

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

Application for Motor Common Carrier of Persons in Limousine Service

Please complete all parts of the following application. If you have questions, please call the Commission at (717) 787-1227.

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

Anthony F. Williams

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

Tony Williams Car Service

Fictitious name and Registration number (if applicable)

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

1 Elwyn Avenue
Street Address

Carnegie, PA 15106
City, State and Zip Code

412-638-4790 Allegheny
Telephone Number County

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

1620 Forbes Avenue
Street Address

Pittsburgh, PA 15219
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 (federal) 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 Dept 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 _____
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).

→ Allegheny, Beaver, & Washington
counties in W. Pennsylvania & return.
For the right to begin to transport,
as a common carrier, persons in
limousine service, from points in...

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.

Anthony F. Williams

(Print Name)

Anthony F. Williams

(Signature)

10-29-12

(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).

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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PUC Application Docket No.			
Anthony F. Williams			
Legal Name of Applicant			
Tony Williams car service			
Trade Name, if any			
1 E/Wyn Avenue		Carnegie, PA	15106
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.

Sole proprietor (same as above).

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

I am not an owner, manager of any other carrier.

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 a Bachelor of Science degree from Duquesne University in Business Management & I also studied M.B.A. classes at Robert Morris University. I have also worked in the transportation industry.

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.

I have a private office with a landline phone, a printer, copier, scanner and a cell phone. I also have access to the internet via my office computer. I have a desk & plenty of filing capacity.

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).

I will have no other employees initially. Eventually my goal is to hire 3 more drivers to service customers as business grows.

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.

I believe I will need 3 other drivers besides my self to service

a.) the 3 counties listed above. Only those aged 25 & older will be hired &

b.) I will personally teach the "Nationwide Insurance Co. Safe Driver" Training class as I

(over)

was an Instructor for a year with Nationwide. I taught our office clients as well as local high school students "Driver Safety" classes.

- c.) I will verify their current drivers license status monthly thru the DMV and
- d.) Test them for Drug & Alcohol abuse before hiring them and periodically & randomly whenever I deem necessary or due (most likely every 6 to 12 weeks). Their employment will be terminated the first time they fail. No exceptions.
- e.) I will order criminal & driver history records for each new hire and keep those records on file permanently. New history reports will be ordered every year to ensure continued safety of our clients.

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.

I will have only one vehicle in service initially, but I may buy 3 others if necessary.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID#</u>	<u>MILEAGE</u>
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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;
 - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.333(e);
 - Your system for ensuring the filing of an annual vehicle list.

I will have my vehicle checked out thoroughly by a professional mechanic every 5,000 miles.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain P.U.C. insurance coverage for the proposed number of vehicles for your business.

I will only buy compliant vehicles & review all requirements every 3 months. I have done a survey of limo companies in the Pittsburgh area & have determined a projected gross revenue based on days & hours of operation. I have also gotten quotes from Comm. insurance

10. Please describe your customer service standards. Within your description, please explain your intended agents, customer complaint resolution procedure.

I will always be prompt, professional and courteous to my clients. I will work diligently to resolve any complaints, even if it means refunding their payment.

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 X 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 your 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.

Anthony F. Williams
(Signature)
Anthony F. Williams, owner
(Name and Title, printed or typed)

10-29-12
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 10-29-12

ASSETS

Current Assets			
Cash		<u>5,812 -</u>	
Accounts Receivable		<u>2,500 -</u>	
Notes Receivable		<u>2,400 -</u>	
Other Current Assets (specify) (Art, Jewelry, Coins)		<u>38,000 -</u>	
Total Current Assets			<u>48,712 -</u>
Tangible Assets			
Motor Vehicle Equipment		<u>12,000 -</u>	
Less: Accumulated Depreciation		<u>3,000 -</u>	<u>9,000 -</u>
-			
Building and Structures		<u>710,000 -</u>	
Less: Accumulated Depreciation		<u>0</u>	<u>710,000 -</u>
Office Equipment		<u>3,200 -</u>	
Less: Accumulated Depreciation		<u>1,200 -</u>	<u>2,000 -</u>
Land			<u>270,000 -</u>
Investments and Funds (specify)			<u>15,000 -</u>
Intangible Assets			<u>0</u>
Other Assets (advances and idle equipment -- specify)			<u>0</u>
	TOTAL ASSETS		<u>\$ 1,054,712</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		<u>3,675 -</u>	
Notes Payable		<u>0</u>	
Equipment Obligations		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
Total Current Liabilities			<u>3,675 -</u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable		<u>6,750 -</u>	
Notes Payable		<u>490,000 -</u>	
Equipment Obligations		<u>6,000 -</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
Total Long Term Liabilities			<u>502,750 -</u>
	TOTAL LIABILITIES		<u>\$ 506,425 -</u>
<u>NET WORTH</u> (Partnerships and individuals, only)			<u>\$ 548,287 -</u>

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

60,000.⁰⁰

 60,000.⁰⁰

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

1,200.⁰⁰
 900.⁰⁰

 6,000.⁰⁰

 700.⁰⁰
 200.⁰⁰
 600.⁰⁰
 1,200.⁰⁰
 500.⁰⁰
 500.⁰⁰
 120.⁰⁰

 700.⁰⁰

 12,620.⁰⁰

Net Income Before Taxes

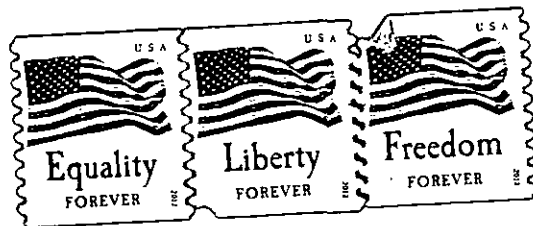
Provision for Income Taxes

6,000.⁰⁰

Net Income (Loss)

47,380.⁰⁰

Anthony (Tony) Williams
One Elwyn Avenue
Carnegie, PA 15106



PA P.V.C.

P.O. BOX 3265

~~17105-3265~~ Harrisburg, PA 17105-3265