

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

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2015 APR - 6 AM 10:35

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A-2014-2460339
PUC Application Docket No.

FRED AMENDOLA
Legal Name of Applicant

DBA - VENUS LIMOUSINE
Trade Name, if any

27 WEST CRAFTON AVE. Pittsburgh PA 15205
Street Address (principal place of business) City or Municipality State Zip Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

FRED AMENDOLA - OWNER

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

(NONE?) OTHER THAN
OWNER AT
FRED AMENDOLA/DBA/VENUS LIMOUSINE

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

I HAVE BEEN OWNER/OPERATOR OF
VENUS LIMOUSINE SINCE 2006.
I AM A RETIRED CRAFTON BORO POLICE
OFFICER - SERVING THE COMMUNITY FOR
OVER 33 YEARS.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

Business is operated out of my home.
Office Area - Computer - 1-PAD - Cell phones.
Vehicle is stored in a rented warehouse.

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers.

Receive customer requests via cell phones AND internet - E-MAIL.
Communicate with drivers via cell phones

6. Please explain:

- a. Your hiring standards for drivers;

ANY DRIVER MUST BE OVER 25 YR OLD
ANY ALSO CHECK BY INSURANCE
CARRIER BEFORE HIRED.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

ALWAYS - check thru private
security company. (EMPIRE INVESTIGATIONS)

- c. Your driver training program;

I SPEND 5 DAY TRAINING DRIVERS
IN ALL AREAS OF SERVICE.

- d. Your system for ensuring that your drivers are properly licensed at all times;

COPY OF DRIVERS LIC ON FILE
AND ON FILE WITH INSURANCE Co.

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

ALWAYS SAME AS ABOVE
(EMPIRE INVESTIGATIONS)

- f. Your policies regarding alcohol and drug use by your drivers.

NONE TOLERATED - PERIOD
ZERO TOLERANCE

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

| <u>YEAR</u> | <u>MAKE</u> | <u>MODEL</u> | <u>SEATING CAPACITY</u> | <u>VEHICLE ID #</u> |
|-------------|-------------|---------------------|-------------------------|---------------------|
| 1997 | LINC | TOWN CAR STRETCH | 11 | 1LNLM81W4VY687281 |
| | | | | |
| | | | | |
| | | | | |

8. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan;

A VISUAL CHECK OF VEHICLE BEFORE AND AFTER EVERY TRIP - TIRES - ENGINE OIL - ETC.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

VEHICLES INSPECTED 1-A WEEK BY CERTIFIED ~~Mechanic~~ MECHANIC ALL FLUIDS TIRES

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

N-A

APPLYING FOR BUS -

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

N-A

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

HEBECKLING INSURANCE COMPANY

724-933-7220

APPROX \$2000 AYPAN

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES ___ NO

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) MAR 27 2015

ASSETS

Current Assets

Cash

19,500.00

- Other Current Assets (specify)

Other Assets

Motor Vehicle Equipment

82,000.00

Building and Structures

90,000.00

Office Equipment

3,000.00

Investments and Funds (specify)

TOTAL ASSETS

\$194,500.00

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

→ 24 MONTHS LEFT ON CREDIT UNION LOAN

TOTAL LIABILITIES

APPROX \$12,000.00

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

\$182,500.00

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.


(Signature)

MAR 27 2015
(Date)

FRED AMENDOLA / OWNER
(Name and Title, printed or typed)

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SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A-2014-2460339

52 Pa. Code Section 41.14(a), states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated as needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and, 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

Please print or type.

Robert M Kresson

Name of Supporter

4250 Steubenville Pike Pgh PA 15205
Street Address City or Municipality State Zip Code

Fred Amendola DBA Venus Limco

Name of Applicant

- Describe the type of transportation service needed.
group & party transportation
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Robinson Twp -> Pgh
Pgh to Airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
outstanding service provided by Venus
- Have you supported similar applications in the past? If so, who was the applicant?
no

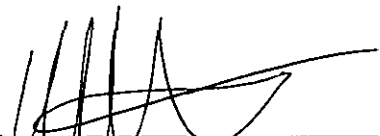
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VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, 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.


(Signature of Supporter)

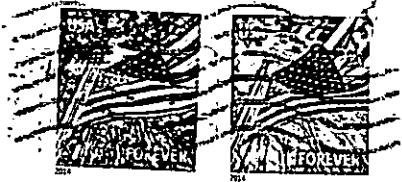
3/27/15
(Date)

Robert M. Kresson
(Supporter's Name, printed or typed)



Fred F. Amendola
27 W. Crafton Ave.
Pittsburgh PA 15205

~~INTER OFFICE~~
01 APR 2015 PM 4 L



Commonwealth of Pennsylvania
Public Utility Commission
P.O. BOX 3265
HARRISBURG PA
17105-3265

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