

Verified Statement of Millennium Limousine Group, Inc.

A-2012-2331152
Millennium Limousine Group, Inc.

We have already verified statement with the PUC for our current limousine business. The same applies to this service as well.

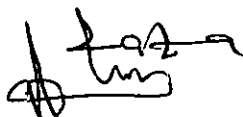
1. Business place is the same.
2. Hiring standards for drivers are the same.
3. Facility for the maintenance of the vehicle is the same.
4. We have already have the insurance and the same would be for the new service.
5. We are adding the following vehicle for the new service:

Year	Make	Model	Seating Capacity	VIN
2006	Ford	E350	14	Vin#1FBSS31L36DB10723

Verification of Statement

The undersigned deposes and says that he is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his 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.

Signature



Date:

03/25/2013

Asad Raza,

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Owner/Executive,
Millennium Limousine Service Group, Inc.

MAR 25 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets		
Cash	70,000.00	
Accounts Receivable	12,000.00	
Notes Receivable		
Other Current Assets (specify)		
Total Current Assets		82,000.00
Tangible Assets		
Motor Vehicle Equipment	93,000.00	
Less: Accumulated Depreciation	20,906.00	= 72,094.00
-		
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		154,094.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable	10,000.00	
Notes Payable		
Equipment Obligations		
Other Liabilities (Attach schedule)		
Total Current Liabilities		10,000.00
Long Term Liabilities (Due after one year of date)		
Accounts Payable		
Notes Payable		
Equipment Obligations		
Other Liabilities (Attach Schedule)		
Total Long Term Liabilities		10,000.00
TOTAL LIABILITIES		

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		50,000.00
Additional Paid-in Capital		
Retained Earnings		
Less: Treasury Stock		
Total Owner's Equity		20,409.00

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TOTAL LIABILITIES & OWNER'S EQUITY

214,094.00

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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

\$295,000-00

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

\$55,000-00

\$30,000-00

\$150,000-00

\$5,000-00

\$8,000-00

\$5,000-00

\$2,200-00

\$2,300-00

\$5,000-00

\$2,500-00

\$8,000-00

\$24,000-00

\$364,500-00

Total Operating Expenses and Losses

Net Income Before Taxes

\$31,500-00

Provision for Income Taxes

\$2,250-00

Net Income (Loss)

\$29,250-00

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PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

MOHAMMAD IRSHAD AWAN
Name of Supporter

102 Gordon Dr. Media Delaware PA 19063
Street Address City or Municipality County State Zip Code

MILLENNIUM LIMOUSINE GROUP INC.
Name of Applicant

- Describe the type of transportation service needed.

Limo Services for group parties

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Media to Philadelphia & West Chester and Back.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Quarterly or Monthly Maybe.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Signature]
(Signature)
Mohammad Irshad Awan
(Name, printed or typed)

03/25/2013
(Date)

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SECRETARY'S BUREAU

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Siddarth Abhyankar
 Name of Supporter

129 blythe Ave. Drexel Hill Delaware Pennsylvania 19026
 Street Address City or Municipality County State Zip Code

Millennium Limousine Group Inc.
 Name of Applicant

- Describe the type of transportation service needed.

Most of time limo service like Hummer limo

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Drexel Hill To Philadelphia etc.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

4 time in a year.

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Siddarth
 (Signature)

Siddarth Abhyankar
 (Name, printed or typed)

03/22/2013
 (Date)

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CONNIE WEBB

Name of Supporter

2 E Dearfield Dr. Media Delaware PA 19063
Street Address City or Municipality County State Zip Code

Millennium Limousine

Name of Applicant

- Describe the type of transportation service needed.

Group limo Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Media to west chester, Philadelphia

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

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Connie Webb
(Signature)

3/20/13
(Date)

CONNIE WEBB
(Name, printed or typed)

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Miss Debbie Walker
Name of Supporter

70 Harrison Dr. Newtown Square, Delaware PA 19073
Street Address City or Municipality County State Zip Code

MILLENNIUM LIMOUSINE GROUP INC.
Name of Applicant

- Describe the type of transportation service needed.

Van Service, Limousine service for Group.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Newtown Square to West Chester or Philadelphia and back etc.


- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

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(Signature)

03/20/2013
(Date)

Debbie Walker
(Name, printed or typed)

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ED Dugan
Name of Supporter

18 S Springfield Rd. Clifton Heights, Delaware PA 19018
Street Address City or Municipality County State Zip Code

Millennium Limousine Group Inc.
Name of Applicant

- Describe the type of transportation service needed.
group party ride
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Clifton Heights To Phillies game and back.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Most of time specially during game season

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ED Dugan
(Signature)
ED Dugan
(Name, printed or typed)

03-18-13
(Date)

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RONALD BOOKMAN

Name of Supporter

112 MOCKINGBIRD CIR, PHOENIXVILLE, MONTGOMERY, PA 19460

Street Address

City or Municipality

County

State

Zip Code

MILLENNIUM LIMOUSINE GROUP INC

Name of Applicant

- Describe the type of transportation service needed.

GROUP SERVICE

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

FROM PHOENIXVILLE, COLLEGEVILLE TO PHILADELPHIA ETC

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

QUARTERLY

VERIFICATION OF STATEMENT

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(Signature)

RONALD BOOKMAN

(Name, printed or typed)

03/20/2013

(Date)

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Erick Woods

Name of Supporter

500 Level Rd

Street Address

Collegesville

City or Municipality

Mont

County

PA

State

19426

Zip Code

Millennium Limousine Group Inc.

Name of Applicant

- Describe the type of transportation service needed.

Van service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Collegesville to Philadelphia, ETC

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

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Erick Woods

(Signature)

Erick Woods

(Name, printed or typed)

3-13-13

(Date)

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David Rondeau
Name of Supporter

102 Summit Ave Eagleville PA 19403
Street Address City or Municipality County State Zip Code

MILLENNIUM LIMOUSINE GROUP INC
Name of Applicant

- Describe the type of transportation service needed.
Party/Group outing
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Philadelphia New Jersey New York
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly

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David Rondeau
(Signature)

David Rondeau
(Name, printed or typed)

03 24 2013
(Date)

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Tren Jackson

Name of Supporter

134 Level St Collegeville Montgomery Pa 19426

Street Address

City or Municipality

County

State

Zip Code

Millenium LIMOUSINE GROUP INC.

Name of Applicant

- Describe the type of transportation service needed.

Prom, etc

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From Collegeville to Philadelphia

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

monthly

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Tren Jackson

(Signature)

Tren Jackson

(Name, printed or typed)

3/20/13

(Date)

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Shardai Granger
Name of Supporter

740 bridge st. mont clare mongomery PA 19453
Street Address City or Municipality County State Zip Code

MILLENNIUM LIMOUSINE GROUP INC.
Name of Applicant

- Describe the type of transportation service needed.
Parties, airport shuttle, etc.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Home, philadelphia, etc.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
monthly.

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Shardai Granger
(Signature)

SHARDAI GRANGER
(Name, printed or typed)

3 - 28 - 13
(Date)

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Devlin McLaine

Name of Supporter

102 Summit Ave Eagleville Montgomery PA 19403

Street Address

City or Municipality

County

State

Zip Code

MILLENNIUM LIMOUSINE GROUP INC.

Name of Applicant

- Describe the type of transportation service needed.

Bachelorette Party, Birthday Party

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Eagleville To Philadelphia and New York

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly or Quarterly

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Devlin McLaine

(Signature)

Devlin McLaine

(Name, printed or typed)

3/23/13

(Date)

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MAR 26 2013

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MAR 25 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

From/Expéditeur:

Millennium Limousine Group Inc.
P.O. Box 2389
Malvern, PA 19355

To/Destinataire:

Commonwealth of Pennsylvania
Pennsylvania PUC
P.O. BOX 3265
Harrisburg, PA 17105-3265

Country of Destination/Pays de destination:

PLEASE PRESS FIRMLY



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