

VERIFIED STATEMENT OF APPLICANT

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.

A-2015-2475605

PUC Application Docket No.

Jennifer Wade Spinelli

Legal Name of Applicant

Spintours

Trade Name, if any

227 Chinkapin Dr.

Street Address (principal place of business)

Natrona Heights PA

City or Municipality

State

15065

Zip Code

The Verified Statement of the Applicant is more or less 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.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary 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 making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

SAME AS ABOVE

Sole Proprietor

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

Ø N/A

PA P.U.C.
SECRETARY'S BUREAU

2015 JUN 18 AM 10:05

RECEIVED

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

I have run trips outside of PA prior to this. I have been on multiple trips with other companies. I have researched trips and learned from that. I have worked with other companies providing field trips when I was a teacher. I feel confident in my

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. 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 how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

Planning
and
Customer
Service

I use a home office with Desk, Computer, Phone + Printer. Business hours are 8a-5p but I often make / receive calls outside of those hours. I keep email ~~now~~ and excel records of all customers + bus services to be received. I contact customers continually to be sure service is good.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

No Employees. I personally plan and attend each trip I do.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:

- Your hiring standards for drivers;
- Your system to ensure prospective drivers will be subject to a criminal background check;
- Your driver training program;
- Your system for ensuring that your drivers are properly licensed at all times;
- Your system to ensure that all drivers will be subject to a criminal background check every two years;
- Your policies regarding alcohol and drug use by your drivers.

I only use PUC licensed Bus Companies. I do not have any buses. I am only a broker.

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>
Ø Broker Only				

8. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan;
 - b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - d. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - f. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

Ø Broker Only

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

Ø Broker Only

10. Please describe your customer service standards. Within your description, please explain:
- a. Your plan to inform customers of the procedures for filing complaints with the PUC;
 - b. Your intended customer complaint resolution procedure.

Customers will understand that they can call or use online forms to file a complaint. I will use the online Customer Complaint Options & Complaint Checklist to try & resolve the issue as soon as possible & as simply as possible.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

____ YES X NO

12. 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. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. 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.

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) *Jennifer Spinelli*

(Name and Title, printed or typed) Jennifer Spinelli
owner

(Date) 6-15-15

RECEIVED
2015 JUN 18 AM 10:05
PA P.U.C.
SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)

As of (date) 6-15-15

RECEIVED

2015 JUN 18 AM 10:05

PA P.U.C.
SECRETARY'S BUREAU
\$3,000.00

ASSETS

Current Assets

Cash	\$3,000.00	
Accounts Receivable	0	
Notes Receivable	0	
Other Current Assets (specify)	0	
Total Current Assets		

Tangible Assets

Motor Vehicle Equipment	0	
Less: Accumulated Depreciation	0	=
-		
Building and Structures	0	
Less: Accumulated Depreciation	0	=
-		
Office Equipment		
Less: Accumulated Depreciation		
-		
Land	0	=

Investments and Funds (specify)

Intangible Assets

Other Assets (advances and idle equipment – specify)

TOTAL ASSETS \$3,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable	0	\$1,000.00
Notes Payable		
Equipment Obligations		
Other Liabilities (Attach schedule)		
Total Current Liabilities		

Long Term Liabilities (Due after one year of date)

Accounts Payable		
Notes Payable		
Equipment Obligations		
Other Liabilities (Attach Schedule)		
Total Long Term Liabilities		

TOTAL LIABILITIES

NET WORTH (Partnerships and individuals, only)

\$3,000.00

OWNER'S EQUITY (Corporations only)

Capital Stock	0	
Additional Paid-in Capital		
Retained Earnings		
Less: Treasury Stock	-	=
Total Owner's Equity		

TOTAL LIABILITIES & OWNER'S EQUITY

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	\$20,000
Net Revenue from non-carrier operations	0
Dividend and interest revenues	0
Other non-operating revenue	0
Gains	0
Total Revenue and Gains	20,000 \$22,400

EXPENSES

Equipment Maintenance and Garage Expense	0
Insurance Expense	\$947.00
Employee Salaries	0
Supervisory Salaries	0
Officer Salaries	0
Fuel Expense	0
Purchased Transportation (Lease Expense)	20,000 \$20,000
Materials and Supplies Expense	200
General Office Expense	0
Advertising Expense	1,000
Telephone Expense	250
Accounting Expense	0
Legal Expense	0
Uncollectible Revenue	0
Depreciation Expense	0
Amortization	0
Operating Taxes and Licenses	0
Rent Expense	0
Loss	22,400 0
Total Operating Expenses and Losses	22,400 22,400
<u>Net Income Before Taxes</u>	0
Provision for Income Taxes	0
<u>Net Income (Loss)</u>	0

Spintours

227 Chinkapin Drive
Natrona Heights, PA 15065

PITTSBURGH PA 150

15 JUN 2015 PM 9 L



Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
c/o Joshua S. Kwiatkowski

P.O. Box 3265

Harrisburg, PA

17105326565

17105-3265