

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800

To: PA Public Utility Commission

From: Caitlin Gades Ext: 53401

Email: cgades@cscinfo.com

Date: April 23, 2014

Order#: 090081/005

Re: HOPKINS & SONS INC

Enclosed please find:

XX Application for Motor Common Carrier

XX Check in the amount of \$100.00

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

SPECIAL INSTRUCTIONS:

Please forward the license to my attention using the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

APR 2 3 2014
PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Secretary
Ponnsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

	Household doods in osc.	•					
	THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR LICONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.	0					
1.	Legal Name of Applicant (Individual, Partnership or Corporation)						
	HUPKINS & SONS INC						
	 If you are an individual who has not formed any type of corporate entity, you should enter your name as it will appear on your insurance documents. 						
	 If you are filing for a partnership, but not a limited liability partnership, the names of all partners must be entered on this line. Those names should be entered as they will appear on your insurance documents. This includes husbands and wives filing jointly. 						
	 If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), even if you are the sole shareholder member, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State. 						
2.	Trade Name (Attach a copy of fictitious name registration if applicable)						
	This is any name which you will be operating under which differs from the LEGAL NAME OF APPLICANT. A TRADE NAME is considered a FICTITIOUS NAME if the identity of the applicant cannot be readily determined. EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.						
3.	Do you currently hold PUC Authority? <u>√</u> NO Previous Authority? <u>⋌</u> NO						
	If YES, at PUC No. A						
4.	Are you a business entity registered with the PA Department of State?	NC					
	If YES, provide your PA Corporation Bureau Entity ID Number 425720 (see checklist and indicate type of business entity registered)	<u>)3</u>					

 To transport as a contract carrier for the XYZ Company, household goods in use, from points in Elk County to points in PA.

10. 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 and Motor Contract Carriers of Household Goods in Use; 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 statement(s) made in this application is/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.

(Print Name)

(Signature)

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 the President or Secretary (if a corporation).

Physical Address (do not use PO Box)	
1 Bellecor Dr.	
Street Address	
New Castle DE 19720 City, Stale and Zip Code	
302-3221017 New Castle County Telephone Number County	
The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment	
Mailing Address (if different from Physical Address)	
Street Address	
City, State and Zip Code	
This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS.	
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To transport as a common cerner, household goods in use between points in Mercer County

Examples:

Hopkins & Sons, Inc.

Stockholder Ledger

Cen No.	Stockholder	Date	No. Shares	From whom transferred	Date of transfer	To whom transferred
V-1	Catherine M. Grieco, Trustee	01/01/2008	100			
NV-I	Catherine M. Grieco, Trustee	01/01/2008	900		01/01/09	Mark A. Pitrizzi (490) Catherine M. Grieco, Trustee (410)
NV-2	Mark A. Pitrizzi	01/01/2009	490	Catherine M. Grieco, Trustee		
NV-3	Catherine M. Ciricco, Trustee	01/01/2009	410	Catherine M. Grieco, Trustee		

HUEBSE IEE. TOO Call the mese takes online or votan, a paper with your

LICENSE NO.

1989013302 ------

STATE OF DELAWARE

VALID

POST CONSPICUOUSLY

DIVISION OF REVENUE .

01/01/13 - 12/31/15 NOT TRANSFERABLE

12 95012 14

026 BUSINESS COOK

PROPER DRAYPERSON/MOVER

DRUGS COM

MATE ISSUED 12/04/12

"VALIDATED"

2015

LICENSE FEE \$ 225 00

MAILING ADDRESS

BUSINESS LICENSE

BUSINESS LOCATION

HOPKINS & SONS INC 1 BELLEGOR DR NEW CASTLE DE 19720-1763



HOPKINS & SONS INC I BELLECOR DR NEW CASTLE DE 19720-1763

IS HEPFBY LICENSED TO PRACTICE. CONDUCTION ENGAGE IN THE OCCUPATION. OR BUSINESS ACTIVITY INCIGATED ABOVE IN ACCORDINGE WITH THE LICENSE. APPLICATION DULY FILED PURBLANT TO TIFLE 10 DECICODE

PATRICK T. CARTER

DESCRIPTION OF REVENUE.

2711 Centerville Road • Wilmington, DE 19808-1645



CORPORATION SERVICE

2711 CENTERVILLE RD STE 400 **WILMINGTON DE 19808-1646**

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Hopkins - 090081 - 005

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