

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

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

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

LA Mexicana Express Service LLC

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

N/A

Fictitious name and Registration number (if applicable)

N/A

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

1044 Union St
Street Address

Reading PA 19604
City, State and Zip Code

484-797-6647 Telephone Number Berks County

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

Same
Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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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. _____

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

Individual

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

4128069

Corporation Bureau Entity ID Number

Corporation – For Profit

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
- 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).

From Berks county & beyond.

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.

Jose Narciso Mizhquiri
(Print Name)

Jose Mizhquiri 24-Aug-2012
(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).

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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			
LA Mexicana Express Services LLC			
Legal Name of Applicant			
Trade Name, if any			
1044 Union St	Reading	PA	19604
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.

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

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.

I have provided this services for years and my experience been great. Also I always been on top of New Law and regulations.

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.

my office will be located at 1044 Union St. Reading PA 19604.

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).

They will be 3 employees only to start the business.

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.

- All driver need to provide with record of lic. with not violation in the last 3 years.
- No alcohol are permitted at any time.
- alcohol and drug test will be required every six months.
- No criminal record are permitted.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2006	Lincoln	Town	5	1LNHM81VX6Y640416
2007	Lincoln	Town	5	1LNHM81V77Y625553

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);

all vehicles will be inspected every three months..

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.

we been getting INS quote with diferent INS company

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.

we will try to keep everything to provide the best customer service. with information and survey to improve our services everyday.

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.

Joe Marquini
(Signature)

(Name and Title, printed or typed)

10-
(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets

Cash	_____	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____

Tangible Assets

Motor Vehicle Equipment	_____	
Less: Accumulated Depreciation	_____	= _____
-	_____	
Building and Structures	_____	
Less: Accumulated Depreciation	- _____	= _____
Office Equipment	_____	
Less: Accumulated Depreciation	- _____	= _____

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	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____

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

TOTAL LIABILITIES & OWNER'S EQUITY

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

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

EXPENSES

Equipment Maintenance and Garage Expense	_____
Insurance Expense	_____
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____

Net Income Before Taxes

Provision for Income Taxes	_____
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<u>Net Income (Loss)</u>	_____
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Detach Here

01 OF 01

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: FEB 28, 2013 VALID: 9/17/2012

PLATE: HKR2230
TITLE: 71215656401, NA
VIN: 1LNHM81VX6Y640416
YR/MAKE: 2006 LINCOLN
TYPE: SDN
WID: 12261 3427 003664-001

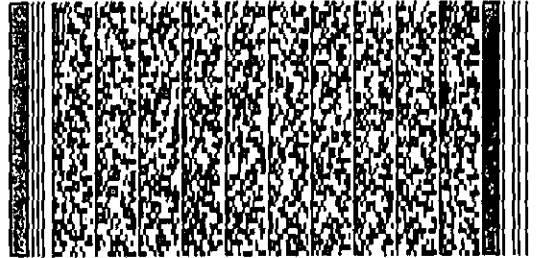
EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT

COUNTY: BERKS

Jose Mizquiri
SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

JOSE NARCISCO MIZQUIRI
443 S 16TH ST
READING PA
19606





VEHICLE INFORMATION

G. Palaguerch
RK Ave
3 PA 19611

VIN: 1LNJH181V9R7Y1625553

YR: 2007 COLOR: Bk FUEL: G

MAKE: Lincoln BODY TYPE: 4DR CYLINDERS: 8

PERMIT NO.: ZDU3730 WEIGHT: 4200

ISSUE DATE: 9/13/12 EXPIRES: 10/13/12

ISSUER'S INITIALS: CO

PERMIT FEE: 545

AMT PAID (INCL ADD CHG)

MV-639ITP (9/07)

VOID IF ALTERED

This is your in-transit permit and in-transit permit receipt.

- Detach the permit (Part 1), and use it as described on the back of the permit.
- Also detach the receipt (Part 2) from this white card and the white tearstrip at the bottom. The vehicle operator must carry this receipt and produce it upon request.

J

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