

From the Law Offices of

VUONO & GRAY, LLC

310 Grant Street, Suite 2310
Pittsburgh, PA 15219-2383

Telephone
(412) 471-1800

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(412) 471-4477

Date: October 25, 2012

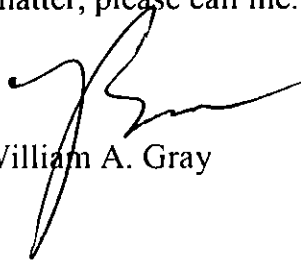
Re: Classic Limousine Transportation, LLC
Docket No. A-00112166
Group and Party (11-15 Passengers)
Application
--Allegheny County
Our File 4613-12

To: Mr. James Shento

Pursuant to our recent discussion, we have prepared and are enclosing the proposed application seeking group and party authority using vehicles seating 11 to 15 passengers, between points in Allegheny County. Please execute the application on page 10 where indicated (the first five pages are instructions). The filing fee is \$350. Please send me a check in this amount payable to "Pennsylvania Public Utility Commission".

You should complete in pencil or pen the list of officers attached to the application. I know that you are the President of Classic Limousine but I don't know who the other officers are.

If you have any questions concerning this matter, please call me.


William A. Gray

CW/115321
Enclosure

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PA P.U.C.
SECRETARY'S BUREAU

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

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PA P.U.C.
SECRETARY'S BUREAU

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)

Classic Limousine Transportation, LLC

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)

1001 Third Avenue

Street Address

Coraopolis, PA 15108-1468

City, State and Zip Code

Telephone Number

County

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

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

William A. Gray, Esq.

412-471-1800

Attorney's Name & Telephone Number for this Filing

Vuono & Gray, LLC, 310 Grant Street, Suite 2310, Pittsburgh, PA 15219-2383

Attorney's Address

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

No Yes, at PUC No. A- 00112166

7. Does applicant hold interstate operating authority?

No Yes, at No. MC-353313

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

2851690

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,

- File for an Application of Registration

Limited Liability Companies

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).

See Supplement to Paragraph 11

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.

James Shento, President
(Print Name)

James R Shento
(Signature)

11-1-12
(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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SECRETARY'S BUREAU

Application of
CLASSIC LIMOUSINE TRANSPORTATION, LLC

List of Corporate Officers and Directors

Members

Name

Azur Enterprises	60%
David Azur	40%

Officers

Name

Title

James Shento	President
Bryan Azur	CEO

Application of
CLASSIC LIMOUSINE TRANSPORTATION, LLC

SUPPLEMENT TO PARAGRAPH 11

To transport, as a common carrier, persons in group and party service, using vehicles seating (15) passengers or less, including the driver, from points in Allegheny County to points in Allegheny County and return.

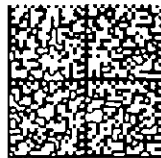
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AVIATION
TRANSPORTATION
LIMOUSINE

1001 THIRD AVENUE
CORAOPOLIS, PA 15108

PUC-A-00112166



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MAILED FROM ZIP CODE 15108

