

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier of Persons in Group and Party Service in Vehicles Seating 11 to 15 Persons, Including the Driver.

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE RENDERED ON AN EXCLUSIVE BASIS AS CHARTER SERVICE FOR GROUPS OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE. THE TRANSPORTATION PROVIDED IS LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

First Class Coach Inc.

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

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

301 Heights dn. #42C

Street Address

Feasterville, PA 19053

City, State and Zip Code

267-694-2294

Telephone Number

Bucks

County

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

n/a

Street Address

City, State and Zip Code

5. **Attorney** (if applicable) n/a

Attorney's Name & Telephone Number for this Filing

PA PUBLIC UTILITY COMMISSION
SECRETARY'S OFFICE
BUREAU

FEB 9 2012

RECEIVED

Attorney's Address

6. Does applicant currently hold or has ever held PA PUC authority?

No _____ Yes, at PUC No. A- _____

7. Does applicant hold interstate operating authority?

_____ No Yes, at No. USDOT #2253633
MC # 774651

8. Are you one of the following? If yes, check below.

Individual - Corporation

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

Corporation Bureau Entity ID Number

Corporation – For Profit

61-1665964

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

PA Limited Partnerships,
Limited Liability Partnerships,
Limited Liability Companies

- File for an Application of Registration

Fictitious Name Registration - File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
Natalie Bront, Owner, 1500 shares
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on Board of Directors

11. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

Providing transportation services for individuals and/or groups of passengers in vehicles seating to 15 persons, including the driver, to airports, seaports, tours, excursions, parties, proms, etc.

12. Certification:

Applicant certifies that it is not now engaged in 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 Passengers; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statements made in this application 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.

Natalie Bront
(Print Name)

Natalie Bront 1/31/12
(Signature) (Date)

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, a member (if a limited liability company), or by any officer (if a corporation).

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 Number			
First Class Coach Inc			
Legal Name of Applicant			
Trade Name, if any			
301	Heights Lane #42C	Feasterville	PA 19053
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.

Natalie Bront, owner

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

n/a

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.

For many years my husband is employed

as a limo driver by USA limo, Phila Coach, Car One limo. He has a CDL license. He has part of business in Phila Coach. I help him as a dispatcher.

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. 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.

As a start-up, I am working from home. I have computer, fax, phone, printer, where all records will be stored. Also, there will be hard copy. Vehicles will be parked at a guarded lot in industrial zone. All records will be stored on a hard drive and hard copy. Communication with customers will be by fax, e-mail, phone. Dispatch will be done by phone. 24 hours - 7 days.

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).

4 drivers. for 2 vehicles - ~~2~~

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;
 - Your plan to obtain and review criminal history records and driver history reports for drivers.

- clean driver's record; business driving experience not less than 6-8 years.
- explain location, how to use maps, GPS system; explain behavior with the customers - polite, respectful nice, neat appearance - suit and tie, or clean clothes, shaved
- updated driving record and driver's license.
- to obtain and maintain medical record
- check by computer

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.

We don't have vehicles yet, but we are planning to have:

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
				n/a
2007	Dodge	Sprinter	12 pass.	
2011	Jeep	Yukon XL	7 pass.	n/a

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);

- Every day the driver will report how the vehicle is operating.
- Once a week personal check
- every 6 months inspection with authorized repair crew

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.

Obtained quota from Mark Agency, Travellers Ins.

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.

Driver has to arrive for pick up 15 min. earlier than the scheduled time. The vehicle shall be equipped with readable & noticeable US DOT # and phone # for PUC. Try to resolve the problem amicably. Or go to court.

11. Criminal Record. Have you, any members (if LLC, LP or LLP), shareholders, or officers (corporations) 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 the 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.

Natalie Bront

(Signature)

Natalie Bront, owner

(Name and Title, printed or typed)

1/31/12

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 1/1/2012

ASSETS

<i>Current Assets</i>			
Cash		<u>5,500</u>	
Accounts Receivable			
Notes Receivable			
Other Current Assets (specify)			
Total Current Assets			<u>5,500</u>
<i>Tangible Assets</i>			
Motor Vehicle Equipment		<u>60,000</u>	
Less: Accumulated Depreciation			
-		<u>12,000</u>	= <u>48,000</u>
Building and Structures			
Less: Accumulated Depreciation			
-		<u>4,000</u>	= _____
Office Equipment			
Less: Accumulated Depreciation			
-		<u>800</u>	= <u>3,200</u>
Land			
Investments and Funds (specify)			
Intangible Assets (<i>organizational costs</i>)			<u>400</u>
Other Assets (advances and idle equipment – specify)			
TOTAL ASSETS			<u>57,100</u>

LIABILITIES

<i>Current Liabilities (Due within one year of date)</i>			
Accounts Payable			
Notes Payable			
Equipment Obligations		<u>2,000</u>	
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>2,000</u>
<i>Long Term Liabilities (Due after one year of date)</i>			
Accounts Payable			
Notes Payable			
Equipment Obligations		<u>18,000</u>	
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			<u>18,000</u>
TOTAL LIABILITIES			<u>20,000</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock			<u>1,000</u>
Additional Paid-in Capital			<u>30,700</u>
Retained Earnings		<u>5,400</u>	
Less: Treasury Stock			
Total Owner's Equity			<u>37,100</u>

TOTAL LIABILITIES & OWNER'S EQUITY 57,100

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	70,000
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	
Total Revenue and Gains	70,000

EXPENSES

Equipment Maintenance and Garage Expense	1,800
Insurance Expense	4,750
Employee Salaries	24,000
Supervisory Salaries	
Officer Salaries	
Fuel Expense	12,000
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	650
General Office Expense	500
Advertising Expense	
Telephone Expense	950
Accounting Expense	600
Legal Expense	
Uncollectible Revenue	
Depreciation Expense	12,800
Amortization	100
Operating Taxes and Licenses	450
Rent Expense	6,000
Loss	
Total Operating Expenses and Losses	

Net Income Before Taxes

Provision for Income Taxes	
<u>Net Income (Loss)</u>	5,400

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.

JEN TRAVEL INC.
Name of Supporter

11880 Bustleton ave, Phila, PA 19116
Street Address City or Municipality State Zip Code

First. Class Coach, Inc.
Name of Applicant

- Describe the type of transportation service needed.
transfers to airports, tours, excursions
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From PA - Philadelphia Bucks, Montgomery to Philadelphia International Airport, Newark, JFK, Baltimore, Washington DC, Manhattan, NY
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
I know them for many years as highly reliable, professionals
- Have you supported similar applications in the past? If so, please supply name and docket number.
no.

VERIFICATION OF STATEMENT

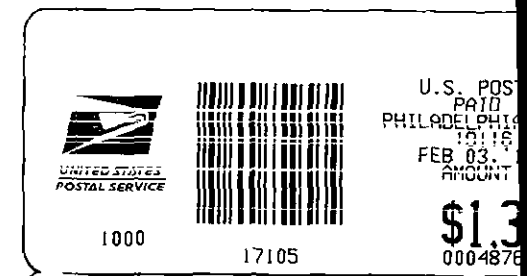
The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and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

Joanne Leventant
(Signature) JOANNE LEVENTANT
(Name, printed or typed)

02/02/2012
(Date)

First Class Coach, Inc.
attn: Natalie Bront
301 Heights Ln. #42C
Heasterville, PA 19053



Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265