

PA Public Utility Commission

400 North Street

Keystone Building

Harrisburg, PA 17120

6/7/2011

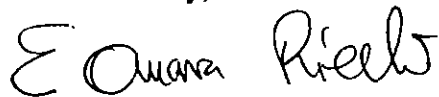
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Dear Sir or Madam

Re: A-2011-2235464

I hope this finds you well. I have enclosed a completed Verified Statement of Applicant and five Verified Statements in Support of Applicant of the application completed by parents of potential clients illustrating the need that exist for a Para-transit services in our area. Feel free to contact me at 717 608 9546 if you have any further questions.

Yours sincerely,



Elijah O Riechi.

# 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.

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A -2011- 2235464 PUC Application Docket No.			
KEON Enterprises LLC Legal Name of Applicant			
Trade Name, if any			
3751 Rutherford St, Harrisburg, PA 17111			
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.

Elijah O Riechi

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

Owner

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.

Elijah O Riechi holds a bachelors degree in Psychology from Shippensburg University of Pennsylvania and is currently pursuing a master's degree in Training and Development at Pennsylvania State University. Applicant has worked in the human services field for over eight years as a Direct Care Worker, Employment Specialist and Case Worker. In the position as a Direct Care Worker, Applicant's responsibilities included transporting clients with intellectual disabilities to adult day programs and to work using agency provided vans. As a requirement for the position, applicant was required to take driver safety training which covered diverse topics such as how to safely anchor wheelchairs in the vans.

- 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.

Initially, the business will operate from home address located at 3751 Rutherford St, Harrisburg PA 17111. Available parking space can accommodate up to three vans. As the business expands, KEON Enterprises LLC will rent office space with enough parking spaces to accommodate more vans. Home office is located in the basement level of applicants home. The office has a computer, printer, phone, fax and copier. The desktop computer will be used exclusively for business purposes. All business records will be kept in a filing cabinets which will be locked at all times.

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).**

KEON Enterprises LLC intends to hire one dispatcher; more employees such as cleaners and clerks will be hired as need arise. KEON Enterprises LLC plans to operate seven days a week including federal holidays from 6 am to 7 pm.

Transportation will be coordinated by a dispatcher. Most pickups will be scheduled in advance; new customers will call a designated number to schedule pick up and drop off. A dispatcher will then contact drivers to arrange for pick up; for safety purposes, drivers will be required to use hands free cell phone. All calls will be answered courteously and promptly. Drivers will be required to record travel logs indicating location of pick up and pick up and drop off time.

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:

- a. Your hiring standards for drivers;
- b. Your system to ensure prospective drivers will be subject to a criminal background check;
- c. Your driver training program;
- d. Your system for ensuring that your drivers are properly licensed at all times;
- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
- f. Your policies regarding alcohol and drug use by your drivers.

KEON enterprises LLC intends to initially hire three drivers, all drivers will be required to hold a valid driver's license issued by the state of Pennsylvania. KEON Enterprises LLC will require drivers to keep their drivers licenses current at all times. Applicant will monitor expiration dates of driver's licenses to ensure policy is strictly adhered to. Additionally, KEON enterprises LLC will conduct criminal background checks and child / elderly abuse clearance on all drivers before being hired and every two years thereafter, drivers with criminal conviction will not be hired; employees who get convicted of a crime while employed will be terminated. A current physical exam will also be required prior to offer for employment is extended to a driver.

KEON Enterprises LLC will enforce a zero tolerance policy relating to use of drugs or alcohol.

Random drug/alcohol tests will be performed to ensure strict adherence to this policy. Drivers will undergo training on how to operate equipments on the vans, the route, customer service, First aid and CPR. Outside vendors will be contracted to offer some of the training.

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.

KEON Enterprises LLC plans to initially two 15 passenger vans and a small car, the number on the fleet will increase depending on demand.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2004	Pontiac	Grand Prix GT	4	2G2S542841219574

8..Describe your vehicle safety program. Please include the following in your explanation:

- g. Your periodic vehicle maintenance plan;
- h. 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;
- i. 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);
- j. 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(e) (applicable to limousines);
- k. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
- l. 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).

Inspections will be completed on each vehicle as required by the state of Pennsylvania.

Additionally, regular maintenance will be performed at a licensed and certified car repair shop every 3 months. Drivers will also be required to do visual safety inspections of the car before operation and report any unusual findings they may see or hear as they operate the vans. Any recommended repairs will promptly be fixed. No smoking will be permitted in the vehicles and drivers will be in charge of ensuring that cleanliness is maintained at all times in the vehicles.

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.

KEON Enterprises LLC has obtained quotes that meets PUC requirement for this type of business from GEICO and satisfies that premiums are affordable.

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

Customers will be provided with information on how to file complaints with the PUC.

Information will include phone numbers and address where to mail their complaints to. All complaints will be directed to the manager/ Owner, complaints will promptly be investigated by conducting interviews of witnesses and recording of statements. Progressive disciplinary action will be implemented including termination for serious infractions.

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.

E. O. Riechi

(Signature)

Elish O Riechi

(Name and Title, printed or typed)

6/7/11

(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) 6/3/11

ASSETS

Current Assets

Cash	10000	
Accounts Receivable		
Notes Receivable		
Other Current Assets (specify)		
Total Current Assets		<u>10000</u>

Tangible Assets

Motor Vehicle Equipment	17000	
Less: Accumulated Depreciation		17000
-		=
Building and Structures		
Less: Accumulated Depreciation	-	=
Office Equipment	1000	
Less: Accumulated Depreciation	-	28000
		=

Land

Investments and Funds (specify)

Intangible Assets

Other Assets (advances and idle equipment – specify)

**TOTAL ASSETS**

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable	8000	
Notes Payable		
Equipment Obligations		
Other Liabilities (Attach schedule)		
Total Current Liabilities		<u>8000</u>

Long Term Liabilities (Due after one year of date)

Accounts Payable		
Notes Payable		
Equipment Obligations		
Other Liabilities (Attach Schedule)		
Total Long Term Liabilities		

**TOTAL LIABILITIES**

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		20000
Additional Paid-in Capital		
Retained Earnings		
Less: Treasury Stock	-	=
Total Owner's Equity		

**TOTAL LIABILITIES & OWNER'S EQUITY**

28000

**STATEMENT OF FINANCIAL POSITION**  
**One Year Projected Income Statement**

REVENUE and GAINS

Operating Revenue	<b>59760</b>
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	
Total Revenue and Gains	<b>59760</b>

EXPENSES

Equipment Maintenance and Garage Expense	<b>2100</b>
Insurance Expense	<b>9000</b>
Employee Salaries	<b>29000</b>
Supervisory Salaries	
Officer Salaries	
Fuel Expense	
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	<b>300</b>
General Office Expense	<b>180</b>
Advertising Expense	<b>1200</b>
Telephone Expense	
Accounting Expense	
Legal Expense	<b>600</b>
Uncollectible Revenue	
Depreciation Expense	
Amortization	
Operating Taxes and Licenses	
Rent Expense	
Loss	
Total Operating Expenses and Losses	<b>13980</b>
<u>Net Income Before Taxes</u>	
Provision for Income Taxes	<b>3157</b>
<u>Net Income (Loss)</u>	<b>9470</b>

**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.

NANCY C SAJESKI  
Name of Supporter  
2147 CAREY WAY HUMMELSTOWN DAUPHIN PA  
Street Address City or Municipality County State Zip Code  
KEON Enterprises Inc (RHIAN O RIECHI)  
Name of Applicant

- Describe the type of transportation service needed.

M-F WHEEL CHAIR AM => DAYCARE  
PM => HOME

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

HOME => DAYCARE  
HUMMELSTOWN => HENRIETTA + RETURN

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

M-F ALL YEAR

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

UCP TRANSPORTATION - WILL LOSE IF

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

NO

**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.

Nancy C Sajeski  
(Signature)  
NANCY C SAJESKI  
(Name, printed or typed)

07/24/11  
(Date)

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## 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.

Sharon Schaak  
Name of Supporter

205 East Oak St      Palmyra      Leb      PA      17078  
Street Address      City or Municipality      County      State      Zip Code

Keon Enterprises LLC (Elijah O Riechi)  
Name of Applicant

- Describe the type of transportation service needed.

van

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

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

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? yes. Won't pick up at a designated time

- Have you supported similar applications in the past? If so, please supply name and docket number. No

## VERIFICATION OF STATEMENT

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Sharon Schaak

(Signature)

Sharon Schaak

(Name, printed or typed)

5-25-11  
(Date)

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## 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.

MICHAEL & KATHERINE GINGERICH

Name of Supporter

434 W. CARACAS AVE. HERSHEY DAUPHIN PA 17033-1617

Street Address

City or Municipality County

State

Zip Code

Keon Enterprises (MICHAEL & KATHERINE GINGERICH)

Name of Applicant

- Describe the type of transportation service needed.  
THIS TRANSPORTATION IS NEEDED FOR OUR 23 YEAR OLD SON - WHO HAS SEVERE DEVELOPMENTAL DISABILITIES AND AUTISM. THE SERVICE TAKES HIM TO HIS ADULT DAY PROGRAM AND BRINGS HIM HOME.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
ORIGIN - HERSHEY, DERRY TOWNSHIP, DAUPHIN CO., PA  
DESTINATION - MECHANICSBURG, CUMBERLAND CO., PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
5 DAYS PER WEEK - MONDAY - FRIDAY
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? YES. LACK OF AVAILABILITY / RELIABILITY.
- Have you supported similar applications in the past? If so, please supply name and docket number. NO.

PA JUDICIAL  
SECRETARY'S BUREAU

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## VERIFICATION OF STATEMENT

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Michael D. Gingerich

(Signature)

MICHAEL D. GINGERICH

(Name, printed or typed)

5/24/2011

(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.

ALISON E. HOLNESS  
Name of Supporter DAUPHIN COUNTY.  
921A TRIPS BRUCK DR. HERSHEY TOWNSHIP PA 17036  
Street Address City or Municipality County State Zip Code  
KEON Enterprises LLC (ELIJAH O RIECHI)  
ESNOT DPCA  
Name of Applicant

- Describe the type of transportation service needed.  
VAN WITH RAMP OR LIFT.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
ADDRESS AS ABOVE - OFF BOURBON VALLEY RD,  
HERSHEY DAY PROGRAM - HERSHEY OUTLET.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
DAILY MON-FRIDAY
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
N/A.
- Have you supported similar applications in the past? If so, please supply name and docket number.  
N/A

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## **VERIFICATION OF STATEMENT**

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Alison E. Holness  
(Signature)

05.24.11  
(Date)

ALISON E. HOLNESS  
(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.

Charles + Terry Ross  
Name of Supporter Derry twp  
1350 Fox Glen Rd Hummelstown Pa 17036  
Street Address City or Municipality County State Zip Code  
KEON Enterprises LLC Tonya M. Ross (ELIJAH O RIECH.)  
Name of Applicant

- Describe the type of transportation service needed.

Handicap accessible van w/ wheelchair lift

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

home to + from adult day care site

Derry twp

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

daily

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

no

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

no

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**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.

Terry Ross  
(Signature)

5/24/11  
(Date)

Terry L Ross  
(Name, printed or typed)

March 11, 2011

Public Utility Commission  
N-301 Keystone Building  
400 North Street  
Harrisburg, PA 17120

Reference to: Transportation for "people with disabilities" – Elijah Riechi, Owner Transportation Service

Please accept this letter as justification for the need of transportation in the Dauphin County area for all individuals but especially "people with disabilities". I have been an Employment Specialist with the agency AHEDD, Specialized HR Agency for over nine years. The barrier of transportation for employment has been a major obstacle to overcome and causing my participants to be unemployable.

The Dauphin County area has public bus transportation provided by Capital Area Transit in the areas that are heavily populated, but most of those routes do not run within the hours needed and are only on weekdays. On Saturday there are very few routes and on Sunday no transportation is offered. Even the heavily populated areas that do offer routes involve going to a transfer center to change to another bus to complete the trip to an employer site. Within the less populated areas of Dauphin County there is no public transportation which can be utilized.

Many "people with disabilities" find that it is necessary to call a taxi cab service to assure that they will arrive on time for work or must call a taxi cab service if they need to work after public bus service ends. The fare for a taxi cab round trip on a daily basis is so high that they find that it is not worth the cost of seeking employment and continue accepting government funding of public assistance, social security, food and housing assistance. This is basic economics they can not afford to work due to transportation costs. The need for a transportation service in the evening, weekend and outside downtown Harrisburg area is great!

With your consideration and approval of this transportation company, this barrier will no longer hold back independence and self sufficiency to these individuals that we serve and would be a great blessing! With the transportation barrier eliminated, everyone benefits. Employers benefit by receiving qualified individuals that realize how fortunate they are to be employed which brings about enhanced quality to their service or product. The individual gets off of public assistance, social security, Medicare, Medicaid and now begins to pay taxes to federal, state and local governments. This all can be accomplished with this transportation service receiving your blessing.

Please contact me if you require detailed cases or any type of additional information to expedite this process in considering this transportation service.

Sincerely,



Cindie Wheale  
AHEDD, Employment Specialist  
3300 Trindle Road  
Camp Hill, PA 17011  
717 731-5485 Ext. 126  
717 507-3264 cell

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DM  
KEON ENTERPRISES LLC  
3751 RUTHERFORD ST  
HARRISBURG, PA 17111

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To Public Utility Commission  
P.O. Box 3265  
HARRISBURG, PA 17105-3265