

To whom it may concern:

Please note I am applying for a
PUC Number for my dump trucks
which will haul stone, dirt, coal, wood chips blacktop

A few years back I registered my
business as a foreign business wanting
to do business in PA.

If there is any problems please call
me at 201-954-8363

Thank you

Kevin Bellato

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

Application for Motor Common Carrier of Property

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)

Kevin A Gillette

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

Kevin A Gillette Enterprises LLC

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

(Business)

181 W. Ramapo Ave / PO Box 487
Street Address

Mahwah NJ 07430
City, State and Zip Code

201-954-8363
Telephone Number

Bergen
County

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

(Home)

136 Locust Dr
Street Address

Milford PA 18337
City, State and Zip Code

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2010 APR - 6 AM 11:03

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APR 06 2010

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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. What type of commodity do you intend to transport? Aggregates, Stone

Dirt, Sand, Asphalt, coal, wood chips

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.

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.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by 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.

Kevin A. Gillette
(Print Name)
Kevin Gillette

(Signature) *Kerwin Belletto*

(Date) *3/27/10*

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:
KEVIN A. GILLETTE ENTERPRISES, LLC

TRADE NAME:

TAXPAYER IDENTIFICATION#:
223-700-015/000

SEQUENCE NUMBER:
0750045

ADDRESS:
181 W RAMAPO AVE
MAHWAH NJ 07430

ISSUANCE DATE:
06/03/04

EFFECTIVE DATE:
12/20/99

FORM-BRC(08-01)

J.P. & Tully
Acting Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

000028
State of New Jersey
Department of The Treasury
Division of Revenue
PO Box 252
Trenton NJ 08648-0252

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
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Permit No. 21

KEVIN A. GILLETTE ENTERPRISES, LLC
PO BOX 487
MAHWAH NJ 07430