

Law Offices

**VUONO & GRAY, LLC**

310 Grant Street, Suite 2310

Pittsburgh, PA 15219-2383

*John A. Vuono  
William A. Gray  
Mark T. Vuono\*  
Dennis J. Kusturiss  
Louise R. Schrage  
William H. Stewart, III*

*Telephone  
412-471-1800*

*Facsimile  
412-471-4477*

*www.vuonogray.com*

*Email Address  
wgray@vuonogray.com*

*\*Also Admitted in Florida*

May 1, 2013

Re: Classic Limousine Transportation, LLC  
Docket No. A-2012-2334929  
Docket No. A-00112166  
Our File: 4613-10

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
400 North Street  
Harrisburg, PA 17120

**MAILED WITH U.S. POSTAL SERVICE**  
**CERTIFICATE OF MAILING FORM 3817**

Dear Ms. Chiavetta:

We enclose for filing the signed original of the Applicant's Verified Statements in connection with the above captioned case.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

mm/124561

Enclosures

cc: Classic Limousine Transportation, LLC  
Deirdre R. Farley (by facsimile)

**RECEIVED**

MAY 01 2013

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Before the  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

**RECEIVED**

MAY 01 2013

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

---

DOCKET NO. A-2012-2334929

DOCKET NO. A-00112166

CLASSIC LIMOUSINE TRANSPORTATION, LLC

---

APPLICANT'S VERIFIED STATEMENTS

---

STATEMENT OF THE CASE

By application published in the Pennsylvania Bulletin on March 9, 2013,  
Classic Limousine Transportation, LLC (Classic or applicant) seeks the following  
authority to operate as a common carrier:

Persons, in Group and Party service in vehicles seating  
11-15 passengers, including the driver, from points in  
Allegheny County to points in Allegheny County, and  
return.

No protests were filed to this application. Applicant now submits its verified  
statements in support of the application.

## 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.

**A-2012-2334929**

PUC Application Docket No.

**Classic Limousine Transportation, LLC**

Legal Name of Applicant

Trade Name, if any

**1001 Third Avenue**

Street Address (principal place of business)

**Coraopolis**

City or Municipality

**PA 15108-1468**

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.

**The person filing this verified statement is James R. Shento, who is the President of the applicant. Mr. Shento's business address is 1001 Third Avenue, Coraopolis, PA 15108-1468. The telephone number of the applicant is 412-734-2800. The applicant is a Pennsylvania corporation. Mr. Shento is authorized to present this statement on behalf of the applicant.**

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

**None.**

**RECEIVED**

MAY 01 2013

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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.

**Mr. Shento has been involved in the passenger transportation business for approximately 30 years. He is experienced in all phases of the passenger transportation business.**

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. Household goods in use carriers should include a description of their storage facilities, if applicable. 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.

**The applicant's physical offices are located at 1001 Third Avenue, Coraopolis, PA 15108-1468. The applicant domiciles its vehicles at this facility, from which it also dispatches its vehicles. The applicant's facility at 1001 Third Avenue, Coraopolis, PA 15108-1468 consists of offices, including a dispatch office, and maintenance facilities. The applicant maintains contact with its drivers through cell phone and Nextel communications. The applicant's service is available 24 hours a day, seven days a week. The applicant receives customer requests for service by telephone at its offices at 1001 Third Avenue, Coraopolis, PA 15108-1468. Insofar as the applicant's "record Maintenance plan" is concerned, the applicant's records are maintained at the offices at 1001 Third Avenue, Coraopolis, PA 15108-1468. The length of time the records are maintained depends upon the particular record and also on the record retention requirements of the DOT and PUC. Once records are no longer required in the ordinary course of business, they will be boxed according to the type of record and the boxes will be maintained in a safe place at the applicant's office.**

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).

**The applicant presently has approximately 30 drivers and 4 dispatchers and office clerical employees.**

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:
  - a. Your hiring standards for drivers;
  - b. Your system to ensure prospective drivers will be subject to a criminal background check;
  - c. Your driver training program;
  - d. Your system for ensuring that your drivers are properly licensed at all times;
  - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
  - f. Your policies regarding alcohol and drug use by your drivers.

**The applicant will utilize the same drivers that it is presently utilizing. If the applicant hires any other drivers, it will make sure that those drivers are properly trained and are knowledgeable concerning safety procedures and regulations. The applicant will also make sure that those drivers are properly licensed. All drivers will be subject to a criminal background check at the time of hire and then every two years. The minimum age for a driver being eligible for hire is 25 years of age. All new drivers will be trained prior to the time they begin driving by going through a driver training program. To insure that our drivers have valid licenses, we periodically check their driver's licenses and order a Motor Vehicle Report for each driver at least once a year. Insofar as our "policy" for drug and alcohol use is**

concerned, we comply with the testing requirements at the DOT and PUC, including pre-employment testing, post-accident testing, random testing and reasonable suspicion testing. We distribute a drug and alcohol policy to all employees, which provides that no driver shall be on duty and possess, be under the influence of, or use, a narcotic drug or any other substance which renders him/her incapable of safely driving and that no one shall drink any liquor, regardless of its alcohol content, or be under the influence of liquor within four hours before going on duty or driving, nor be on duty or drive while in the possession of liquor.

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. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

**See Attached. The applicant also has many other vehicles, specifically limousines, sedans and SUV's, but they will not be used to provide the service sought by this application.**

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan;
  - b. 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;
  - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
  - d. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
  - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
  - f. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

**The applicant does preventative maintenance on its vehicles every 4,000 miles. It makes every effort to keep these vehicles in top operating condition and if it hires any other drivers to provide the service sought by this application, it will insure that they are familiar with governmental regulations concerning safety matters. The applicant will at times make sure that its vehicles are in compliance with the regulations at 52 Pa. Code. The applicant maintains records at its facility to insure that maintenance is provided when required. The applicant also insures compliance with the annual inspection and registration requirements and makes sure that all vehicles are cleaned regularly and will do both a pre-trip and post-trip inspection on the vehicles used to provide the service sought by this application for each trip.**

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

**The applicant presently has insurance coverage in the amounts required by the Commission and will utilize the same insurance coverage to provide the service sought by this application. The applicant's insurance company has made the required insurance filings with the Commission.**

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
  - Your intended customer complaint resolution procedure.

**The applicant maintains a customer complaint resolution procedure to insure that customer complaints made to the applicant are promptly investigated and resolved. The applicant realizes that customer satisfaction is imperative.**

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     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 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.

**See Attached.**

### 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.

James R. Shento  
(Signature)

James R. Shento, President

(Name and Title, printed or typed)

5-1-13

(Date)

YEAR	TYPE OF VEHICLE	SEATS	MAKE	EQUIPMENT #	VEHICLE IDENTIFICATION NUMBER (VIN)	PLATE	REGISTRATION EXPIRES
2006	Van	15	Ford	V18	1FBSS31L46DB07720	BA 51548	1/31/2014
2009	van	15	Ford	V20	1FBSS31L09DA91214	BA64669	9/30/2014
2008	Limo Bus	14	Ford	LB2	1FDXE45S68DA08895	BA 60652	9/30/2013

**CLASSIC LIMOUSINE TRANSPORTATION, LLC**  
**BALANCE SHEET**  
**DECEMBER 31, 2012**

<b>ASSETS</b>		<b>LIABILITIES</b>	
<b>CURRENT ASSETS</b>		<b>CURRENT LIABILITIES</b>	
Cash and Cash equivalents	\$ 41,487	Accounts Payable **	\$ 220,749
Accounts Receivable *	104,096	Accrued Expenses	2,026
Prepaid Expenses	<u>25,083</u>	Intercompany Advance - VIP	21,104
		Accrued Interest - NP - Fran Azur	<u>8,252</u>
 Total Current Assets	 170,666	 Total Current Liabilities	 252,131
 <b>PROPERTY, PLANT &amp; EQUIPMENT</b>		 NOTE PAYABLE - FRAN AZUR	 483,049
Limousines	312,495		
Software	19,378	<b>EQUITY</b>	
Computer Equipment	19,277	<b>PARTNER'S CAPITAL</b>	2,512,829
Machinery & Equipment	3,000	<b>RETAINED EARNINGS - PY</b>	(2,972,549)
Office Equipment	<u>2,550</u>	<b>NET INCOME - CY</b>	<u>(87,243)</u>
	356,700		(546,964)
 Accumulated Depreciation	 <u>(339,149)</u>		
	17,551		
	<u>17,551</u>		
 <b>TOTAL ASSETS</b>	 <b><u>\$ 188,217</u></b>	 <b>TOTAL LIABILITIES &amp; EQUITY</b>	 <b><u>\$ 188,217</u></b>



**Classic Limousine Transportation, LLC**  
**Statement of Income**  
**For the month ended December 31, 2012**

	December 2012	November 2012	October 2012	September 2012	August 2012	July 2012	June 2012	May 2012	April 2012	March 2012	February 2012	January 2012	YTD 2012
<b>Classic Local Revenues:</b>													
Limo Revenue	68,895.79	73,062.77	75,619.06	78,015.50	64,430.82	67,721.10	80,088.11	74,605.05	67,454.41	67,645.18	50,672.51	53,049.69	821,259.99
Miscellaneous Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
	<u>68,895.79</u>	<u>73,062.77</u>	<u>75,619.06</u>	<u>78,015.50</u>	<u>64,430.82</u>	<u>67,721.10</u>	<u>80,088.11</u>	<u>74,605.05</u>	<u>67,454.41</u>	<u>67,645.18</u>	<u>50,672.51</u>	<u>53,049.69</u>	<u>821,259.99</u>
<b>Classic Global Insource Revenue:</b>													
Global Insource Revenue:	49,864.66	20,266.68	24,757.69	27,207.99	14,357.55	17,700.51	21,807.23	26,799.04	20,237.34	18,445.27	8,818.14	8,985.57	259,247.67
Cost of Sales - Global Insource	-	-	-	-	-	-	-	-	-	-	-	-	-
	<u>49,864.66</u>	<u>20,266.68</u>	<u>24,757.69</u>	<u>27,207.99</u>	<u>14,357.55</u>	<u>17,700.51</u>	<u>21,807.23</u>	<u>26,799.04</u>	<u>20,237.34</u>	<u>18,445.27</u>	<u>8,818.14</u>	<u>8,985.57</u>	<u>259,247.67</u>
<b>Classic Global Out-Source Revenue:</b>													
Global Outsource Revenue	3,873.71	2,573.30	4,081.25	1,789.28	2,734.42	6,412.99	8,510.20	9,481.85	2,405.96	6,842.69	4,430.48	8,087.94	61,224.07
Cost of Sales - Global Outsource	3,336.06	2,201.21	3,377.46	1,550.94	2,545.02	5,733.05	7,524.99	8,319.11	2,160.79	6,434.35	3,824.76	6,994.91	54,002.65
	<u>537.65</u>	<u>372.09</u>	<u>703.79</u>	<u>238.34</u>	<u>189.40</u>	<u>679.94</u>	<u>985.21</u>	<u>1,162.74</u>	<u>245.17</u>	<u>408.34</u>	<u>605.72</u>	<u>1,093.03</u>	<u>7,221.42</u>
<b>Classic - Internal Needs Outsource:</b>													
Internal Need Outsource Revenue	752.35	819.30	727.93	845.30	1,410.20	1,187.34	4,508.13	1,107.03	497.60	2,197.15	645.87	1,788.68	16,486.88
Cost of Sales - Internal Needs Outsource	697.10	734.04	683.21	648.30	1,380.90	1,048.58	4,099.46	1,030.13	463.60	2,003.62	577.37	1,492.61	14,859.02
	<u>55.25</u>	<u>85.26</u>	<u>44.72</u>	<u>197.00</u>	<u>29.30</u>	<u>138.66</u>	<u>408.67</u>	<u>76.90</u>	<u>34.00</u>	<u>193.53</u>	<u>68.50</u>	<u>296.07</u>	<u>1,627.86</u>
<b>Total Revenue</b>	<u>123,386.51</u>	<u>96,722.05</u>	<u>105,185.93</u>	<u>107,858.07</u>	<u>82,932.99</u>	<u>93,021.94</u>	<u>114,913.67</u>	<u>111,992.97</u>	<u>90,595.31</u>	<u>95,130.29</u>	<u>64,567.00</u>	<u>71,911.88</u>	<u>1,158,218.61</u>
<b>Cost of Sales - Total</b>	<u>4,033.16</u>	<u>2,935.25</u>	<u>4,060.67</u>	<u>2,199.24</u>	<u>3,925.92</u>	<u>6,781.73</u>	<u>11,624.45</u>	<u>9,349.24</u>	<u>2,624.39</u>	<u>8,437.97</u>	<u>4,402.13</u>	<u>8,487.52</u>	<u>68,861.67</u>
	<u><b>119,353.35</b></u>	<u><b>93,786.80</b></u>	<u><b>101,125.26</b></u>	<u><b>105,658.83</b></u>	<u><b>79,007.07</b></u>	<u><b>86,240.21</b></u>	<u><b>103,289.22</b></u>	<u><b>102,643.73</b></u>	<u><b>87,970.92</b></u>	<u><b>86,692.32</b></u>	<u><b>60,164.87</b></u>	<u><b>63,424.36</b></u>	<u><b>1,089,356.94</b></u>

**Classic Limousine Transportation, LLC**  
**Statement of Income**  
**For the month ended December 31, 2012**

	December 2012	November 2012	October 2012	September 2012	August 2012	July 2012	June 2012	May 2012	April 2012	March 2012	February 2012	January 2012	YTD 2012
<b>Cost of Services:</b>													
Driver & Mechanic Wages	30,363.79	25,734.82	28,160.49	29,215.02	25,503.24	26,811.69	28,905.81	28,778.89	26,588.36	25,784.72	19,008.03	20,900.40	315,755.26
Vehicle Maintenance / Supplies & Parts	2,136.98	8,655.75	6,915.59	6,917.21	5,783.81	5,492.35	7,004.57	8,683.70	6,525.14	6,457.17	5,995.91	5,964.27	76,532.45
Gas	10,620.78	10,087.84	13,220.77	13,574.50	10,986.24	11,024.55	11,663.87	11,936.83	12,402.95	11,825.42	8,766.46	8,646.11	134,756.32
Car Wash	162.15	69.92	233.07	103.51	97.93	96.56	102.53	119.38	72.00	94.28	102.41	44.51	1,298.25
Limo Rental Expense	3,080.84	553.66	734.67	501.22	157.00	300.00	692.60	372.00	145.00	497.11	100.00	566.49	7,700.59
Vehicle Insurance	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	3,861.17	46,334.04
Towing Expense	92.50	275.00	435.00	-	-	340.00	-	-	828.00	-	-	581.00	2,551.50
Alleg. Airport Authority	509.00	-	1,245.00	505.00	633.00	719.00	787.00	303.00	2,246.00	288.00	296.00	279.00	7,810.00
PUC Fees	724.75	1,074.75	830.58	830.58	830.58	830.58	830.58	830.58	830.58	1,057.58	830.58	830.58	10,332.30
Other Limo Expenses	540.87	459.37	602.50	542.07	430.73	602.73	1,113.50	555.02	356.31	296.20	184.79	95.62	5,779.71
<b>Total Cost of Services</b>	<b>52,092.83</b>	<b>50,772.28</b>	<b>56,238.84</b>	<b>56,050.28</b>	<b>48,283.70</b>	<b>50,078.63</b>	<b>54,961.63</b>	<b>55,440.57</b>	<b>53,855.51</b>	<b>50,161.65</b>	<b>39,145.35</b>	<b>41,769.15</b>	<b>608,850.42</b>
<b>Salaries and Benefits:</b>													
Salaries & Wages	12,462.07	10,990.71	11,050.10	9,887.18	10,342.60	10,047.46	11,866.58	13,525.21	13,747.04	13,982.00	13,667.04	14,062.00	145,629.99
Payroll Taxes	1,211.63	1,032.38	1,135.52	995.60	1,046.28	1,008.75	1,139.21	1,335.54	1,641.71	2,054.49	2,206.74	2,405.13	17,212.98
Medical Benefits	1,886.50	1,886.50	1,886.50	899.34	2,248.35	1,798.68	2,698.02	2,698.02	2,698.02	2,698.02	2,698.02	2,698.02	26,793.99
Life & Dental Insurance	345.14	350.53	339.75	326.64	260.74	394.35	375.68	403.37	403.37	403.37	403.37	403.37	4,409.68
Workers Compensation Expense	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	1,758.25	21,099.00
Employee Morale	-	-	-	-	-	-	-	-	-	-	-	-	-
Uniforms Expense	-	-	-	-	-	-	-	-	-	-	189.48	134.87	324.35
<b>Total Salaries &amp; Wages</b>	<b>17,663.59</b>	<b>16,018.37</b>	<b>16,170.12</b>	<b>13,867.01</b>	<b>15,656.22</b>	<b>15,007.49</b>	<b>17,837.74</b>	<b>19,720.39</b>	<b>20,248.39</b>	<b>20,896.13</b>	<b>20,922.90</b>	<b>21,461.64</b>	<b>215,469.99</b>

**Classic Limousine Transportation, LLC**  
**Statement of Income**  
**For the month ended December 31, 2012**

	December 2012	November 2012	October 2012	September 2012	August 2012	July 2012	June 2012	May 2012	April 2012	March 2012	February 2012	January 2012	YTD 2012
<b>Selling, General &amp; Administrative</b>													
Management and Accounting Fees	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	9,640.59	115,687.08
Meals, Travel & Entertainment	24.11	449.58	13.61	34.68	-	108.48	17.03	213.51	139.33	12.38	103.73	-	1,116.44
Employee Advertising Expense	-	-	-	-	-	71.60	-	71.60	-	-	119.60	-	262.80
Communication Expense	2,067.90	2,483.76	1,508.74	2,174.37	1,857.50	1,348.52	2,132.63	3,680.27	1,958.68	2,058.83	1,886.78	1,748.98	24,906.96
Advertising Expense	680.50	680.50	1,049.50	1,049.50	1,619.00	480.00	1,049.50	1,069.50	1,269.10	1,269.10	2,107.44	1,331.65	13,655.29
Office Expense	2,076.44	878.52	1,310.55	1,137.44	1,304.01	718.26	1,108.94	1,158.07	1,273.10	2,586.50	1,058.93	954.83	15,565.59
Contributions	-	-	-	-	1,000.00	-	-	-	-	-	1,500.00	-	2,500.00
General Insurance	130.13	130.17	130.17	130.17	130.17	130.17	130.17	130.17	130.17	130.17	130.17	130.17	1,562.00
Office Rent	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	38,400.00
Vehicle Rent	3,784.49	3,784.49	6,075.80	6,075.80	6,075.80	6,075.80	6,075.80	6,075.80	6,075.80	6,075.80	6,075.80	6,075.80	68,326.98
Facility Expense & Maintenance	950.30	1,334.58	481.18	730.87	986.25	642.86	764.28	1,004.25	665.45	778.90	2,024.36	1,281.38	11,644.66
Legal Expense/Consulting Expense	962.20	966.05	-	242.62	320.81	-	243.24	-	405.00	-	-	-	3,139.92
Credit Card Processing Fees	504.53	570.22	628.38	482.87	848.61	576.61	852.66	496.25	1,101.01	570.25	429.00	405.91	7,466.30
Bad Debt Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Penalties & Fines	-	-	-	-	-	-	-	-	-	-	-	-	-
Taxes & Licenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Technology Expense	620.00	620.00	620.00	1,236.80	620.00	620.00	620.00	640.00	600.00	1,970.00	867.13	660.00	9,693.93
<b>Total Selling, General &amp; Admin</b>	<b>24,641.19</b>	<b>24,738.46</b>	<b>24,658.52</b>	<b>26,135.71</b>	<b>27,602.74</b>	<b>23,612.89</b>	<b>25,834.84</b>	<b>27,380.01</b>	<b>26,458.23</b>	<b>28,292.52</b>	<b>29,143.53</b>	<b>25,429.31</b>	<b>313,927.95</b>

**Classic Limousine Transportation, LLC**  
**Statement of Income**  
**For the month ended December 31, 2012**

	<u>December 2012</u>	<u>November 2012</u>	<u>October 2012</u>	<u>September 2012</u>	<u>August 2012</u>	<u>July 2012</u>	<u>June 2012</u>	<u>May 2012</u>	<u>April 2012</u>	<u>March 2012</u>	<u>February 2012</u>	<u>January 2012</u>	<u>YTD 2012</u>
<b>Depreciation &amp; Interest</b>													
Depreciation Expense	924.67	924.65	3,366.83	3,366.79	3,366.84	3,366.78	3,366.78	3,366.83	3,366.78	3,393.97	3,393.87	3,393.91	35,598.70
Interest Expense	2,753.38	-	-	-	-	-	-	-	-	-	-	-	2,753.38
<b>Total Depreciation &amp; Interest</b>	<u>3,678.05</u>	<u>924.65</u>	<u>3,366.83</u>	<u>3,366.79</u>	<u>3,366.84</u>	<u>3,366.78</u>	<u>3,366.78</u>	<u>3,366.83</u>	<u>3,366.78</u>	<u>3,393.97</u>	<u>3,393.87</u>	<u>3,393.91</u>	<u>38,352.08</u>
<b>Gain (Loss) on Disposal of Assets</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<u>98,075.66</u>	<u>92,453.76</u>	<u>100,434.31</u>	<u>99,419.79</u>	<u>94,909.50</u>	<u>92,065.79</u>	<u>102,000.99</u>	<u>105,907.80</u>	<u>103,928.91</u>	<u>102,744.27</u>	<u>92,605.65</u>	<u>92,054.01</u>	<u>1,176,600.44</u>
<b>Net (Loss) Income</b>	<u>21,277.69</u>	<u>1,333.04</u>	<u>690.95</u>	<u>6,239.04</u>	<u>(15,902.43)</u>	<u>(5,825.58)</u>	<u>1,288.23</u>	<u>(3,264.07)</u>	<u>(15,957.99)</u>	<u>(16,051.95)</u>	<u>(32,440.78)</u>	<u>(28,629.65)</u>	<u>(87,243.50)</u>

**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.

FAIRMONT Pittsburgh			
Name of Supporter			
SID MARKET STREET	Pittsburgh	PA	15222
Street Address	City or Municipality	State	Zip Code
Classic Limousine Transportation, LLC			
Name of Applicant			

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Pittsburgh Fairmont to Pgh Intl Airport.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? AS Needed.
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Classic Limousine rather than any other company.**

- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

**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.

Michael Dougherty

---

(Signature)

MICHAEL DOUGHERTY

---

(Name, printed or typed)

/123194

5-01-13

---

(Date)

**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.

Day Chevy DAY Auto  
Name of Supporter  
1600 Golden mile Haverhill PA 15746  
Street Address City or Municipality State Zip Code

Classic Limousine Transportation, LLC  
Name of Applicant

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Haverhill + Pelt Airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? monthly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Classic Limousine rather than any other company.**

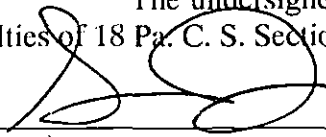
- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

**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)  
SAM LEVIN  
(Name, printed or typed)

4/22/13  
(Date)

**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.

THE CIGAR HOUSE  
Name of Supporter

139 GANDY CREEK RD. VERONA PA 15147  
Street Address City or Municipality State Zip Code

Classic Limousine Transportation, LLC  
Name of Applicant

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

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

*AS NEEDED PITTSBURGH AREA*

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

*WEEKLY & MONTHLY AS NEEDED*

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Classic Limousine rather than any other company.**

*TRUST!*

- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

**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.

*Joseph J. Kowalski*  
(Signature)

JOSEPH J. KOWALSKI  
(Name, printed or typed)

MAY 15<sup>TH</sup> 2013  
(Date)

## 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.

Credit Vest, Inc  
Name of Supporter

2 Gateway Ctr; 14th Floor Pgh PA 15222  
Street Address City or Municipality State Zip Code

Classic Limousine Transportation, LLC  
Name of Applicant

- Describe the type of transportation service needed.

### **Group and Party service in vehicles seating 11 to 15 passengers**

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

Downtown Pgh to Pgh International Airport

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

monthly

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Classic Limousine rather than any other company.**

- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

## **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.

Billy Flatley  
(Signature)  
Billy Flatley  
(Name, printed or typed)

4/30/13  
(Date)



**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.

HON. JOHN T. BENDER, SUPERIOR COURT OF PA  
Name of Supporter

105 FREEPORT RD. ASPINWALL PA 15215  
Street Address City or Municipality State Zip Code

Classic Limousine Transportation, LLC  
Name of Applicant

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

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

VARIOUS LOCATIONS IN ALLEGHENY COUNTY.

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

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Classic Limousine rather than any other company.**

- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

**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.

Mary Pat Brashear 4/23/13  
(Signature) (Date)

MARY PAT BRASHEAR  
(Name, printed or typed)

CONCLUSION

For all of the reasons submitted in support of the application, Classic Limousine Transportation, LLC respectfully requests that the Commission grant this application in its entirety.

Respectfully submitted,

VUONO & GRAY, LLC

By: \_\_\_\_\_

William A. Gray, Esq.  
Attorney for Applicant

VUONO & GRAY, LLC  
310 Grant Street, Suite 2310  
Pittsburgh, PA 15219  
(412) 471-1800

Due Date: May 2, 2013

/123193

**RECEIVED**

MAY 01 2013

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



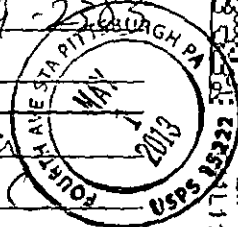
**UNITED STATES  
POSTAL SERVICE**

**Certificate  
Mail**

This Certificate of Mailing provides evidence that mail has been presented to USPS® for m. This form may be used for domestic and international mail.

From: Vuono & Gray, LLC  
310 Grant St. Suite 2310  
Pittsburgh PA 15219-2303  
Re: Classic Limo

To: Rosemary Chavette  
Secretary - PA PUC  
P.O. Box 3265  
Harrisburg PA 17105-3265



USPS 2522  
111221114  
ZIP 15219

neopost  
05/01/2013  
US POSTAGE  
\$01.20<sup>00</sup>

neopost<sup>TM</sup>

05/01/2013

US POSTAGE

FIRST-CLASS MAIL

\$01.72<sup>0</sup>



ZIP 15219  
041L11221114

Law Offices

**VUONO & GRAY, LLC**

310 Grant Street, Suite 2310

Pittsburgh, PA 15219-2383

**TO:**

Ms. Rosemary Chiavetta

Secretary

Pennsylvania Public Utility Commission

P. O. Box 3265

Harrisburg, PA 17105-3265