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Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834

APR 24 2010

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons in Group and Party Service

Exclusively using vehicles with a seating capacity of 16 or more
passengers, including the driver.

Please complete all parts of the following application. Incomplete applications will be
returned. All questions may be directed to the Bureau of Transportation & Safety at
(717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

KAREN HOLZWARTH

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

K & H Bus Service

3. **Physical Address** (do not use PO Box)

2329 E. HAGERT ST.
Street Address

PHILA PA 19125
City, State and Zip Code

215-868-6209
Telephone Number

PHILA
County

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4. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

For Partnerships Only:

- Copy of Partnership Agreement.
- List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property 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, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

Applicant must sign the following Verification of Application.

Verification of Application

The Verification of Application must be completed by the applicant appearing on Line 1 of the application: the named individual, all partners (if a partnership), or by the President or Secretary (if a corporation).

I/we hereby state that the statements made in this application is/are true and correct to the best of my/our knowledge 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.

KAREN HOLZWARTH
(Print Name)

Karen Holzwarth (Signature) 4-11-10 (Date)

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. Applicant will be operating vehicles with a seating capacity of:

16 to 28 passengers including the driver
(Requires carrier to maintain a minimum of \$1 million in liability insurance coverage. Checking this box will limit authority to providing service in vehicles having a seating capacity of no more than 28 passengers including the driver)

More than 28 passengers including the driver
(Requires carrier to maintain a minimum of \$5 million in liability insurance coverage)

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership
Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation
Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP
Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.