

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

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

Granny's Helping Hands Pa 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)

same N/A

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?** **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 3674736
(see checklist and indicate type of business entity registered)

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

111 N. Lansdowne Ave A1
Street Address

Lansdowne Pa 19050
City, State and Zip Code

610 2844244 Delaware
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.

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

PO Box 725
Street Address

Lansdowne Pa 19050
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)

N/A
Attorney's Name & Telephone Number for this Filing

N/A
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. _____

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 people whose personal convictions prevent them from owning or operating motor vehicles from points about Philadelphia Delaware County, Montgomery Bucks and Chester Counties Areas to and from desired destinations in the above Counties

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.

- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.

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 Carriers of Persons in Paratransit Service; 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.

Eloise Jay Jones / President Grants Helping Hands Pa DDC
(Print Name)


(Signature)

9/25/14
(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).

September 25, 2014
Public Utility Commission

Eloise Jay Jones

Serves as all members and board of directors for GRANNY'S HELPING HANDS Pa Inc
1100 Duncan Ave.
Yeadon pa 19050

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



GRANNY'S HELPING HANDS PA. INC.

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9/25/2014

Dear Secretary Pennsylvania Public Utility Commission,

SEP 29 2014

Please find application for

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Motor Common Carrier of Person in Para Transit Service

As per the checklist, listed below are the required items to process our application.

Granny's Helping Hands Pa Inc.

Pa Corporation Bureau Entity Id number is 3674736

Eloise Jay Jones

100% share holder

Title Eloise Jay- Jones

President

Eloise Jay- Jones represents all corporate officers for Granny's Helping Hands Pa Inc.

Address 1100 Duncan Ave Yeadon Pa 19050



GRANNY'S HELPING HANDS INC.

P.O. Box 725 • Lansdowne, PA 19050

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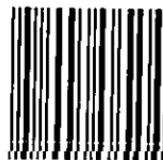
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Secretary, PA Public Utility Commission
400 North Street
2nd Floor
Harrisburg, PA 17120

OCT 01 2014