

December 4, 2012

**VIA UPS OVERNIGHT**

Rosemary Chiavetta, Esquire  
Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Bldg.,  
2<sup>nd</sup> Floor West  
400 North Street  
Harrisburg, PA 17105

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**Re: Docket A-  
Marano Truck Lines, Inc.  
Application for Motor Common Carrier of Property**

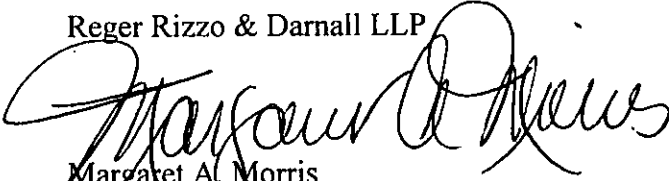
Dear Secretary Chiavetta:

Enclosed please find the application of Marano Truck Lines, Inc. for authority as a Motor Common Carrier of Property and the requisite check for \$100.00.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

Reger Rizzo & Darnall LLP



Margaret A. Morris

MAM/mam  
Enclosures  
Cc: Dominic Marano

**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)

Marano Truck Lines, 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)

4201 Tacony Street  
Philadelphia, PA 19124  
215-535-2110  
Philadelphia County

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

P.O. Box 402  
Lahaska, PA 18931

5. **Attorney** (if applicable)

Margaret A. Morris  
215-495-6524  
Reger Rizzo & Darnall, LLP  
Cira Centre 13<sup>th</sup> Floor  
2929 Arch Street  
Philadelphia, PA 19104

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?**

General Cargo

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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 3995294  
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.

Dominic MARANO  
 (Print Name)

*Dominic Marano*  
 (Signature)

12/3/12  
 (Date)

**List of all corporate officers and title for  
Marano Truck Lines, Inc.**

Dominic Marano, President

Owns 100% of stock

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2. **Fold the printed sheet containing the label at the line so that the entire shipping label is visible.** Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

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JOYCE ROYSTER 2154956500 6504 REGER RIZZO & DARNALL 2929 ARCH ST PHILADELPHIA PA 19104		0.0 LBS LTR	1 OF 1
<b>SHIP TO:</b> ROSEMARY CHIAVETTA, ESQUIRE PA PUC OFFICE OF ADMINISTRATION 2ND FLOOR NORTH 400 NORTH STREET HARRISBURG PA 17120-0200			
	PA 171 9-20 		
<b>UPS NEXT DAY AIR</b>		<b>1</b>	
TRACKING #: 1Z 4XF 624.NT 9675 8479			
			
BILLING: P/P ATTENTION UPS DRIVER: SHIPPER RELEASE			
Reference # 1: 12734			
<small>CS 14.5.29. WXP1EB0 33.0A 10/2012</small>			
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