

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**

FOR OFFICIAL USE ONLY			
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: STAGE 7 PIANOS

Trade Name, if applicable _____

Physical Address 12037 124th AV NE

Mailing Address (same)

Telephone Number (PDS) 260-4406 Fax Number () _____

Email: Kean@stage7pianos.com

BUSINESS INFORMATION - continued

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

UBI #: 603-233-336 USDOT #: 3207332

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 # 284,727-00

Employment Security Department (ESD) registration # 503490-00-6

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.

TYPE OF BUSINESS STRUCTURE

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

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

Name	Title	Stock Distribution or % of Shares
<u>KENNETH WILDE</u>	<u>OWNER MEMBER</u>	<u>100%</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: WE WISH TO MOVE PIANOS FOR PEOPLE LOOKING FOR THAT ASSISTANCE. FEW COMPANIES OFFER THIS SERVICE, AND AS A PIANO RESTORER, I CAN OFFER OTHER SERVICES BESIDES ONLY MOVING.

2. Briefly describe your experience in the transportation/household goods moving industry: I HAVE MOVED PIANOS THAT I BUY AND RESTORE AND SELL FOR MYSELF. ~~FOR~~ I MOVE MY OWN PIANOS. RECENTLY I BOUGHT A TRUCK AND WANT TO INCLUDE THE ABILITY TO HELP OTHER PEOPLE MOVE THEIR PIANOS. THIS ~~IS~~ WILL ONLY BE A VERY SMALL ADDITION TO MY COMPANY - WE ARE NOT PRIMARILY A PIANO MOVING COMPANY, WE ONLY DO A FEW MOVES PER WEEK, APPROX. I PAY OF 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 _____

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# _____

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	\$ 10,000	Salaries/Wages Payable	\$ 2,500
Notes Receivable	\$ 2,000	Accounts Payable	\$ 9,000
Investments	\$ 60,000	Notes Payable	\$ 0
Other Current Assets	\$ 5,000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 11,500
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 3,500	Preferred Stock	\$ 0
Office Furniture	\$ 500	Common Stock	\$ 0
Other Equipment	\$ 1,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 82,000	TOTAL LIABILITIES & NET WORTH	\$ 70,500

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
2000	FORD	CS1810K	1FDWE35544HA53378	9000

SAFETY AND OPERATIONS	
<p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49, Code of Federal Regulations Part 382 and Part 40</u>). 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.</p>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations</u> (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p>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.</p>	
<p>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)</p>	
<p>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).</p>	
<p>Name: <u>KENN WILDES</u></p>	<p>Position: <u>OWNER</u></p>

OPERATIONAL RESPONSIBILITIES	
Annual Reports and Regulatory Fees (<u>WAC 480-15-480</u>). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <u>KENNETH WILDES</u>	Position: <u>OWNER</u>
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: <u>KENNETH WILDES</u>	Position: <u>OWNER</u>
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filing this application does not in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.</p> <p>My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
<u>KENNETH WILDES</u>	<u>425-260-4406</u>
Print name of applicant	Signature of Applicant
	<u>7/20/19</u>
	Date and Location

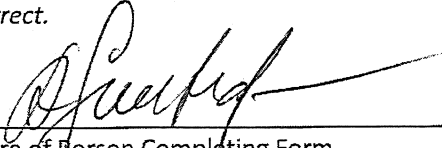


ATTACHMENT A

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: KEVIN WILDES

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Anya Sellsted</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>3056 46th Ave SW, Seattle WA 98116</u>
Phone Number:	<u>425-213-0849</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>We are planning to move our grand piano to our new home in few months.</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>We expect to buy a better piano in a near future and we will use their services again.</u>
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:	<u>We have used them in the past. They are well priced and do good quality work maintaining my piano.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>They keep their word and they passionate about pianos.</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
 _____ Signature of Person Completing Form	<u>2/21/2019</u> _____ Date and Location



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Applicant Name: KENN WILDES

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: LUIS ARRAZOLA

Address (include street address, mailing address, city, state, zip, and county): 1222 169th AVE NE BELLEVUE, WA 98008

Phone Number: 410-905-3383

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: - MOVING A LARGE UPRIGHT PIANO

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: - RELOCATING HOUSES

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: - THIS COMPANY WOULD FACILITATE THE MOVING OF LARGE INSTRUMENTS. SUCH AS, LARGE PIANOS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? - THEY DO FANTASTIC WORK!

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Signature of Person Completing Form: [Signature] Date and Location: 12/19/19 BELLEVUE



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: ~~Ken~~ Kenn Wildes, Stage 7 Pianos

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Daniel Miller, owner, Rockey Music School	
Address (include street address, mailing address, city, state, zip, and county): 11833 124th AVE NE KIRKLAND, WA 98034 KING	
Phone Number: 206-992-0999	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: Mr. Wildes provides quality pianos, used & new, delivered to my business, and to the community.	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: My business needs used pianos frequently for students to use, after some are sold I need new deliveries.	
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: Stage 7 Pianos Stage 7 Pianos is an integral part of my business & the local community, delivering quality instruments at affordable prices.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This company Stage 7 provides access to pianos to a demographic that is unique as a service in this area. Without their services the community will lose this asset.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
	2/20/19 Kirkland WA
Signature of Person Completing Form	Date and Location



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
01/12/2019

AGENCY Ken Madison Agency 720 Market St Ste E Kirkland WA 98033	CARRIER Scottsdale Insurance Co		NAIC CODE
	UNDERWRITER: Griffin		UNDERWRITER OFFICE:
	POLICIES OR PROGRAM REQUESTED Package Policy		POLICY NUMBER CPS2789022
	INDICATE SECTIONS ATTACHED	ELECTRONIC DATA PROC EQUIPMENT FLOATER GARAGE AND DEALERS GLASS AND SIGN INSTALLATION/BUILDERS RISK OPEN CARGO PROPERTY TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER UMBRELLA VEHICLE SCHEDULE WORKERS COMPENSATION YACHT
CONTACT NAME: Ken Madison PHONE (A/C, No, Ext): 425-827-8000 FAX (A/C, No, Ext): E-MAIL ADDRESS: KenMadison@allstate.com CODE: ASIB1694 SUB CODE:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS BOILER & MACHINERY BUSINESS AUTO COMMERCIAL GENERAL LIABILITY CRIME/MISCELLANEOUS CRIME DEALERS DRIVER INFO SCHEDULE	<input checked="" type="checkbox"/>	
AGENCY CUSTOMER ID:			

STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE 02/03/2019	PROPOSED EXP DATE 02/03/2020	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN Monthly PACKAGE POLICY PREMIUM: \$
CHANGE DATE TIME 02/03/2019 12	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM				

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) Stage 7 Pianos, LLC			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 12037 124th Ave NE Kirkland WA 98034		
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext):	WEBSITE ADDRESS(ES):		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS:	CR BUREAU NAME: ID NUMBER:
INSPECTION CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			ACCOUNTING RECORDS CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		

PREMISES INFORMATION		ACORD 823 attached for additional premises						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1		12037 124th Ave NE Kirkland King WA 98034	<input checked="" type="checkbox"/> INSIDE	OWNER	1978	1	500000	100
			<input checked="" type="checkbox"/> OUTSIDE	TENANT				
2		107 Williams Ave S Renton King WA 98057	<input checked="" type="checkbox"/> INSIDE	OWNER	1957	1		100
			<input checked="" type="checkbox"/> OUTSIDE	TENANT				
			<input type="checkbox"/> INSIDE	OWNER				
			<input type="checkbox"/> OUTSIDE	TENANT				
			<input type="checkbox"/> INSIDE	OWNER				
			<input type="checkbox"/> OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) Piano tuning, maintenance, and repair service n



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2018

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.

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.

PRODUCER: Ken Madison Agency, 720 Market St Suite E, Kirkland, WA 98033. CONTACT NAME: INSURER(S) AFFORDING COVERAGE: Scottsdale Insurance Co., NAIC #: 41297. INSURED: Stage 7 Pianos, LLC, 11831 124th Ave NE, Kirkland, WA 98034.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

Certificate Holder is named as an Additional Insured per form CG2011 (04/13). Re: 11831 124th Ave NE, Kirkland, WA 98034

CERTIFICATE HOLDER: Totem Square Partners, a California Limited Partnership and Regent West Corporation, 1109 Westwood Blvd, Los Angeles, CA 90024. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

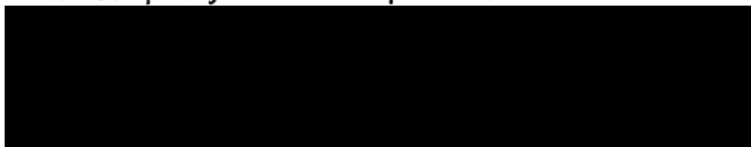
WDL34TR772SB

KENNETH BYRON WILDES

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 at (360) 902-3900 or email Customercare@dol.wa.gov.

This Temporary Document Expires 04/08/2019



This document is intended to be used for driving purposes only. It is not valid for identification purposes unless accompanied by another piece of identification, like a recently expired drivers license.

~ PERSONAL INFORMATION ~	
NAME	KENNETH BYRON WILDES
BIRTH DATE	[REDACTED]
GENDER	MALE
HEIGHT	6' - 1"
WEIGHT	180
EYES	GRN
RESIDENCE ADDRESS	[REDACTED]

~ LICENSE INFORMATION ~	
DOCUMENT TYPE	DRIVER LICENSE
LICENSE #	[REDACTED]
CONTROL #	[REDACTED]
ISSUE DATE	02/22/2019
EXPIRATION DATE	11/07/2024
RESTRICTIONS	B
ENDORSEMENTS	NONE
CLASS	NONE
ORGAN DONOR	YES
VETERAN	NO

~ MAILING ADDRESS ~	
Your license will be mailed to	[REDACTED]

License	PDL Renewal	\$54.00
Other	Late Fee	\$10.00

Transaction Amount Paid: \$64.00