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PUC 189-H (Revised 4/09)

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON OR CONTRACT CARRIER
HOUSEHOLD GOODS IN USE**

1. BARRY C. MILLS
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. NA
TRADE NAME IF ANY
The trade name, if fictitious, _____ been registered with the
(has or has not)
Secretary of the Commonwealth on _____. Attach a date
stamped copy of the registration form.

3. 155 Simpson rd Ardmore PA 19003
Montgomery County
PHYSICAL ADDRESS (include County and Zip Code)

4. NA
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. 610 888 3251
TELEPHONE NUMBER (REQUIRED)

6. NA
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING
(Do not supply an Attorney's name if you want all correspondence and notice of
process mailed directly to you.)

ATTORNEY'S ADDRESS

7. APPLICANT does HAVE A US DOT NUMBER
(does or does not)
AT 1974400

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

8. APPLICANT does HAVE A SATISFACTORY SAFETY RATING
(does or does not)
ISSUED WITHIN THE LAST TWENTY- FOUR MONTHS BY THE US DOT,
PA PUC OR OTHER STATE REGULATORY AGENCY. (ATTACH COPY)

9. DESCRIBE THE SERVICE TO PROVIDED WITHIN PENNSYLVANIA - -
COMMON CARRIER OR CONTRACT CARRIER IN THE FOLLOWING
AREA:

To Transport, as a Common Carrier,
in Motor Vehicles, household goods in use,
From points in Montgomery County to points
in PA, and vice versa.

(Attach a separate sheet if space provided in not sufficient.)

10. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP:

Attach a copy of a partnership agreement.

List the names and addresses of all partners.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority,
or the Foreign Corporation Registration. Include a list of all members
(even if there is only one member) and title of each member.

- CORPORATIONS**
Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration.
- List of all corporate officers/ titles, names of shareholders and number of shares held.

11. ATTACHMENT CHECKLIST:

FOR CORPORATIONS:

- Copy of Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration.
- List of officers/titles and distribution of shares.

FOR PARTNERSHIPS:

- Copy of partnership agreement.
- List the names and addresses of **ALL** partners.

LLCs or LLPs

- Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of all members (even if there is only one member) and title of each member.

FOR ALL APPLICANTS:

- Fictitious trade name registration (if applicable)
- Copy of current safety rating (if available)
- Certified check, money order or attorney's check

12. CERTIFICATION:

APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN ANY INTRASTATE TRANSPORTATION OF HOUSEHOLD GOODS IN USE FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA AND WILL NOT ENGAGE IN SAID TRANSPORTATION UNLESS AND UNTIL AUTHORIZATION IS RECEIVED FROM THE PENNSYLVANIA PUBLIC UTILITY COMMISSION.

APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THE REQUIREMENTS OF THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, ESPECIALLY AS THEY RELATE TO SAFETY AND INSURANCE AND THAT IT MAY BE SUBJECT TO CIVIL PENALTIES,



*pa open4 business, State.
Pa. US*

Employer Withholding Account # 93933432
TAX ID # 202509854

Corporations

Online Services | Corporations | Forms | Contact Corporations | Business Services

- Search
- By Business Name
- By Business Entity ID
- Verify
- Verify Certification
- Online Orders
- Register for Online Orders
- Order Good Standing
- Order Certified Documents
- Order Business List
- My Images
- Search for Images

Business Entity Filing History

Date: 6/8/2009 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
BARRY MILLS MOVING AND HAULING, LLC	Current Name

Limited Liability Company - Domestic - Information

Entity Number: 3819490
 Status: Active
 Entity Creation Date: 6/26/2008
 State of Business.: PA
 Registered Office Address: % Corporation Service Company PA
 Mailing Address: No Address

Officers

Name: BARRY MILLS
 Title: President
 Address: 922 BELL AVE
 LANSDOWNE PA 19050-23

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VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

PUC Application Docket No.			
BARRY C. MILLS			
Legal Name of Applicant			
Trade Name, if any			
155 Simpson Rd	Ardmore	PA	19003
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

- 7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
listed under CERT-PROGRESSIVE policy # 04522379-0				

- 8. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan;
 - b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - d. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(c) (applicable to limousines);
 - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - f. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

- 9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

- 10. Please describe your customer service standards. Within your description, please explain:
 - a. Your plan to inform customers of the procedures for filing complaints with the PUC;
 - b. Your intended customer complaint resolution procedure.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

___ YES ___ NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Barry C Mills
(Signature)
Barry C Mills CEO
(Name and Title, printed or typed)

1/25/2010
(Date)

Verified Statement of Applicant Responses

1. The statement is being made by the applicant above.
2. The applicant has no affiliation with any other carriers.
3. After spending 12 years in management at Devereux Foundation, I took those management skills to running my own enterprise. I began helping friends with clean up projects and personal moves to get a feel for the business of moving. I combined this with my business experience in working as a head chef at a Pennsylvania Bannigan's.
4. My business will be run out of a home office. The home office is equipped with a computer, fax machine, telephone line, desk, chairs a file cabinet and office supplies. The business phone line will be answered live or via voice mail. A cell phone will also be listed for the business. Business records will be maintained via electronic files in the computer as well as hard copies in the office file cabinet. The truck will be dispatched either in person or via home or cell phone of the driver. Most jobs will involve myself and a driver, so communication will be in person. The vehicle will be housed in an adjacent lot with parking accommodations for commercial vehicles.
5. I intended to use one office person as well as myself. The office person will work from home and communicate via land line or cell phone. Computer files and backup physical files will be stored at her home office. This will be adequate to cover the number of calls that would come in to keep one truck busy. We are estimating 40-50 calls a week which will more than adequately be covered by two people.
6. I will use one driver for driving and/or moving and loading and unloading. One truck will require only myself and one driver to handle the majority of moves.
 - a. Our hiring standards will be: pleasant, customer service attitude, polite and friendly, drug-free, and criminal background check passed, high school diploma or equivalent.
 - b. A third party provider will administer a criminal background check pre-hire as a contingency for hiring.
 - c. Driver training program is a combination of manual study and apprenticeship style on the job training.
 - d. Driver licensing will be subject to examination pre-hire and annually upon review.
 - e. Every second employee review will be scheduled for a criminal background check.
 - f. Our company will have a strict, zero-tolerance drug and alcohol abuse program.
7. We plan to start with one truck to begin operating. One will be sufficient to start as we will have limited but consistent sales and marketing efforts commensurate with our start up budget.

(See Vehicle List)

8. a. Vehicle will undergo preventative maintenance and inspection once per year by a local third party. The same facility will also perform minor and major repairs as they arise.
 - b. We will comply continuously with PA's equipment standards (67 PA Code, Chapter 175) via a consistent and regular annual inspection.
 - c. N/A
 - d. N/A
 - e. N/A
 - f. The system to ensure that we are in compliance with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 PA Code, Chapter 37 is quarterly preventative maintenance as well as PM checks upon random servicing of vehicle.
9. We have procured an accountant and have 18 months operating expenses which more than cover the \$2800 yearly premium for one vehicle.
10. a. We will both verbally and in writing provide the web site and link for filing complaints with the PUC.
 - b. Customer complaints will be handled by (1) Listening to the complaint in its entirety. (2) Investigating the complaint immediately. (3) Determining a fair resolution. (4) Presenting the Customer with the resolution and options for resolution within 72 hours of receiving the complaint.
11. I have not been convicted of a misdemeanor or felony for which I remain subject to supervision by a court or correctional institution.
12. {See Accountants Report}

Statement of Financial Position (Balance Sheet)

As of (date) 12/31/2008

ASSETS

Current Assets		
Cash	\$12,000.00	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		\$12,000.00
Tangible Assets		
Motor Vehicle Equipment	\$20,000.00	
Less: Accumulated Depreciation	_____	= _____
-	_____	= _____
Building and Structures	_____	= _____
Less: Accumulated Depreciation	_____	= _____
Office Equipment	\$1,000.00	
Less: Accumulated Depreciation	_____	= _____
Land	_____	= _____
Investments and Funds (specify)	_____	_____
Intangible Assets	_____	_____
Other Assets (advances and idle equipment – specify)	_____	\$ _____
TOTAL ASSETS		\$23,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long Term Liabilities		0
TOTAL LIABILITIES		0

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		
Additional Paid-in Capital		
Retained Earnings	\$33,000.00	\$33,000.00
Less: Treasury Stock	_____	_____
Total Owner's Equity		\$33,000.00
TOTAL LIABILITIES & OWNER'S EQUITY		\$33,000.00

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	\$ 76,600.00
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	
Total Revenue and Gains	\$ 75,000.00

EXPENSES

Equipment Maintenance and Garage Expense	
Insurance Expense	
Employee Salaries	\$ 12,000.00
Supervisory Salaries	
Officer Salaries	\$ 10,000.00
Fuel Expense/TRUCK EXPENSES	\$ 13,000.00
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	\$ 2,000.00
General Office Expense	\$ 800.00
Advertising Expense	\$ 7,000.00
Telephone Expense	\$ 1,400.00
Accounting Expense	\$ 800.00
Legal Expense	
Uncollectible Revenue	\$ 1,600.00
Depreciation Expense	
Amortization	
Operating Taxes and Licenses	\$ 800.00
Rent Expense	\$ 1,200.00
Loss	
Total Operating Expenses and Losses	\$ 52,600.00
<u>Net Income Before Taxes</u>	\$ 24,000.00
Provision for Income Taxes	
<u>Net Income (Loss)</u>	\$ 24,000.00

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Joseph C Raines PC
Name of Supporter

912 Danston Rd; West Deptford NJ 08076
Street Address City or Municipality State Zip Code

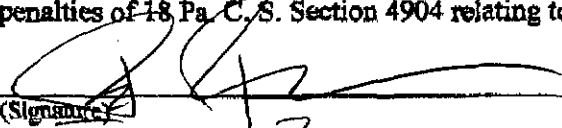
Barry Mills
Name of Applicant

- Describe the type of transportation service needed.
Moving and storage
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Lower Merion Township, Upper Merion Townships, Haverford Township
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Daily basis
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Have not used any other providers
- Have you supported similar applications in the past? If so, please supply name and docket number.
No applications supported in the past

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.


(Signature)

12/23/09
(Date)

Joseph Raines
(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

ALDEN WASHINGTON
Name of Supporter

361 Hill Top Drive King of Prussia PA 19003
Street Address City or Municipality State Zip Code

Barry Miles
Name of Applicant

- Describe the type of transportation service needed.

MOVING AND HAULING

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

361 Hilltop Drive King of Prussia PA 19046

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Quarterly

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Barry is quick and efficient

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

VERIFICATION OF STATEMENT

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Alden Washington
(Signature)
ALDEN WASHINGTON
(Name, printed or typed)

12/29/2009
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Whitney-Sims Realty LLC
Name of Supporter

835 W Lancaster Ave Bryn Mawr, PA 19010-3011
Street Address City or Municipality State Zip Code

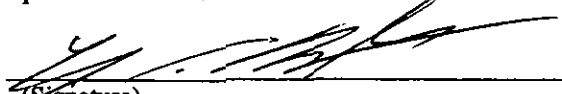
Barry Mills
Name of Applicant

- Describe the type of transportation service needed. Moving household goods
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Bryn Mawr, PA 19010 to Ardmore, PA 19002
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Monthly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? More convenient and more reliable - very satisfy with his service
- Have you supported similar applications in the past? If so, please supply name and docket number. N/A

VERIFICATION OF STATEMENT

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The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.


(Signature)
Craig C. Whitney-Porter - Whitney-Sims Realty
(Name, printed or typed)

12/18/09
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

WENDY G. SPIELMAN
Name of Supporter

6 VILLAGE WAY MALVERN PA 19355
Street Address City or Municipality State Zip Code

Barry Mills
Name of Applicant

- Describe the type of transportation service needed. *Moving Furniture + fences*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *35 Rosemont Ave Rosemont PA 19010*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *Quarterly*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? *Yes but he's very reasonable with time + finances*
- Have you supported similar applications in the past? If so, please supply name and docket number. *NO*

VERIFICATION OF STATEMENT

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Wendy G Spielman ORIL
(Signature)
Wendy G. Spielman
(Name, printed or typed)

1/4/2010
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Meryle Fortunato
Name of Supporter

840 Montgomery Ave. Bryn Mawr, Pa. 19010
Street Address City or Municipality State Zip Code

Barry Mills
Name of Applicant

- Describe the type of transportation service needed.

I have a need for moving household good items, etc.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

840 Montgomery Ave. #205

840 Montgomery Ave. #104

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

A monthly service

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

I like Mr. Mills' service and company.

- Have you supported similar applications in the past? If so, please supply name and docket number.

N/A

VERIFICATION OF STATEMENT

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Meryle Fortunato
(Signature)

Meryle Fortunato
(Name, printed or typed)

12/17/09
(Date)