INSURED Five Stars Delivery LLC 1715 NE 72nd Ctr #7 Vancouver WA 98665 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| | INSURER G: | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WYD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Max one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE/AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINE SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTHER |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below. | Y/N <input checked="" type="checkbox"/> N | N/A | | | E.L. DISEASE - EA EMPLOYED \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Motor Trucking Cargo | | USA4216339 | 08/29/2018 | 06/29/2019 | Max Per Covered vehicle Per Occ-\$20,000 Max Per any One Occurrence-\$20,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES - (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DOT#3098829

CERTIFICATE HOLDER

CANCELLATION

US Department of Transportation
 1200 NEW JERSEY AVENUE, SE

 Washington DC 20590

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RETRACTED PER RW 52.5 .230
CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company, S.I. if selection box is not checked.
 6000 American Pkwy Madison, Wisconsin 53783-0001

Insured's Name and Address
 Five Stars Delivery, LLC
 1715 NE 72nd Cir # 7
 Vancouver, WA 98665

Agent's Name, Address and Phone Number (Agt./Dist.)
 Eduardo Diaz Guzman
 2406 E Burnside St
 Portland, OR 97214
 (503) 253-9031 (066/503)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY DATE | | LIMITS OF LIABILITY |
|--|---------------|-------------------------|--------------------------|--|
| | | EFFECTIVE (Mo, Day, Yr) | EXPIRATION (Mo, Day, Yr) | |
| Homeowners/ Mobilhomeowners Liability | | | | Bodily Injury and Property Damage Each Occurrence \$.000 |
| Boatowners Liability | | | | Bodily Injury and Property Damage Each Occurrence \$.000 |
| Personal Umbrella Liability | | | | Bodily Injury and Property Damage Each Occurrence \$.060 |
| Farm/Ranch Liability | | | | Farm Liability & Personal Liability Each Occurrence \$.000 Farm Employer's Liability Each Occurrence \$.000 |
| Workers Compensation and Employers Liability † | | | | Statutory Each Accident \$.000 Disease - Each Employee \$.000 Disease - Policy Limit \$.000 |
| General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/> | 36-X49146-01 | 04/20/2018 | 04/20/2019 | General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage in Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000 |
| Businessowners Liability | | | | Each Occurrence †† \$.000 Aggregate †† \$.000 |
| Liquor Liability | | | | Common Cause Limit \$.000 Aggregate Limit \$.000 |
| Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/> | 35-X49146-02 | 04/20/2018 | 04/20/2019 | Bodily Injury - Each Person \$ 750,000 Bodily Injury - Each Accident \$ 750,000 Property Damage \$ 750,000 Bodily Injury and Property Damage Combined \$ 1,500,000 |
| Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/> | | | | Each Occurrence/Aggregate \$.000 |

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS:

Moving Company DOT#3098829
 1989 International International
 1989 Int L 1654

† The individual or partners shown as insured elected to be covered under this policy. Have Have not
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS:

U.S. Department of Transportation
 1200 New Jersey Avenue, SE
 Washington, DC 20590

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail 10 days written notice to the Certificate Holder named, but failure to read such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives, 10 days unless different number of days shown.
 This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED:
 07/25/2018

APPOINTED REPRESENTATIVE
 Eduardo Guzman



228 N.E. Seventh Avenue • Portland, Oregon 97232
503-238-0202 • info@ogallerie.com

August 7, 2018

To: Whom It May Concern

We have been using Five Stars Delivery for several years now, and they have consistently exceeded our expectations. They are a valuable asset to our community. We are pleased to hear that they are applying for permits that will enable them to increase the services that they offer and thereby make an even greater contribution. Please feel free to contact me if we can be of any assistance in the process. I can be reached at 503-238-0202.

Sincerely,



Peter M. O'Grady
Vice-President

Bryan Sanchez
6415 NE Killingsworth st unit G15
Portland, OR 97218

August 6, 2018

To Whom It May Concern,

Five Stars Delivery has many years of experience with furniture and many other household items. Their performance is incredible, they carry themselves at a very high professional level are disciplined, and understand how a business needs to run. Therefore I believe their service is absolutely beneficial for our community.

Feel free to contact me with any questions that you may have at (971) 303-4600

Sincerely
Bryan Sanchez

A handwritten signature in black ink, appearing to be "B/S" with a horizontal line through it, enclosed in a circular scribble.



August 6, 2018

To: Whom It May Concern

From: Jon Wright

Subject: Five Stars Delivery, LLC

Cascade Furniture has been using Five Stars for many years doing furniture deliveries. They do an excellent job of performing a much needed service in our community. It has come to our attention that they are applying for the necessary permits to do deliveries along with residential and business moving services.

It is our opinion that the services they will provide are needed in our community.

If you have any questions, please feel free to contact me at 360-260-4521.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jon Wright', with a stylized flourish extending to the left.

Jon Wright
LLC Manager

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

FIVE STARS DELIVERY LLC

A WA LIMITED LIABILITY COMPANY, effective on the date indicated below.

Effective Date: 02/12/2018

UBI Number: 604 225 769



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 02/12/2018



Corporation Division
www.filinginoregon.com

E-FILED
May 29, 2018
OREGON SECRETARY OF STATE

REGISTRY NUMBER

123008096

REGISTRATION DATE

07/05/2016

BUSINESS NAME

FIVE STARS DELIVERY LLC

BUSINESS ACTIVITY

PICK UP AND DELIVERY SERVICES

MAILING ADDRESS

1715 NE 72ND CIR
VANCOUVER WA 98665 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

1715 NE 72ND CIR
VANCOUVER WA 98665 USA

JURISDICTION

OREGON

REGISTERED AGENT

SERGIO ROJAS MONDRAGON

4263 SE 122ND AVE APT #122
PORTLAND OR 97236 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

SERGIO ROJAS MONDRAGON

1715 NE 72ND CIR
VANCOUVER WA 98665 USA

MEMBER

MARIA MENDOZA HERNANDEZ

1715 NE 72ND CIR
VANCOUVER WA 98665 USA