



Motor Carrier of Property License Application – Household Goods

APPLICATION INSTRUCTIONS

1. The Motor Carrier of Property License Application – Household Goods form, or photocopies of this form, must be used. This form is to be used only by entities seeking a new license or the extension of an existing license (e.g., extending the geographic scope of the authority or converting a household goods contract carrier authority to a household goods common carrier authority).
2. A **non-refundable** application fee of \$900.00 must accompany this application. The fee must be paid by check or money order made payable to the Illinois Commerce Commission. Submit application and fees to:
Illinois Commerce Commission
Attn: Processing and Information Section
527 East Capitol Avenue
Springfield, Illinois 62701
3. All Parts of this application must be completed; failure to complete any portion in full will prevent the approval of your application. If any space on the forms is insufficient, write "see attached sheet" in the space and attach a plain, white 8 ½" x 11" sheet that identifies the question and contains that portion of your answer that would not fit on the form. If more than one attached sheet is used, number attached sheets consecutively.
4. In order to qualify for a motor carrier of household goods license, the Applicant must demonstrate that it is fit, willing, and able to provide the services in compliance with the Illinois Commercial Transportation Law and Commission regulations; that there is a need for the household goods moving service; and that issuing the license will promote the public convenience and necessity. See 625 ILCS 5/18c-4202 and 92 Ill. Adm. Code 1457.
5. Applicant must publish notice of each application one time in the Official State Newspaper and may be required to publish further notice. If the Applicant has properly completed and filed the application, it will receive a notice of hearing from the Commission authorizing it to publish notice. Notice must be published using the forms mailed to the Applicant by the Commission. The Applicant must obtain a certificate of publication from the newspaper and promptly file the certificate of publication with the Processing and Information Section of the Commission at the address located in paragraph #2 above.

PART 1. IDENTITY OF APPLICANT

6. Identify the type of business entity; check only one box.
Partnership: Submit a copy of the written agreement creating the partnership.
Corporation: If the corporation is less than 1 year old, submit a copy of the Articles of Incorporation; if the corporation is more than 1 year old, submit a certificate of good standing from the Illinois Secretary of State. If the corporation is not incorporated in Illinois, provide its Authorization to do Business in Illinois as a Foreign Corporation as recorded by the Illinois Secretary of State.
LLC: If the Limited Liability Company ("LLC") is less than 1 year old, submit a copy of the Articles of Organization; if the LLC is more than 1 year old, submit a certificate of good standing from the Illinois Secretary of State. If the LLC is not organized in Illinois, provide its Authorization to do Business in Illinois as a Foreign LLC as recorded by the Illinois Secretary of State.
 7. An oral hearing is required by statute on all applications for household goods authority. Any business entity other than a sole proprietorship requires an attorney to represent it at the hearing.
 8. For corporations and LLCs, the legal name must be entered exactly as it is registered with the Illinois Secretary of State. For partnerships, the legal name must be entered exactly as it appears on the written partnership agreement.
 9. For sole proprietor or partnership, the trade name, if any, must be entered exactly as it is registered with the County Clerk's office responsible for regulating trade or business names in your locality. A certificate of publication under the Assumed Business Name Act must be submitted with the application and may be obtained from the County Clerk in the county in which the business is conducted. For corporations and LLCs, the trade name, if any, must be entered exactly as it is registered with the Illinois Secretary of State.
 10. Business address is the actual physical location of the business; do not use a P.O. Box number.
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PART 2. AGENT FOR SERVICE OF PROCESS

11. The Agent for Service of Process is the individual who shall receive any Commission correspondence, such as notices, orders, and administrative or judicial process on behalf of the Applicant. See 625 ILCS 5/18c-1801.

PART 3. BUSINESS OWNERSHIP INFORMATION

12. Complete Part 3A if Applicant is a corporation, LLC, or partnership. Identify the shareholders, members, or partners who own 5% or more of the Applicant.
13. In Part 3B, provide the identifying information for the sole proprietor or every partner, shareholder, or member listed as an owner of the Applicant.
14. Answer whether the sole proprietor or any partner, shareholder, or member listed as an owner of the Applicant has been convicted of any crime other than a minor traffic violation. If the answer to this question is yes, complete the remainder of Part 3C. A separate block must be prepared for each offense.

PART 5. APPLICANT'S EQUIPMENT AND FACILITIES

15. For each location utilized by the Applicant, indicate whether that location is owned, leased, or to be acquired. Provide either proof of ownership or a written lease for the property. If the lease for the property is oral, provide a written addendum according to the instructions in Part 5.

PART 6. DISCLOSURES

16. Mark the appropriate box and, where appropriate, provide complete details for each question.

PART 7. FINANCIAL STATEMENT

17. Provide an accurate balance sheet of the Applicant as of the date of the application. Where a line item does not apply to the Applicant, use the number 0. Current liabilities should be expressed in terms of annual expenses. A professionally prepared financial statement or profit and loss report may be substituted for Part 7 if it contains substantially similar information requested by the Commission and it is certified by an appropriately licensed accountant or accounting firm.
18. Applicant must submit a current bank statement (the account number may be removed) supporting the Cash line item. The Applicant may be asked to provide additional documentation that supports the Applicant's disclosures, including but not limited to tax returns.

PART 8. C.O.D. AND CARGO AFFIDAVIT

19. Complete and sign the C.O.D. and Cargo Affidavit and have the form notarized. If the affidavit is signed by someone other than an owner of the Applicant, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing.

PART 9. REQUIRED SUPPORTING DOCUMENTS

20. Use the checklist to ensure all required supporting documents are submitted to the Commission.
INCOMPLETE APPLICATIONS WILL BE REJECTED.

PART 10. VERIFICATION

21. Sole proprietorship: This application must be signed by the person whose name appears in Part 1.
Partnership: This application must be signed by at least one partner.
Corporation: This application must be signed by an officer of the corporation.
LLC: This application must be signed by a manager or member of the limited liability company.
22. If the person verifying the application is someone not already listed in the application as having an ownership interest in the Applicant, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing.



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Illinois MC No. _____
(for ILCC Use Only)

APPLICATION

(Must be typewritten or printed in ink)

Type of Application (check one):	
<input type="checkbox"/> New License	<input type="checkbox"/> Extension of Existing Household Goods Authority

PART 1. IDENTITY OF APPLICANT

Business Type (check one):			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
		State of Incorporation:	State of Organization:
Full Legal Name:			FEIN/SSN:
Trade Name (if different than Applicant's full legal name):			
Business Address:			
City:	State:	Zip Code:	
Telephone Number:	Fax Number:	Email:	

PART 2. AGENT FOR SERVICE OF PROCESS

Full Legal Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	



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PART 3A. BUSINESS OWNERSHIP INFORMATION

IDENTITY OF APPLICANT	
Full Legal Name:	FEIN/SSN:
<p>If Applicant is a corporation, list below the name and percentage of stock held by each stockholder owning 5% or more of the corporation.</p>	
STOCKHOLDERS	Percentage of Stock
<p>If Applicant is a Limited Liability Company (LLC), list below the name and percentage of ownership of each member owning 5% or more of the company.</p>	
MEMBERS	Percentage of Ownership
<p>If Applicant is a Partnership, list below the names of all partners.</p>	
PARTNERS	



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PART 3B. BUSINESS OWNERSHIP INFORMATION (continued)

INSTRUCTIONS:		
<p>The following information must be provided for the sole proprietor or every partner, stockholder, or member of the Applicant listed in Part 3A above. The information will be used to assist the Commission in its consideration of each owner's criminal history record pursuant to 92 Ill. Adm. Code 1457.80(b)(3). Use additional copies of this page as necessary.</p>		
Full Legal Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (home):	Telephone Number (other):	
IL Driver's License Number:	Date of Birth:	
<hr/>		
Full Legal Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (home):	Telephone Number (other):	
IL Driver's License Number:	Date of Birth:	
<hr/>		
Full Legal Name:		
Address:		
City:	State:	Zip Code:
Telephone Number (home):	Telephone Number (other):	
IL Driver's License Number:	Date of Birth:	



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PART 3C. BUSINESS OWNERSHIP INFORMATION (continued)

Has the sole proprietor or any partner, stockholder, or member listed in Part 3A above been convicted of any crime that is not a minor traffic violation?

- NO
 YES

If you answered "yes" to this question, you must complete the remainder of this Part.

INSTRUCTIONS:

List below those criminal offenses for which the sole proprietor or every partner, stockholder, or member of the Applicant listed in Part 3A has been convicted. Complete a block for each separate offense. Exclude convictions for minor traffic violations. Use additional copies of this page as necessary.

Name:

Offense Description:

Arresting Agency:

Approximate Date of Arrest:

Age at time of arrest:

Age at time of this application:

Sentencing Court:

Sentence or Penalty Imposed:

Did you plead "Guilty"?

- No
 Yes

Are you currently under any supervision by a court or department of corrections for this offense?

- No Yes

If you answered "yes" to this question, identify the supervising agency:

Name:

Offense Description:

Arresting Agency:

Approximate Date of Arrest:

Age at time of arrest:

Age at time of this application:

Sentencing Court:

Sentence or Penalty Imposed:

Did you plead "Guilty"?

- No
 Yes

Are you currently under any supervision by a court or department of corrections for this offense?

- No Yes

If you answered "yes" to this question, identify the supervising agency:



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PART 4. DESCRIPTION OF AUTHORITY REQUESTED

COMMODITIES	
Applicant seeks to transport: (Check all that apply)	
<input type="checkbox"/> Personal effects and property used or to be used in a dwelling when a part of the equipment or supply of such dwelling.	
<input type="checkbox"/> Furniture, fixtures, equipment, and the property of stores, offices, museums, institutions, hospitals, or other establishments, when a part of the stock, equipment, or supply of such stores, offices, museums institutions, hospitals, or other establishments.	
<input type="checkbox"/> Articles, including, but not limited to, objects of art, displays, and exhibits, which, because of their unusual nature or value, require the specialized handling and equipment usually employed in moving household goods.	
TERRITORY	
Clearly describe the geographic area where the Applicant proposes to transport the above-selected commodities.	
<input type="checkbox"/> Throughout the State of Illinois	
<input type="checkbox"/> Within specified counties (list counties below):	
1.	5
2.	6.
3.	7.
4.	8.
<input type="checkbox"/> Other (describe):	
RESTRICTIONS	
Specify any restrictions that will be imposed on the transportation of the selected commodities. Restrictions may be imposed on both commodities and territories. If there are no restrictions, state "None." in the space below.	



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PART 5. APPLICANT'S EQUIPMENT AND FACILITIES

INSTRUCTIONS:		
Identify by physical address all locations to be used by the Applicant in operating any aspect of its motor carrier operations. If the property is owned, provide evidence of the Applicant's ownership of the property. If the property is leased provide a copy of a valid written lease or an addendum describing the terms and conditions if the lease is oral. Use additional copies of this page as necessary.		
Address:		
City:	State:	Zip Code:
Telephone Number:	County:	
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> To Be Acquired	Does Applicant intend to store household goods at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Facility: <input type="checkbox"/> Office space only <input type="checkbox"/> Warehouse only <input type="checkbox"/> Office and warehouse <input type="checkbox"/> Other :	Is the facility zoned for commercial use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
City:	State:	Zip Code:
Telephone Number:	County:	
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> To Be Acquired	Does Applicant intend to store household goods at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Facility: <input type="checkbox"/> Office space only <input type="checkbox"/> Warehouse only <input type="checkbox"/> Office and warehouse <input type="checkbox"/> Other :	Is the facility zoned for commercial use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
City:	State:	Zip Code:
Telephone Number:	County:	
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> To Be Acquired	Does Applicant intend to store household goods at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Facility: <input type="checkbox"/> Office space only <input type="checkbox"/> Warehouse only <input type="checkbox"/> Office and warehouse <input type="checkbox"/> Other :	Is the facility zoned for commercial use? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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PART 5. APPLICANT'S EQUIPMENT AND FACILITIES (continued)

INSTRUCTIONS:			
List the vehicles the Applicant intends to operate under its license to transport household goods. Use additional copies of this page as necessary.			
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Year:	Make:	Model:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is its IDOT or USDOT safety inspection current? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Semi-tractor <input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Owned <input type="checkbox"/> Leased
VEHICLES TO BE ACQUIRED			
Describe any vehicles Applicant intends to acquire if granted household goods authority.			



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PART 5. APPLICANT'S EQUIPMENT AND FACILITIES (continued)

INSTRUCTIONS:

Mark "yes" or "no" below for each category of equipment to indicate whether the Applicant owns such equipment as of the date of the application. For each category where "yes" is marked, indicate the number of pieces of equipment the Applicant owns in the "QUANTITY" column and the equipment's approximate market value at the date of the application in the "APPROXIMATE MARKET VALUE" column. Provide the total approximate market value of all listed equipment.

	QUANTITY	EQUIPMENT	APPROXIMATE MARKET VALUE
<input type="checkbox"/> Yes <input type="checkbox"/> No		Trailers	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Appliance Hand Trucks	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Dollies	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Stair Climbers	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Pallet Jacks	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Pads & Covers	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Tarps & Runners	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Carts	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No		Crates	\$
Approximate market value of all listed equipment:			\$



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PART 6. DISCLOSURES

INSTRUCTIONS:

Mark the appropriate box and, where appropriate, provide complete details for each question. If any space below is insufficient, write "see attached sheet" in the space and attach a plain, white 8 ½" x 11" sheet with that portion of your answer which would not fit on the form. On the attached sheet, identify the question to which each answer applies. Failure to complete this portion in full will result in the rejection of the application.

YES NO

1. Is Applicant currently operating as a for hire motor carrier of property?

If you answered "yes" to this question, identify the Applicant's current authorities to operate as a motor carrier by: (1) identifying the agency granting the authority; (2) providing the license number; and (3) listing the types of commodities authorized to be transported.

AGENCY	LICENSE NO.	COMMODITIES

2. Has Applicant ever held or applied to the Commission for an authority to transport household goods within Illinois?

If you answered "yes" to this question, provide the following information.

Docket Number:
Disposition of prior application:

3. Has Applicant obtained a copy of the Illinois Commercial Transportation Law and Commission Rules regulating household goods movers?

4. Does Applicant agree to comply with all the requirements contained in the Illinois Commercial Transportation Law and the Commission's Rules governing intrastate household moving operations?

5. Does Applicant currently owe any governmental entity any fee, fine, or tax?

If you answered "yes" to this question: (1) describe the nature of the fees, fines, or taxes owed on a separate page; (2) attach a copy of an agreement to pay the delinquent monies entered into between the Applicant and the governmental entity; and (3) attach a certification from the governmental entity that the agreement is not in default.

6. Does Applicant owe the State of Illinois any registration fee or tax due for the privilege of operating any motor vehicle upon the public highways in the State of Illinois?

If you answered "yes" to this question: (1) describe the nature of the fees or taxes owed on a separate page; (2) attach a copy of an agreement to pay the delinquent monies entered into between the Applicant and the Illinois Attorney General; and (3) attach a certification from the Illinois Attorney General that the agreement is not in default.



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PART 6. DISCLOSURES (continued)

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 7. Does Applicant currently have a maintenance program in effect that covers the equipment specified in Part 5 of this application? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to this question, attach a detailed summary of the maintenance program.
 If you answered "no" to this question, explain in detail what steps will be taken to develop a maintenance program.

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

8. Does Applicant currently have a safety program in effect?
 If you answered "yes" to this question, attach a detailed summary of the safety program that includes an explanation of each topic covered during the program.
 If you answered "no" to this question, explain in detail what steps will be taken to develop a safety program.

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

9. Does Applicant currently provide formal training to its drivers and employees?
 If you answered "yes" to this question, attach a detailed summary of the formal training provided that includes an explanation of the types of training offered.
 If you answered "no" to this question, explain in detail what steps will be taken to ensure that drivers and employees are properly trained to provide safe and quality household goods moving services to the public.

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

10. Is Applicant now, or has the Applicant been, the subject of a civil penalty action by the Commission?
 If you answered "yes" to this question, provide the following information.

NAVOS or Investigation Number(s):
Nature of violations:

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

11. Does Applicant intend to provide storage services in connection with its household goods motor carrier operations?
 If you answered "yes" to this question, attach a copy of Applicant's personal property warehouse license.

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

12. Has Applicant at any time been the holder of any license from the Commission that was suspended or revoked?
 If you answered "yes" to this question, provide the date of and reason for the suspension or revocation:

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PART 6. DISCLOSURES (continued)

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 13. Does Applicant, or any partner, stockholder, or member of the Applicant, have an interest in any other license issued by this Commission? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to this question, attach a copy of the license and explain the nature of the interest below.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 14. Has Applicant been cited within the last three years for violations of motor carrier safety standards? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to this question, provide the following information for each violation for which a fine was assessed or voluntarily paid.

DATE ISSUED	CITATION NUMBER	ISSUING AGENCY	NATURE OF SAFETY VIOLATION

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 15. Does Applicant have a USDOT number? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to this question, you must attach a copy of the Federal Motor Carrier Safety Administration's Company Safety Profile (CSP) or Company Snapshot for this USDOT number.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 16. Is the Applicant seeking a household goods authority to fill a public need for its services? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to this question, explain the public need Applicant intends to fill.



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PART 7. FINANCIAL STATEMENT

INSTRUCTIONS:

Provide an accurate balance sheet of the Applicant as of the date of the application. Where a line item does not apply to the Applicant, use the number 0. Current liabilities should be expressed in terms of annual expenses. A professionally prepared financial statement or profit and loss report may be substituted for this form if it contains information substantially similar to that requested by the Commission and is certified by an appropriately licensed accountant or accounting firm.

Applicant must submit a current bank statement (the account number may be removed) supporting the Cash line item. The Applicant may be asked to provide additional documentation that supports the Applicant's disclosures including, but not limited to, tax returns. Total assets must equal total liabilities and equity.

BALANCE SHEET AT DATE OF APPLICATION

LIABILITIES and EQUITY		ASSETS	
Current liabilities (due within one year)		Current assets	
Salaries:		Cash	\$
Salaries & Wages – Officers/Owner(s)	\$	Accounts Receivable	\$
Salaries & Wages – Employees	\$	Notes Receivable	\$
Salaries & Wages – Other labor	\$	Prepayments	\$
Payroll Taxes (FICA, Federal, State)	\$	Other current assets (describe):	\$
Operations:		Fixed and other assets	
Rent or Mortgage: Buildings / Terminals	\$	Market Value: Buildings / Terminal	\$
Vehicle maintenance (oil, lubricants, coolants, tires, etc.)	\$	Market Value: Vehicles (listed in Part 5)	\$
Fuel for Vehicles	\$	Market Value: Equipment (listed in Part 5)	\$
Vehicle registration fees	\$	Market Value: Other vehicles & equipment	\$
Regulatory / License fees	\$	Other fixed assets (describe):	\$
Insurance:			
Public Liability and Property Damage Insurance	\$		
Workers' Compensation Insurance	\$		
Insurance on Buildings/Structures	\$		
Other Insurance (describe):	\$		
General:			
Accounts payable: Utilities (electricity, gas, water, telephones)	\$		
Property taxes	\$		
Income taxes	\$		
Other (describe):	\$		
Long-term liabilities (due more than one year)			
Unpaid Mortgage: Buildings / Land	\$		
Debt on Vehicles	\$		
Debt on Equipment	\$		
Other long-term liabilities (describe):	\$		
Owner's Equity			
Sole Proprietorship / Partnership:			
Capital	\$		
Corporation / LLC			
Outstanding Capital Stock / Shares	\$		
Retained Earnings	\$		
TOTAL LIABILITIES & EQUITY	\$	TOTAL ASSETS	\$



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PART 7. FINANCIAL STATEMENT (continued)

INSTRUCTIONS:			
Provide a projected income statement for a period of one year. Applicant will be required to explain, at hearing, the bases and methods utilized in developing this projection. Where a line item does not apply to the Applicant, use the number 0.			
PROJECTED INCOME STATEMENT FOR ONE YEAR			
EXPENSES		REVENUES	
Salaries:		Transportation of household goods:	
Salaries & Wages – Officers/Owner(s)	\$	Intrastate household goods	\$
Salaries & Wages – Employees	\$	Interstate household goods	\$
Salaries & Wages – Other labor	\$		
Payroll Taxes (FICA, Federal, State)	\$		
Operations:		Transportation of non-household goods:	
Rent or Mortgage: Buildings / Terminals	\$	Intrastate	\$
Vehicle maintenance (oil, lubricants, coolants, tires, etc.)	\$	Interstate	\$
Fuel for Vehicles	\$	Non-Transportation	
Vehicle registration fees	\$	Non-Transportation Revenues	\$
Regulatory / License fees	\$		
Insurance:			
Public Liability and Property Damage Insurance	\$		
Workers' Compensation Insurance	\$		
Insurance on Buildings/Structures	\$		
Other Insurance (describe):	\$		
General:			
Office supplies	\$		
Utilities (electricity, gas, water, telephones)	\$		
Uncollectible accounts	\$		
Property taxes	\$		
Other (describe):	\$		
Depreciation:			
Building/Terminals	\$		
Equipment	\$		
Vehicles	\$		
Other depreciation	\$		
Rents:			
Equipment rents	\$		
Other rents (describe):	\$		
TOTAL EXPENSES	\$	TOTAL REVENUES	\$
PROJECTED NET OPERATING INCOME (Total Revenue minus Total Expenses)			\$

PROJECTED NUMBER OF MOVES / SHIPMENTS FOR ONE YEAR			
Type of Transportation	No. of Moves	Type of Transportation	No. of Moves
Interstate Household Goods (HHG)		Intrastate HHG	
Interstate Non-HHG		Intrastate Non-HHG	
Total Interstate Moves:		Total Intrastate Moves:	



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PART 9. REQUIRED SUPPORTING DOCUMENTS

INSTRUCTIONS:
Utilize this checklist when compiling the supporting documents required for this application. <u>Failure to provide required documents will result in the rejection of your application.</u>
BUSINESS DOCUMENTATION
SOLE PROPRIETORSHIP
<input type="checkbox"/> Assumed Business Name Certificate of Publication (if applicable)
PARTNERSHIP
<input type="checkbox"/> Partnership agreement
<input type="checkbox"/> Assumed Business Name Certificate of Publication (if applicable)
CORPORATION
<input type="checkbox"/> Domestic (Illinois)
<input type="checkbox"/> Articles of Incorporation (if less than 1 year old)
<input type="checkbox"/> Certificate of Good Standing (if more than 1 year old)
<input type="checkbox"/> Foreign (non Illinois)
<input type="checkbox"/> Authorization to do Business as a Foreign Corporation
LIMITED LIABILITY COMPANY (LLC)
<input type="checkbox"/> Domestic (Illinois)
<input type="checkbox"/> Articles of Organization (if less than 1 year old)
<input type="checkbox"/> Certificate of Good Standing (if more than 1 year old)
<input type="checkbox"/> Foreign (non Illinois)
<input type="checkbox"/> Authorization to do Business as a Foreign LLC
BUILDINGS / TERMINAL FACILITIES
<input type="checkbox"/> Proof of ownership (if owned)
<input type="checkbox"/> Valid, written lease of property or oral lease addendum (if leased)
DISCLOSURES
<input type="checkbox"/> Supplemental response to Questions 5, 6, 11, 13, and 15 (if applicable)
<input type="checkbox"/> Response to Question 7 – Maintenance Program
<input type="checkbox"/> Response to Question 8 – Safety Program
<input type="checkbox"/> Response to Question 9 – Formal Training Program
FINANCIAL STATEMENT
<input type="checkbox"/> Bank Statement
AFFIDAVIT & VERIFICATION
<input type="checkbox"/> Signatory authority (if required)

