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JAN 08 2018
MONT. P.S. COMMISSION

MONTANA DEPARTMENT OF PUBLIC SERVICE REGULATION
1701 Prospect Avenue P.O. Box 202601 Helena, Montana 59620-2601 (406) 444-6198

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Use this form when applying for:

- Class B transportation of household goods or transportation of both persons and household goods; or
- Class C transportation; or
- Class D transportation of solid waste.

pd on 276
\$500

PLEASE ANSWER EACH QUESTION DEFINITELY
(Print or Type Information)

1a. Sole Proprietor - Applicant Name _____

1b. If not a Sole Proprietor, Applicant's Legal Entity Name BIG FOOT DUMPSTERS & CONTAINERS LLC

1c. D/B/A Name (d/b/a) applicant will use, if applicable BIG FOOT DUMPSTERS & CONTAINERS LLC.

2. Mailing Address PO BOX 592

WHITEFISH, MT Street or P.O. Box 59937
City State Zip Code

Physical Address (if different from above) 325 TEXAS AVE.
Street

WHITEFISH MT 59937
City State Zip Code

Telephone 406 270 8418 Additional Telephone 406 270 6579

Email Address bigfootDUMPSTER@gmail.com

3. Business Structure: Check the Applicant's business organization type, providing the following information:

Sole Proprietorship: Proprietor: _____

** Partnership General Limited (circle one)
Names of general partners: _____

** Entity (Corporation, LLC, LLP) (Indicate where entity is registered) STATE OF MONTANA

Does any single shareholder own more than 50% of this corporation? NO YES

If "yes", name the shareholder: Stephen Stancher

Name the corporate officers or entity members: ROSS STANCHER

** Please note that applicants, other than sole proprietors, are required to be represented before the Commission by counsel.

4. PSC Number: If the Applicant has ever held Montana intrastate motor carrier authority, list the MRC or PSC number under which said authority was issued: _____

5. Applicant proposes to operate as a Class D motor carrier.
choices are Class B, C or D

6. Applicant proposes to transport the following: (check one box only)

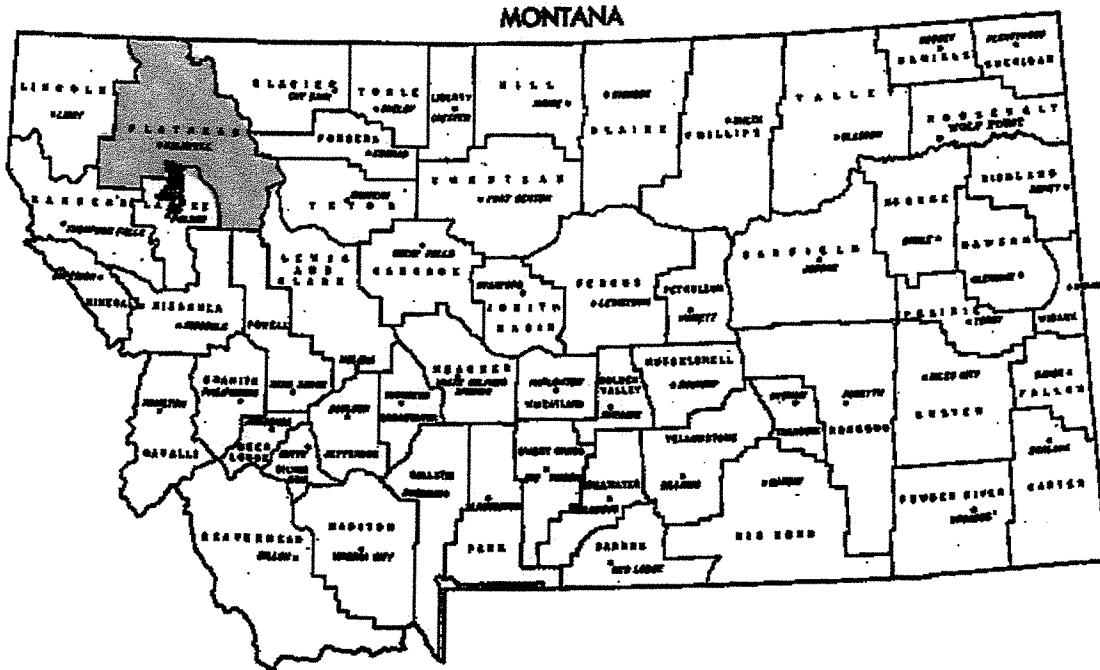
- Household goods
- Garbage
- Class C contract transportation

7. List proposed geographic areas of service (scope of authority).

Examples:

- “within the city of _____ and a _____ mile radius thereof”
- “between all points and places within **FLATHEAD** County(s)”
- “between all points and places within the State of Montana”
- “from points in _____ County(s) to all points in Montana”, etc.

8. A map of the proposed operation is shown herewith. (For information of Commission only). Applicant should color that portion of the state map within which he or she intends to operate.



9. If Applicant proposes to operate as a Class C contract carrier, complete the following:

(a) List complete names of proposed shippers:

(b) Attach to this application pursuant to 69-12-313, MCA, the proposed written contract executed between the Applicant and each shipper listed above.

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Applicant believes a public need exists for the proposed transportation service because: The amount of population growth that has occurred in FLATHEAD COUNTY IN Recent years as well as future planned housing starts over the next 5 to 10 years. Right now if you called to have a dumpster delivered it takes 5- to 7 days to get that dumpster delivered. I hope to improve that service greatly, saving the consumer and contractor both time and money

(Please note: Public need for the proposed transportation service must be amply supported by evidence at hearing)

11. LIST OF EQUIPMENT

Year and Make of Vehicle	Seating Capacity	OR	Tonnage Capacity
2012 DODGE 5500			717 TON NET
2016 DOMATEX GN-50 CUSTOM DUMP TRAILER			
2012 FREIGHTLINER 80,000 ^{lbs} CASCADIA			20 TON NET
2006 SUPERLINE TRAILER			

12. PROPOSED TARIFF OF RATES AND CHARGES (Required only of Class B household goods carriers)

GLACIER BANK CHECKING 7,500
AMERICAN FUNDS 83,000 } CASH RESERVE

13. STATEMENT OF ASSETS AND LIABILITIES (Attach sheet if space is insufficient).

Description	Assets	Liabilities
2012 DODGE 5500 \$	45,000	NO DEBT ALL PAID IN FULL ON ALL EQUIPMENT
2016 DOMATEX IF 50	48,000	
2012 FREIGHTLINER 80,000 CASCADIA	38,000	
2006 SUPERLINE TRAILER	32,000	
1990 TRAIL KING 24K EQUIPMENT TRAILER	4,800	
2EA - 20 yrd Dragon Dumpster	9,000	
2EA 30 yrd ✓	10,500	
3EA 40 yrd ✓ ✓ Total	24,000	
	\$ 211,300	
8EA 40' CONTAINER	38,400	
1EA 20' ✓ ✓	+ 4,800	
	254,500 + CASH RESERVE	

14. IMPORTANT: You must read, and if granted a certificate of public convenience and necessity by this Commission, comply with all of the rules and regulations of the Commission and the laws of the State of Montana pertaining to motor carriers. WILL YOU DO SO? YES NO
15. Applicant understands that the filing of this application does not in itself constitute authority to operate.
16. Enclosed is a bank draft, money order or check for the \$500.00 filing fee. If the application does not go to public hearing \$300.00 of this fee will be refunded. Applicant will be contacted for Tax ID Number or Social Security Number information at that time.
17. In the event the evidence at the hearing indicates the Applicant is entitled to receive a form of authority other than applied for, such other form of authority will be granted.

SIGNATURE OF APPLICANT

STATE OF MONTANA,

County of Flathead) ss

Stephen Starbuck, being first duly sworn, deposes and says that they are the applicant named above, that they have read the foregoing application and know the contents thereof; that the same is true of their own knowledge, except as to matters which are therein stated on information or belief, and as to those matters, they believe it to be true.

Date

November 9, 2017

Stephen Starbuck
(Signature of Applicant)

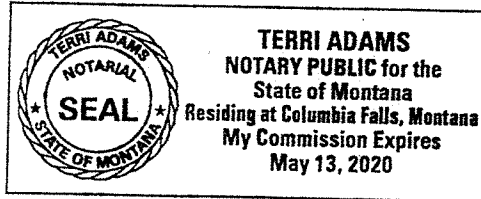
Subscribed and sworn to before me this

9th

day of

November, 2017

(SEAL)



Terri Adams
Notary Public for the State of Montana

Residing at

Columbia Falls, mt

My Commission expires

5-13-2020

AFFIDAVIT
(TO BE COMPLETED BY A SUPPORTER OF THIS APPLICATION)

Shipper's Name and Address: _____

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by _____ for a Montana Intrastate Certificate of Public Convenience and Necessity.

Specifically, I have a need for the transportation of _____ (household goods; persons & household goods; or garbage) within the following service area: _____

I have found the service provided by existing carriers to be inadequate because: Cannot deliver or pickup in timely manner.
Do not have enough dumpsters or labor.
Hard to work with.

If a public hearing is held on the application, either I or an authorized and qualified representative of my corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated 12-21-17, 20_____
[Signature]
(Signature)
Broker
(Title)

Clearwater Montana Properties
(Firm, corporation, association, partnership, etc. represented)
903 Spokane Ave #4, Whitefish
(Address) MT 59935
406-863-1090
(Telephone Number)

AFFIDAVIT
(TO BE COMPLETED BY A SUPPORTER OF THIS APPLICATION)

Shipper's Name and Address: _____

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by MONTANA BUILD for a Montana Intrastate Certificate of Public Convenience and Necessity.

Specifically, I have a need for the transportation of DUMPSTERS FOR CONSTRUCTION TRASH
(household goods; persons & household goods; or garbage)
within the following service area: FLATHEAD VALLEY, WHITEFISH,
BIGFORK, COLUMBIA FALLS

I have found the service provided by existing carriers to be inadequate because: WE NEED 30 YD
AND 40 YD DUMPSTERS AND THEY ARE SO
EXPENSIVE AS TO BE PROHIBITIVE. THIS HINDERS
OUR COMMITMENT TO KEEPING CLEAN ENVIRONMENT
AROUND OUR JOBSITES

If a public hearing is held on the application, either I or an authorized and qualified representative of my corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated 12-14, 2017

Norman Tele
(Signature)
OFFICE ADMINISTRATOR
(Title)

MONTANA BUILD
(Firm, corporation, association, partnership, etc., represented)
P.O. BOX 5316, WHITEFISH, MT
(Address)
406-862-4975
(Telephone Number)