Pennsylvania Public Utility Commission PO Box 3265 Harrisburg, PA 17105-3265 (717) 787-1227

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

Beverly Strubel	oration, or LLC)
Trade Name (if using a fictitious trade name, it must be registered with the service of the serv	ith the Dept. of State)
Fictitious name and Registration number (if applicable)	
"Physical Address (do not use PO Box)	
New Providence PA 17560	
City, State and Zip Code 117 - 799 - 6161 Lancas	öter
Telephone Number County	
Mailing Address (if different from Physical Address)	
SAme	1.0
Street Address	2015 F
City, State and Zip Code	i m
Attorney (if applicable)	B 12 AM 10:5
Attorney's Name & Telephone Number for this Filing	10: 50
Attorney's Address	

-3---

Yes	(No) (circle one)	as ever held PA PUC authority?
If ye	es, PUC NO. A-	
Wha	t type of commodity do you in tmish business th	tend to transport? Colucts farm and home i-
Are :	you one of the following? If ye	es, check below.
W	Individual	
[]	Partnership	
Are v	vou a business entity register	ed with the PA Department of State?
If Y	ES, please check below the type	e of business that applies to this Application iven to you by the PA Department of State:
[]	Limited Partnership	Corporation Bureau Entity ID Number
[]	Limited Liability Partnership	Corporation Bureau Entity ID Number
[]	Limited Liability Company	Corporation Bureau Entity ID Number
[]	Corporation – For Profit	Corporation Bureau Entity ID Number
[]	Corporation - Nonprofit	Corporation Bureau Entity ID Number
[]	Fictitious Name (if applicable)	
	O, contact the PA Department o iness in PA:	of State and apply according to how you will do
	Corporations (Profit or - -Profit)	File for Articles of Incorporation
Fore	eign Corporations -	File for a Certificate of Authority

PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies File for an Application of Registration

Fictitious Name Registration

File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

Individual:	M	Certified Check, money order, or check from attorney Copy of Current Safety Rating (if available) - under the death of the desired and the control of the co
Partnership:	[]	Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available)
Limited Partnership:	[]	Corporation Bureau Entity Number as entered above in #9
· · · · · · · · · · · · · · · · · · ·	[] [] [}	Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available)
Limited Liability Partnership:	[]	Corporation Bureau Entity Number as entered above in #9
r artiership.	[]	Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available)
Limited Liability Company:	[]	Corporation Bureau Entity Number as entered above in #9
оотрану.	[]	Certified Check, money order, or check from attorney List of names and addresses of ALL Members and Title of each Member (even if only one member)
	[]	Copy of Current Safety Rating (if available)
Corporation – For Profit:	[]	Corporation Bureau Entity Number as entered above in #9
T OF T FORM	[]	Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
	[]	Copy of Current Safety Rating (if available)
Corporation – Non-Profit:	[]	Corporation Bureau Entity Number as entered above in #9
	[]	Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles and those serving on Board of Directors
	[]	Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

-9-

PERMITS PLUS INC.

P.O. Box 557
Troutville • Virginia • 24175

. 1 1

10 FE6 2015 FN 1 L

Po Box 3265
Harrisburg PA 17105