

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

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

William J Ebert

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Walnut Grove Transport LLC

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

636 State Park Road

Street Address

New Alexandria PA 15670

City, State and Zip Code

724-787-9107

Telephone Number

Westmoreland

County

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

Street Address

City, State and Zip Code

**RECEIVED
PA PUC
OFFICE OF LEGIS. AFFAIRS
2014 OCT 23 PM 2:29**

**SECRETARY'S BUREAU
PA PUC**

2014 OCT 23 PM 3:29

RECEIVED

5. **Attorney** (if applicable)

Dwayne E. Ross 724-539-1733
Attorney's Name & Telephone Number for this Filing

438 Depot Street Latrobe PA 15650
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. What type of commodity do you intend to transport? Coal, grain,
Stone, Gravel, etc...

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

See section 3 of Certificate of Organization

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property 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 Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

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) or by the President or Secretary (if a corporation).

I/we hereby state that the statements 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.

William J Ebert
(Print Name)

William J Ebert

9-29-14



**WESTFIELD
INSURANCE**

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51

**RENEWAL
COMMON POLICY DECLARATIONS**

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS	AGENCY	37-04287	PROD.	000
WALNUT GROVE TRANSPORT LLC 636 STATE PARK RD NEW ALEXANDRIA, PA 15670	MOYER INSURANCE INC. PO BOX 357 NEW ALEXANDRIA PA 15670-0357 TELEPHONE 724-668-2121			

Policy Number: CAG 5 538 202 .04. WIC Account Number: 3770138187 Q

Policy Period From 10/15/14 To 10/15/15 **at 12:01 A.M. Standard Time at your mailing address shown above.**

Business: FARM **Named Insured is: Individual**

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

IF THIS POLICY AFFORDS PHYSICAL DAMAGE COLLISION COVERAGE AND A COVERED AUTO SYMBOL 1, 8, 21, 28, 61, OR 68 IS SHOWN NEXT TO THE PHYSICAL DAMAGE COLLISION COVERAGE ON THE APPLICABLE AUTO DECLARATIONS, WE PROVIDE COLLISION DAMAGE TO RENTAL VEHICLES. IF NOT SHOWN, WE DO NOT AFFORD COLLISION DAMAGE COVERAGE TO RENTAL VEHICLES. ANY SUCH INSURANCE PROVIDED IS EXCESS OVER ANY OTHER COLLECTABLE INSURANCE.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS

COMMERCIAL AUTO COVERAGE PART	\$	9,381.00
Policy Annual Premium	\$	9,381.00
Total Advance Annual Policy Premium	\$	9,381.00

The above is a summary of your coverages. For more detail, please refer to the individual coverage parts inside your policy.

Forms and Endorsements applicable to all coverage parts:

IL7002 0488 , IL0017 1198 , ID7004 0411 , IL0003 0908 , IL0246 0907 , IL0910 0702 .

COUNTERSIGNED:

10/15/14
Date

BY

Keela Moyer
Authorized Representative

CAG 553 82 02
CAG
CAG
CAG
CAG



WESTFIELD
INSURANCE

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RENEWAL
BUSINESS AUTO COVERAGE DECLARATIONS

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

ITEM ONE-NAMED INSURED & MAILING ADDRESS

AGENCY

37-04287

PROD.

000

WALNUT GROVE TRANSPORT LLC
636 STATE PARK RD
NEW ALEXANDRIA, PA 15670

MOYER INSURANCE INC.
PO BOX 357
NEW ALEXANDRIA PA 15670-0357
TELEPHONE 724-668-2121

Policy Number: CAG 5 538 202

.04. WIC Account Number: 3770138187

Q

Policy
Period

From
To

10/15/14
10/15/15

at 12:01 A.M. Standard Time at your
mailing address shown above.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

Each Of These Coverages Will Apply Only To Those "Autos" Shown As Covered "Autos". "Autos" Are Shown As Covered "Autos" For A Particular Coverage By The Entry Of One Or More Of The Symbols From The Covered Auto Section of The Business Auto Coverage Form Next To The Name Of The Coverage.

COVERAGES	COVERED AUTO SYMBOLS	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability	.07	Bodily Injury and Property Damage \$1,000,000 Each Accident.	\$6,843
Uninsured Motorists	.07	Bodily Injury \$1,000,000 Each Accident.	\$330
Underins. Motorists	.07	Bodily Injury \$1,000,000 Each Accident.	\$684
Physical Damage Comprehensive Coverage	.07	Actual Cash Value or Cost of Repair Whichever is Less Minus the Ded. for Each Covered Auto as Indicated in the Schedule. for Covered Autos. No Deductible Applies to Loss Caused by Fire or Lightning.	\$298
Physical Damage Collision Coverage	.07	Actual Cash Value or Cost of Repair Whichever is Less Minus the Deductible for Each Covered Auto as Indicated in the Schedule for Covered Autos.	\$803
First Party Benefit	.05	See Endorsement CA2237	\$81
		Premium For Auto Endorsements	\$342
		TOTAL ADVANCE ANNUAL PREMIUM	\$9,381

Audit Period (If Applies) . . . Annual . . . Semi-Annual . . . Quarterly . . . Monthly

Forms And Endorsements Attached To This Coverage Form:

CADS03 0310 , CA0001 0310 , IL0021 0908 , CA0180 0997 , CA2394 0306 ,
CA7080 0312 , CA9944 1293 , CA2001 0306 , CA2192 0612 , CA7070 0806 ,
CA2193 0612 , CA7007 0912 , CA2237 0306 , CA2238 0395*.

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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name Dwayne E. Ross, Esq.		
Address 438 Depot Street		
City Latrobe	State PA	Zip Code 15650

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)

Fee: \$125



T1423867114

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):
Walnut Grove Transport, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street 636 State Park Road	City New Alexandria	State PA	Zip 15670	County Westmoreland
(b) Name of Commercial Registered Office Provider c/o:				County

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
William Ebert	636 State Park Road, New Alexandria, PA 15670
Jon Yuris	6407 State Route 982, Blairsville, PA 15717

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: immediately

month date year hour, if any

7. *Strike out if inapplicable:* ~~THIS COMPANY IS A PROFESSIONAL COMPANY ORGANIZED UNDER THE FOLLOWING
RESTRICTED PROFESSIONAL SERVICES~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this

21st day of August, 2014.

William J. Ebert

Signature

[Handwritten Signature]

Signature

Signature

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

47-1785266

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Walnut Grove Transport, LLC				
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 636 State Park Road	5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions) New Alexandria, PA 15670	5b City, state, and ZIP code (if foreign, see instructions)			
	6 County and state where principal business is located Westmoreland, PA				
	7a Name of responsible party William Ebert	7b SSN, ITIN, or EIN 165-72-4777			
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 2			
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ limited liability company					
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
10 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions. August 2014	12 Closing month of accounting year December				
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black;">Agricultural</td> <td style="width:33%; border: 1px solid black;">Household</td> <td style="width:33%; border: 1px solid black;">Other</td> </tr> </table>			Agricultural	Household	Other
Agricultural	Household	Other			
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input checked="" type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Transportation of grain, coal, and stone.					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶					

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Dwayne E. Ross, Esq.	Designee's telephone number (include area code) (724) 539-1733
	Address and ZIP code 438 Depot Street	Designee's fax number (include area code) (724) 539-2127
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶ William Ebert		Applicant's fax number (include area code) ()
Signature ▶		Date ▶



EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Address 4. Details 5. EIN Confirmation

Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

Organization Type: LLC

LLC Information

Legal name:	WALNUT GROVE TRANSPORT
County:	WESTMORELAND
State/Territory:	PA
Start date:	AUGUST 2014
Closing month of accounting year:	DECEMBER (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete Form 1128 .)
State/Territory where articles of organization are (or will be) filed:	PA

Help Topics

[What is Form 1128?](#)

Addresses

Physical Location:	636 STATE PARK ROAD NEW ALEXANDRIA PA 15670
Phone Number:	724-787-9107
TPD Name:	DWAYNE E ROSS
TPD Address:	438 DEPOT STREET LATROBE PA 15650
TPD Phone Number:	724-539-1733

Responsible Party

Name:	WILLIAM EBERT MBR
SSN/TIN:	XXX-XX-4777

Employee Information

Date wages or annuities will be paid:	OCTOBER 2014
Number of agricultural employees:	0
Number of other employees:	2
Tax Liability of \$1000 or less during calendar year:	YES

Principal Business Activity

What your business/organization does:	TRANSPORTATION
Principal products/services:	TRUCKING

Additional LLC Information

Owns a 55,000 pounds or greater highway motor vehicle:	YES
Involves gambling/wagering:	NO
Involves alcohol, tobacco or firearms:	NO
Files Form 720 (Quarterly Federal Excise Tax Return):	YES
Has employees who receive Forms W-2:	YES
Reason for Applying:	STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN.

Submit

Once you submit, please wait while your application is being