

# MARANS

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## LAW GROUP LLC

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[jonmarans@maranslaw.com](mailto:jonmarans@maranslaw.com)

July 3, 2014

Pennsylvania Public Utility Commission  
ATTN: Secretary  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

SENT VIA FIRST CLASS MAIL, RRR

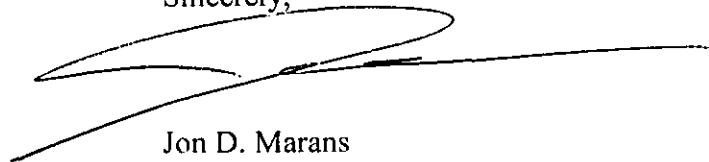
Re: Broad Street Movers, LLC – Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use

Dear Secretary Chiavetta:

Enclosed please find a completed Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use on behalf of Broad Street Movers, LLC, together with a certified check in the amount of \$350 to cover filing fees.

If you require any additional information, documentation or clarification in support of this application, please do not hesitate to contact me.

Sincerely,



Jon D. Marans

JDM:  
Enclosures

RECEIVED  
2014 JUL 17 AM 10:44  
PA P.U.C.  
SECRETARY'S BUREAU

RECEIVED

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

Revised 12/1/13

2014 JUL 17 AM 10:44

PA P.U.C.  
SECRETARY'S BUREAU

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

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

Broad Street Movers, LLC

- 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?** Yes Previous Authority?     

If YES, at PUC No. A-2014-2414064

4. **Are you a business entity registered with the PA Department of State?** Yes  
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4083855  
(see checklist and indicate type of business entity registered)

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

**997 N. Marshall Street**

Street Address

**Philadelphia, PA 19123**

City, State and Zip Code

**215-275-1924**

Telephone Number

**Philadelphia**

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.

6. **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**.

7. **Attorney** (if applicable)

**Jon D. Marans, Esquire**

**215 979-7603**

Attorney's Name & Telephone Number for this Filing

**c/o Marans Law Group, LLC, 1835 Market Street, Suite 1215, Philadelphia  
PA 19103**

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Does applicant hold interstate operating authority?**

\_\_\_ No \_\_\_ Yes, at No. \_\_\_ USDOT 2472401 \_\_\_

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport household goods in use throughout the Commonwealth of Pennsylvania and between points within and outside the Commonwealth.

**Examples:**

- To transport as a common carrier, household goods in use between points in Mercer County.
- 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.

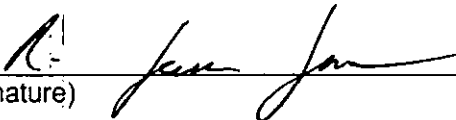
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common and Motor Contract Carriers of Household Goods in Use; and acknowledges 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.

RYAN J. JONES  
(Print Name)

 07/04/2014  
(Signature) (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 the President or Secretary (if a corporation).

**Attachment A: List of Members**

1. Ryan Jesse Jones, Member

1220 N. Pelethorp Street

Front Unit

Philadelphia, PA 19122

2. Joshue Michael Erb, Member

301 East Girard Ave

2<sup>nd</sup> Floor

Philadelphia, PA 19125

3. Michael C Deen, Member

2565 East Norris Street

Philadelphia, PA 19125

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