

SECTION 1 – APPLICANT INFORMATION

Legal Name: Duane Coggins
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): Kokopellie Run
Trade name(s) must be registered under your UBI number

Mailing Address: _____ **Physical Address:** _____

Street PO Box 434 Street 800 E Watato Way

City Manson City Manson

State/Zip WA 98831 State/Zip WA 98831

Phone Number: 509-679-4743 Fax Number: _____

UBI #: 602 662 929 E-Mail: Cogginsduane57@gmail.com

Website: _____

Type of business structure

- Individual Partnership Corporation Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

USDOT # 62592 2068764 _____ If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Wine Tours
Weddings etc