

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

## **Application for Motor Common Carrier of Property**

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

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

Dutch Valley Transportation, 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)

7615 Lancaster Avenue

Street Address

Myerstown, PA 17067

City, State and Zip Code

717-933-4191

Telephone Number

Lancaster

County

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

P.O. Box 465

Street Address

Myerstown, PA 17067

City, State and Zip Code

5. **Attorney** (if applicable)

Timothy Finnerty; (717) 237-5394

Attorney's Name & Telephone Number for this Filing

100 Pine Street, P.O. Box 1166, Harrisburg, PA 17018

Attorney's Address

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

Yes  No  (circle one)

If yes, PUC NO. A- \_\_\_\_\_

7. What type of commodity do you intend to transport?

Bulk foods  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Corporation – For Profit

3046773

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Corporation – Nonprofit

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

\_\_\_\_\_

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  
 Copy of Current Safety Rating (if available)
- Partnership:  Certified Check, money order, or check from attorney  
 List of names and addresses of ALL Partners  
 Copy of Current Safety Rating (if available)
- 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  
 Copy of Current Safety Rating (if available)
- 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  
 Copy of Current Safety Rating (if available)
- 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)  
 Copy of Current Safety Rating (if available)
- 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  
 Copy of Current Safety Rating (if available)
- 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  
 Copy of Current Safety Rating (if available)

**11. Certification**

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

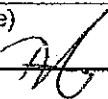
I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

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.

Jeffrey Firestone, Assistant Treasurer

(Print Name)

(Signature)



(Date)

11-14-12

---

**PUC-189 Form Attachment  
Dutch Valley Transportation, Inc.  
FEIN 11-3646437**

**List of Owner/Officers**

**100% Owner                      Dutch Valley Food Distributors, Inc.  
FEIN 23-2172539**

**Corporate Officers:**

**President/Treasurer/Secretary: Matthew Burkholder**

**Asst Secretary/Asst Treasurer: Lane Burkholder**

**Asst Secretary/Asst Treasurer: Corby Burkholder**

**Asst Treasurer: Jeffrey Firestone**

Microfilm Number 2002002-1559

Filed with the Department of State on JAN 14 2002

Entity Number 3046773

*Kim P. Singularity*  
Secretary of the Commonwealth

**ARTICLES OF INCORPORATION-FOR PROFIT  
OF  
DUTCH VALLEY TRANSPORTATION, INC.  
Name of Corporation  
A TYPE OF CORPORATION INDICATED BELOW**

Indicate type of domestic corporation:

**Business-stock** (15 Pa.C.S. § 1306)

**Management** (15 Pa.C.S. § 2702)

**Business-nonstock** (15 Pa.C.S. § 2102)

**Professional** (15 Pa.C.S. § 2903)

**Business-statutory close** (15 Pa.C.S. § 2303)

**Insurance** (15 Pa.C.S. § 3101)

**Cooperative** (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The **name** of the corporation is: Dutch Valley Transportation, Inc.

2. The (a) **address** of this corporation's initial registered office in this Commonwealth or (b) **name** of its commercial registered office provider and the county of venue is:

(a) 7615 Lancaster Avenue, Myerstown, PA 17067 Lebanon  
Number and Street City State Zip County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of **shares** authorized is: 1,000,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each **incorporator** is:

Name	Address
<u>Melvin S. Burkholder</u>	<u>181 West Sunhill Road, Manheim, PA 17545</u>
<u>Gloria E. Burkholder</u>	<u>181 West Sunhill Road, Manheim, PA 17545</u>

PA DEPT. OF STATE

