

SECTION 1 - APPLICANT INFORMATION *Seattle Tours*

Name of Applicant: ~~Charles Mickelson~~ *and Activities*

Trade Name(s) (if applicable): *Seattle Quik TOURS LLC*

Mailing Address:

Physical Address:

Street *3832 EASTERN AVENUE #3* Street *SAME*

City *SEATTLE* City _____

State/Zip *WASHINGTON* State/Zip _____

Phone Number *206.799.1746* Fax Number: _____

UBI #: *602 907 8280* E-Mail: _____

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 Distributions or Percentage of Shares
<i>Charles Mickelson</i>	<i>Owner</i>	<i>100%</i>

List other certificates or permits held with the commission: _____

List your USDOT # *2172317* (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<i>AEP6680</i>	<i>2011 FORD</i>	<i>1FD0E4FS2BDAB0369</i>	<i>20</i>

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