

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227**

Application for Motor Common Carrier of Persons in Limousine Service

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) 787-1227.

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

Lynn Michelle Smith

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

Allegheny Coach

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

210 10th St
Street Address

Sharpsburg PA 15215
City, State and Zip Code

412 781-0616
Telephone Number

Allegheny
County

RECEIVED
2011 FEB 10 AM 9:58
PA.P.U.C.
SECRETARY'S BUREAU

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

Street Address

City, State and Zip Code

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BUREAU OF SAFETY
TRANSPORTATION & SAFETY
2011 FEB 11 AM 8:25

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. **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.
- 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.
- Corporation**
Attach a copy of the Certificate of Incorporation or Certificate of Authority or the Foreign Corporation registration. Include a list of all officers/titles and distribution of shares.

8. **Attachment Checklist**

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Certified check, money order or attorney's check.

For Corporations:

- Copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.
- List of corporate officers/titles and distribution of shares.

For LLPs and LLCs:

- Copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.
- List of all members (even if there is only one member) and title of each member.

For Partnerships:

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

9. **Description of Service Territory:**

Please describe the area in Pennsylvania (excluding service in the city and county of Philadelphia) where you plan to provide limousine service. Typically, a carrier will describe service in a specific area and then from that specific area to points in Pennsylvania, and return.

*Services to be provided in the
Pittsburgh Area and between points
in Pennsylvania*

10. **Certification**

Applicant certifies that it is not now engaged in any unauthorized intrastate transportation 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.

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.			
LYNN MICHELLE SMITH			
Legal Name of Applicant			
ALLEGHENY COACH			
Trade Name, if any			
210 10 th ST	Sharpsburg	PA	15215
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.

LYNN M. SMITH
210 10th ST.
SHARPSBURG PA 15215
412-781-0616 (HOME)
412-328-8759 (CELL)

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

~~OWNER~~ - NONE -

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

Employed as a Limousine Driver for 3 yrs. with A Limousine Company. Trained with that company and 3 yrs. of on the job training.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

Physical address w/ parking in rear of my home. Will use cell phones, email, and fax machines for my communication network. Office area is a dedicated room in my home. I have a laptop, file cabinets and fax (copy and scan) all in one. (OVER)

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

At this point I will be the only employee, but will hope to have more within a year. I can reasonably service my clients as I will keep a time schedule.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your driver training program;
 - Your system for ensuring that your drivers are properly licensed at all times;
 - Your policies regarding alcohol and drug use by your drivers.

The plan is to hire at least 2 drivers by the end of the year.

- My standards will depend on reliability driving record and clean or sobriety.
- I will purchase a DVD training program online for training.
- Record testing with the DMV.
- Concentra or Quest for a urine test.

My extended hours will be 24 hours answer.
Customer requests will come by phone, fax and
email. Maintain all receipts and trip tickets
for each customer in a designated file for
record maintenance. also, contacts on computer
will be maintained

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.

1 at the moment, then progress to 2 or 3.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - 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;
 - 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);
 - 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).

*A. Once a month maintenance w/o id change
B. Inspections and yearly compliance w/ PUC.*

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.

Contacted Insurance company (Geico) for commercial insurance. I have money put away for insurance purposes and expect to use revenue from the business for monthly payments.

10. Please describe your customer service standards. Within your description, please explain your intended customer complaint resolution procedure.

*Available and on time service.
15 minutes prior to reservation and
-1/2 hour after pick up is scheduled for a no-show
Complaints will be handled promptly and professionally with ¹⁰ compensation if needed.*

will wait

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 X 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.

Lynn M Smith
(Signature)
LYNN M SMITH, OWNER
(Name and Title, printed or typed)

2/4/11
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets			
Cash		<u>22,000.00</u>	
Accounts Receivable		_____	
Notes Receivable		_____	
Other Current Assets (specify)		_____	
Total Current Assets			<u>22,000.00</u>
Tangible Assets			
Motor Vehicle Equipment		<u>13,000.00</u>	
Less: Accumulated Depreciation			
-		<u>6,000.00</u>	= <u>7,000.00</u>
Building and Structures		<u>38,000.00</u>	
Less: Accumulated Depreciation			
-		<u>6,000.00</u>	= <u>32,000.00</u>
Office Equipment		<u>4,000.00</u>	
Less: Accumulated Depreciation			
-		<u>1,000.00</u>	= <u>3,000.00</u>
Land			
Investments and Funds (specify)			
Intangible Assets			
Other Assets (advances and idle equipment – specify)			
TOTAL ASSETS			<u>64,000.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		_____	
Notes Payable		_____	
Equipment Obligations		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			_____
Long Term Liabilities (Due after one year of date)			
Accounts Payable		_____	
Notes Payable		<u>27,000.00</u>	
Equipment Obligations		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long Term Liabilities			<u>27,000.00</u>
TOTAL LIABILITIES			<u>33,000.00</u>

NET WORTH (Partnerships and individuals, only) _____

OWNER'S EQUITY (Corporations only)

Capital Stock		_____	
Additional Paid-in Capital		_____	
Retained Earnings		_____	
Less: Treasury Stock		_____	= _____
Total Owner's Equity			_____

TOTAL LIABILITIES & OWNER'S EQUITY 33,000.00

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	105,000.00
Net Revenue from non-carrier operations	3,600.00
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	108,600.00

EXPENSES

Equipment Maintenance and Garage Expense	500.00
Insurance Expense	2,700.00
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	12,000.00
Fuel Expense	13,000.00
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	1,000.00
Advertising Expense	_____
Telephone Expense	1,200.00
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	500.00
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	35,400.00
<u>Net Income Before Taxes</u>	73,200.00
Provision for Income Taxes	10,000.00
<u>Net Income (Loss)</u>	63,200.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Allegheny Coach

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4006064

Smith, Lynn
210 10Th St
Sharpsburg, PA 15215

ST, PAO4B

From: pao4b@state.pa.us
Sent: Sunday, January 23, 2011 7:53 AM
To: ST, PAO4B
Subject: PAO4B New Registration 3/32/2

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**
Application for Registration of Fictitious Name
(54 Pa.C.S. § 311)

Document will be returned to the name and address you enter below.

Name
Lynn Smith
Address
210 10th Street
Address

City State/Zip Code
Sharpsburg PA 15215

Email: lynxlimousine@gmail.com

Commonwealth of Pennsylvania
FICTITIOUS NAME 2 Page(s)



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch.3 (relating to fictitious names), hereby state(s) that:

- The fictitious name is:
Allegheny Coach
- A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Limousine Service
- The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

210 10th Street	Sharpsburg	PA	15215	02
Number and Street	City	State	Zip	County

- The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street Address	City	State	Zip
Lynn Michelle Smith	210 10th Street	Sharpsburg	PA	15215

- Each entity, other than an individual, interested in such business is (are):
- The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.
- Optional: The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this day of _____, _____.

Individual Signature

Individual Signature

Entity Name

Signature

Title

CC \$70

Individual Signature

Individual Signature

Entity Name

Signature

Title

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Fictitious Name Registration Signature Form**


Document must be completed and mailed to the address listed below.

Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057

1. The enterprise structure is:
Sole Proprietorship
2. The enterprise legal name is:
Lynn Michelle Smith
3. The enterprise's fictitious name is:
Allegheny Coach

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

25 day of January, 2011.



Individual Signature of Lynn Michelle Smith

0321220110123

To avoid any delay or rejection, signature form(s) should be received within 7-10 days of the registration submission date.

PA DEPT. OF STATE

JAN 26 2011

<https://www.paopenforbusinessobri.state.pa.us/PAO4bInterview/Forms/DOS/DOSForms.a...> 1/23/2011

Received Time Jan. 25. 2011 8:52PM No. 5934