

John A. Vuono  
William A. Gray  
Mark T. Vuono\*  
Dennis J. Kusturiss  
Louise R. Vuono  
William H. Stewart, III  
Erica G. Wilson

\*Also Admitted in Florida

Law Offices

# VUONO & GRAY, LLC

310 Grant Street, Suite 2310

Pittsburgh, PA 15219-2383

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412-471-1800

Facsimile  
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[www.vuonogray.com](http://www.vuonogray.com)

Email Address  
[wgray@vuonogray.com](mailto:wgray@vuonogray.com)

July 10, 2015

Re: Cranberry Taxi, Inc., d/b/a Veterans Taxi and Cranberry-X  
-Paratransit Application  
Docket No. A-2014-2439521  
Docket No. A-00119935  
Our File 4978-7-1

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

**MAILED WITH U.S. POSTAL SERVICE**  
**CERTIFICATE OF MAILING FORM 3817**

Dear Ms. Chiavetta:

We enclose for filing on behalf of Cranberry Taxi, Inc. d/b/a Veterans Taxi and Cranberry-X an original and two (2) copies of a Petition for Reconsideration of Staff Action in connection with the above application.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

as/153361

Enclosure

cc: Cranberry Taxi, Inc. (w/enc.)

**RECEIVED**

JUL 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Before the  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

---

DOCKET NO. A-2014-2439521

CRANBERRY TAXI, INC. d/b/a VETERANS TAXI AND CRANBERRY-X

---

PETITION FOR RECONSIDERATION OF STAFF ACTION

AND NOW COMES Petitioner, Cranberry Taxi, Inc. d/b/a Veterans Taxi and Cranberry-X, by its attorneys, Vuono & Gray, LLC, and files this Petition for Reconsideration stating as follows:

1. Petitioner is Cranberry Taxi, Inc. d/b/a Veterans Taxi and Cranberry-X, with offices at 8541 Peters Road, Unit 2, Cranberry Twp, PA 16066.
2. Petitioner was certificated on December 8, 2003. It is presently authorized to provide call or demand service.
3. Petitioner filed an application on July 14, 2014, seeking the right to transport persons in paratransit service from points in Counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Lawrence, Philadelphia, Washington and Westmoreland, to points in Pennsylvania, and return.
4. Protests were filed to the application by Barker Brothers, Inc. t/a Pittsburgh North Air Ride, Byers Taxi Services, Inc., Manor Valley Taxi, Inc., Francis E. Criner t/d/b/a Mt. Pleasant Yellow Cab, Francis E. Criner t/d/b/a Jeannette City Transit,

Veterans Cab Company, Inc., and Tri County Access Co., Inc. All protests were withdrawn based upon the following restrictive amendment:

To transport, as a common carrier, by motor vehicle, persons in paratransit service, from points in the Counties of Allegheny, Beaver, Butler, Fayette, Lawrence, Philadelphia and Washington, to points in Pennsylvania and return.

Subject to the following conditions:

First: That no right, power or privilege is granted to provide service from points in the Boroughs of Allenport, Bentleyville, California, Charleroi, Coal Center, Dunlevy, Elco, Ellsworth, Longbranch, New Eagle, North Charleroi, Roscoe, Speers, Stockdale, the City of Monongahela, and the Townships of Carroll, Fallowfield, Somerset, Union and West Pike Run, all in Washington County.

Second: That service from points in Butler County is limited to service from the Townships of Jackson, Cranberry, Adams, Middlesex, Penn and Forward and the Boroughs of Zelienople, Evans City, Callery, Mars, Connoquenessing and Valencia, provided, however, that service may not be provided to or from the facilities of St. Barnabas Health System in the Borough of Valencia, Concordia of Cranberry in the Township of Adams, and UPMC Passavant Hospital in the Township of Cranberry.

5. By letter dated May 7, 2015, the Commission's Bureau of Technical Utility Services confirmed that the application had been re-assigned for review without an oral hearing since all protests were withdrawn based on the amendment and required the filing of a verified statement of the applicant and supporting statements by June 7, 2015, which was a Sunday.

6. The applicant filed its verified statements by letter dated June 8, 2015 and mailed the filing with a U.S. Postal Service Certificate of Mailing Form 3817. A copy of

the letter and the stamped Certificate of Mailing form is attached hereto as Exhibit "A".

7. As indicated in the applicant's letter of transmittal to the Commission, the mailing included the original and two copies of applicant's verified statements.

8. On June 18, 2015, the applicant's attorney received a telephone call from a representative of the Commission's Bureau of Technical Utility Services indicating that the Secretary's Office had received the letter of transmittal dated June 8, 2015, but had not received the verified statements. The applicant's attorney advised the representative of the Bureau of Technical Utility Services that he was absolutely sure that the verified statements had been included in the mailing sent to the Commission, which was confirmed by the fact that the envelope received by the Public Utility Commission, which was posted on its website, indicated postage of \$6.35, which is clearly more than the postage would be for a single letter of transmittal. A true and correct copy of the envelope and the letter of transmittal from the Commission's website is attached hereto as Exhibit "B".

9. The applicant's attorney on this same date (June 18, 2015), sent an email to the Secretary's Office confirming the telephone conversation with the representative of the Bureau of Technical Utility Services and confirming that the verified statements had been mailed with a postal receipt and requesting that the Secretary's Office check further to see whether the verified statements could be located and stating that if they could not, the applicant's attorney would submit a replacement copy. A true and correct copy of the applicant's email to the Secretary's Office dated June 18, 2015, is attached hereto as Exhibit "C".

10. The applicant refiled its verified statements by letter dated June 22, 2015 with a U. S. Postal Service Certificate of Mailing Form 3817. A true and correct copy of this letter, which is acknowledged received by the Commission on June 24, 2015, the Postal Receipt and the verified statements submitted with the letter is attached hereto as Exhibit "D".

11. On July 2, 2015, the applicant's attorney received in the mail the original and the copies of the applicant's verified statements filed with the letter dated June 8, 2015, together with the unsigned acknowledgement copy of the letter of transmittal in a large envelope from the United States Postal Service. A true and correct copy of the envelope received from the United States Postal Service is attached hereto as Exhibit "E".

12. By letter dated July 2, 2015, the attorney for the applicant sent to the Secretary's Office the original and two copies of the verified statements received that day from the United States Postal Service with the explanation that these documents must have somehow become separated from the letter received by the Secretary's Office and pointing out that by letter dated June 22, 2015, a true and correct copy of the verified statements made from the applicant's file, had been sent for filing to the Secretary's Office. A true and correct copy of the letter dated July 2, 2015, is attached hereto as Exhibit "F".

13. The Secretarial letter dated July 1, 2015, incorrectly states that the applicant's attorney was advised on June 11, 2015, that the information was not filed and that more than 30 days had expired from that date. In fact, the first notification of any problem with this filing occurred when the applicant's attorney received a telephone call

from a representative of the Bureau of Technical Utility Services and, as indicated above, the applicant's attorney promptly followed up on this matter. Furthermore, the Secretarial letter was dated July 1, 2015, which makes it impossible to have had 30 days elapse since the alleged notification on June 11 (which was actually on June 18). Furthermore, there is no reference in the Secretarial letter to the June 22 filing of the replacement copy of the verified statement made by the applicant's attorney, even though that filing was sent with a United States Postal Service Certificate of Mailing and even though it appears on the Commission's website as having been received on June 24.

14. The verified statements submitted by the applicant include not only the applicant's verified statements but also 26 verified statements from public witnesses, including statements from individuals in each of the counties involved in this application, as amended.

15. The Commission should grant this Petition for Reconsideration and approve the application, as amended, insofar as it seeks paratransit authority to provide service from points in the Counties of Allegheny, Beaver, Butler, Fayette, Lawrence, Philadelphia and Washington to points in Pennsylvania and return, subject to the conditions set forth above.

WHEREFORE, Petitioner, Cranberry Taxi, Inc. d/b/a Veterans Taxi and Cranberry-X, by its attorneys, Vuono & Gray, LLC, respectfully requests that the Commission grant this Petition for Reconsideration, rescind the Secretarial Letter dated July 1, 2015 and grant this application, as amended.

Respectfully submitted,

VUONO & GRAY, LLC

By: 

William A. Gray, Esq.

Attorney for Petitioner

CRANBERRY TAXI, INC. d/b/a

VETERANS TAXI AND CRANBERRY-X

VUONO & GRAY, LLC  
310 Grant Street, Suite 2310  
Pittsburgh, PA 15219  
(412) 471-1800

Dated: July 9, 2015

/153362

VERIFICATION

I verify that the statements made in the foregoing document are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.



\_\_\_\_\_  
Derek A. DeLucia, President

Dated: \_\_\_\_\_

7/10/15

/153407

**RECEIVED**

JUL 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

John A. Vuono  
William A. Gray  
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Dennis J. Kusturiss  
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wgray@vuonogray.com

June 8, 2015

Re: Cranberry Taxi, Inc., d/b/a/ Veterans Taxi and Cranberry-X  
Docket No. A-2014-2439521  
Docket No. A-00119935  
Our File: 4978-~~0~~ 7-1

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

**MAILED WITH U.S. POSTAL SERVICE**  
**CERTIFICATE OF MAILING FORM 3817**

Dear Secretary Chiavetta:

We enclose for filing the signed original and two (2) copies of Applicant's Verified Statements in connection with the above-captioned application.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

cw/152317

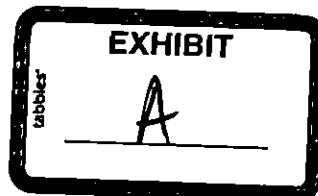
Enclosures

cc: Mr. David Thompson (by email, without enclosure)  
Cranberry Taxi, Inc., d/b/a Veteran's Taxi and Cranberry-X

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JUL 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU





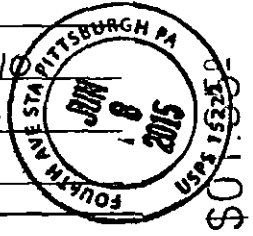
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From: Vuono & Gray, LLC  
310 Grant Street, Suite 2310  
Pittsburgh PA 15219-2383  
Re: \_\_\_\_\_



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ZIP 15219  
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To: Rosemary Chivetta, Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

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Mark T. Vuono\*  
Dennis J. Kusturiss  
Louise R. Vitano  
William H. Stewart, III  
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wgray@vuonogray.com

June 8, 2015

Re: Cranberry Taxi, Inc., d/b/a/ Veterans Taxi and Cranberry-X  
Docket No. A-2014-2439521  
Docket No. A-00119935  
Our File: 4978-9

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

**MAILED WITH U.S. POSTAL SERVICE**  
**CERTIFICATE OF MAILING FORM 3817**

Dear Secretary Chiavetta:

We enclose for filing the signed original and two (2) copies of Applicant's Verified Statements in connection with the above-captioned application.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

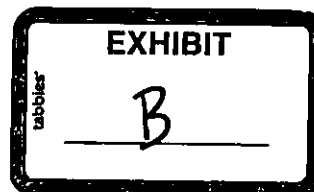
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2015 JUN 11 AM 11:01  
PA.P.U.C.  
SECRETARY'S BUREAU

cw/152317

Enclosures

cc: Mr. David Thompson (by email, without enclosure)  
Cranberry Taxi, Inc., d/b/a Veteran's Taxi and Cranberry-X

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JUL 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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Law Offices

**VUONO & GRAY, LLC**

310 Grant Street, Suite 2310  
Pittsburgh, PA 15219-2383

**TO:**

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P. O. Box 3265  
Harrisburg, PA 17105-3265

**PRIORITY  
★ MAIL ★**



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INSURED  
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Label 107R, July 2013

**William A. Gray**

---

**From:** William A. Gray  
**Sent:** Thursday, June 18, 2015 3:05 PM  
**To:** rchiavetta@pa.gov  
**Subject:** Cranberry Taxi, Inc. d/b/a/ Veteran's Taxi and Cranberry-X Docket No. A-2014-2439521 (Our File: 4978-9)

Secretary Chiavetta,

I received a call today from David Thompson in the Bureau of Technical Utilities indicating that the Commission had received a letter indicating that verified statements were being filed in connection with the above application but not enclosing the verified statements. I checked on this matter with my staff and determined that the verified statements were enclosed with the letter. The envelope, which is included on the Commission's website posting, indicates postage of \$6.35 which obviously is far more than the postage would be for a single piece of paper being sent with a postal receipt. Can you please have your staff check further to see whether these verified statements (we sent an original and two copies) can be located? If not, we retained a complete file copy and could submit that copy to you if necessary. Please advise me concerning what you find.

William A. Gray

WILLIAM A. GRAY  
Vuono & Gray, LLC  
310 Grant Street  
Suite 2310  
Pittsburgh, PA 15219  
412-471-1800 (main)  
412-471-4477 (fax)  
[wgray@vuonogray.com](mailto:wgray@vuonogray.com)

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JUL 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



John A. Vuono  
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wgray@vuonogray.com

June 22, 2015

Re: Cranberry Taxi, Inc., d/b/a/ Veterans Taxi and Cranberry-X  
Docket No. A-2014-2439521  
Docket No. A-00119935  
Our File 4978-7-1

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

**MAILED WITH U.S. POSTAL SERVICE**  
**CERTIFICATE OF MAILING FORM 3817**

Dear Secretary Chiavetta:

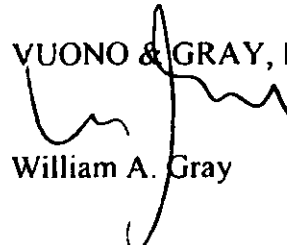
We enclose for filing Applicant's Verified Statements in connection with the above-captioned application. We previously submitted these Verified Statements by letter dated June 8, 2015 but the Verified Statements were apparently not in with the letter of transmittal.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray



~~RECEIVED  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU  
2015 JUN 24 AM 11:11~~

as/152798

Enclosures

cc: Cranberry Taxi, Inc., d/b/a Veteran's Taxi and Cranberry-X

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JUL 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



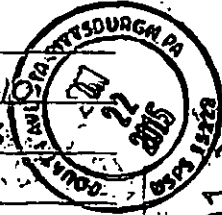
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This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.  
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From: Vono & Gray, LLC  
310 Grant Street, Suite 2310  
Pittsburgh PA 15219-2383  
Re: \_\_\_\_\_



To: Rosemary Chiovetta, Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

\$01.50

ZIP 15219  
04111242930

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06/22/2015

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**VERIFIED STATEMENT OF APPLICANT**

Before the  
**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

---

DOCKET NO. A-2014-2439521

CRANBERRY TAXI, INC. T/A VETERANS TAXI AND CRANBERRY-X

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**APPLICANT'S VERIFIED STATEMENTS**

---

**STATEMENT OF THE CASE**

By application published in the Pennsylvania Bulletin on October 18, 2014,  
Cranberry Taxi, Inc. t/a Veterans Taxi and Cranberry-X (Cranberry Taxi or applicant)  
sought the following authority to operate as a common carrier:

Persons in paratransit service, from points in the Counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Lawrence, Philadelphia Washington and Westmoreland, to points in Pennsylvania, and return.

Protests were filed to the application by Barker Brothers, Inc. t/a Pittsburgh North Air Ride, Byers Taxi Service, Inc., Manor Valley Taxi, Inc., Francis E. Criner, t/d/b/a Mt. Pleasant Yellow Cab, Francis E. Criner, t/d/b/a Jeannette City Transit, Veterans Cab Company, Inc., and Tri County Access Co., Inc. All protests were withdrawn based upon the following Restrictive Amendment:

To transport, as a common carrier, by motor vehicle, persons in paratransit service, from points in the Counties of Allegheny, Beaver, Butler, Fayette, Lawrence, Philadelphia and Washington, to points in Pennsylvania and return.

PA P.U.C.  
SECRETARY'S BUREAU  
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**Subject to the following conditions:**

**First: That no right, power or privilege is granted to provide service from points in the Boroughs of Allenport, Bentleyville, California, Charleroi, Coal Center, Dunlevy, Elco, Ellsworth, Longbranch, New Eagle, North Charleroi, Roscoe, Speers, Stockdale, the City of Monongahela, and the Townships of Carroll, Fallowfield, Somerset, Union and West Pike Run, all in Washington County.**

**Second: That service from points in Butler County is limited to service from the Townships of Jackson, Cranberry, Adams, Middlesex, Penn and Forward and the Boroughs of Zelienople, Evans City, Callery, Mars, Connoquenessing and Valencia, provided, however, that service may not be provided to or from the facilities of St. Barnabas Health System in the Borough of Valencia, Concordia of Cranberry in the Township of Adams, and UPMC Passavant Hospital in the Township of Cranberry.**

**Since all protests have been withdrawn to the application, the applicant has been directed to submit Verified Statements in support of the application.**

# 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.

A-2014-2439521

PUC Application Docket No.

Cranberry Taxi, Inc.

Legal Name of Applicant

Veterans Taxi and Cranberry-X

Trade Name, if any

8541 Peters Road

Street Address (principal place of business)

Cranberry Twp.

City or Municipality

PA

State

16066

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.

**The person filing this verified statement is Derek A. DeLucia, who is the President of the applicant.**

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

**The applicant is affiliated with Classy Cab Company, Inc. (A-00121579), Air Star Transportation & Limousine Service, Inc. (A-00123147) and Star Limousine Service, Inc. (A-00106305). The applicant and these companies are all owned by Star Transportation Group, Inc.**

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 should also be included.

**I have been involved in the passenger transportation business for 29 years. I am experienced in all phases of the passenger transportation business.**

2015 JUN 24 AM 11:12  
P.U.C.  
SECRETARY'S BUREAU

RECEIVED

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

**The applicant's offices are now located at 8541 Peters Road, Cranberry Twp., PA 16066. The applicant domiciles its vehicles at this facility, from which it also dispatches its vehicles. The facility at 8541 Peters Road, Cranberry Twp., PA, 16066 consists of approximately 10,000 square feet of space.**

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 your drivers.*

**The applicant maintains contact with its drivers through cell phone communications. The applicant's service is available 24 hours a day, seven days a week. The applicant receives customer requests for service by telephone at its offices at 8541 Peters Road, Cranberry Twp., PA, 16066.**

6. Please explain:

- a. **Your hiring standards for drivers; The minimum age for a driver being eligible for hire is 23 years of age. Commercial driving experience is preferred. A Motor Vehicle Report is secured and reviewed carefully for each prospective new hire.**
- b. **Your system to ensure prospective drivers will be subject to a criminal background check; No driver is hired until he has had a criminal background check.**
- c. **Your driver training program; All new drivers will be trained prior to the time they begin driving by going through a driver training program, which involves training in all aspects of operating one of our vehicles.**
- d. **Your system for ensuring that your drivers are properly licensed at all times; To insure that our drivers have valid licenses, we periodically check their drivers' licenses and order a Motor Vehicle Report for each driver at least once a year.**
- e. **Your system to ensure that all drivers will be subject to a criminal background check every two years; We review each driver's file periodically and order a criminal background check for each driver every two years.**
- f. **Your policies regarding alcohol and drug use by your drivers. Insofar as our "policy" for drug and alcohol use is concerned, we comply with the testing requirements of the DOT and PUC, including pre-employment testing, post-accident testing, random testing and reasonable suspicion testing. We distribute a drug and alcohol policy to all employees, which provides that no drivers shall be on duty and possess, be under the influence of, or use, a narcotic drug or any other substance which renders him/her incapable of safely driving and that no one shall drink any liquor, regardless of its alcoholic content, or be under the influence of liquor within four hours before going on duty or driving, nor be on duty or drive while in the possession of liquor.**

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. See Attached.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan; The applicant does preventative maintenance on its vehicles every 5,000 miles. It makes every effort to keep these vehicles in top operating condition. The applicant services its vehicles through an outside garage. The applicant maintains records at its facility to insure that maintenance is provided when required. The applicant also insures compliance with the annual inspection and registration requirements and makes sure that all vehicles are cleaned regularly and will do both a pre-trip and post-trip inspection on the vehicles used to provide the service sought by this application for each trip.
  - Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards; All vehicles are annually inspected pursuant to Pennsylvania law and, in addition, are regularly inspected by the applicant to ensure compliance with Chapter 175.
  - If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age; **Not applicable.**
  - If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards; **Not Applicable.**
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.

The applicant presently has insurance coverage in the amounts required by the Commission and will utilize the same insurance coverage to provide the service sought by this application. The applicant's insurance company has made the required insurance filings with the Commission.

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?

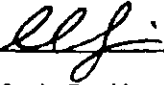
YES     NO

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. See Attached.

**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.**

## 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)

Derek A. DeLucia, President

\_\_\_\_\_  
(Name and Title, printed or typed)

5/29/15  
\_\_\_\_\_  
(Date)

/150824

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CRANBERRY TAXI, INC d/b/a Veteran's Taxi and d/ba Cranberry-X

Vehicle ID	Year	Make	Model	Seats		VIN	New
VT501	2010	CHEVY	IMPALA	5	.	2G1WASEK0A1237715	
VT503	2012	FORD	TRANSIT CONNECT	5	.	NMOKS9CN4CT082359	
VT504	2012	VPG	MV-1	5	.	523MF1B6XCM100833	
VT505	2012	VPG	MV-1	5	.	523MF1B62CM100857	
VT506	2012	VPG	MV-1	5	.	523MF1B64CM100861	
VT507	2012	VPG	MV-1	5	.	523MF1B68CM100846	
VT508	2012	VPG	MV-1	5	.	523MF1B66CM100859	
VT509	2012	FORD	TRANSIT CONNECT	5	.	NMOKS9CN3CT093997	
VT510	2012	FORD	TRANSIT CONNECT	5	.	NMOKS9CN5CT093998	
VT511	2012	FORD	TRANSIT CONNECT	5	.	NMOKS9CN7CT093999	
VT512	2012	FORD	TRANSIT CONNECT	5	.	NMOKS9CN9CT095270	
VT513	2012	FORD	TRANSIT CONNECT	5	.	NMOKS9CN2CT095272	
VT514	2012	VPG	MV-1	5	.	523MF1B68CM101219	
VT515	2012	VPG	MV-1	5	.	523MF1B6XCM101254	
VT516	2012	VPG	MV-1	5	.	523MF1B68CM101222	
VT517	2012	VPG	MV-1	5	.	523MF1B65CM101291	
VT518	2012	VPG	MV-1	5	.	523MF1B66CM100747	
VT519	2012	VPG	MV-1	5	.	523MF1B65CM101257	
VT521	2008	FORD	CROWN VIC	5	.	2FAFP74V78X168676	
VT522	2008	FORD	CROWN VIC	5	.	2FAFP74V28X168679	
VT523	2010	FORD	CROWN VIC	5	.	2FABP78V4AX105882	
VT524	2008	FORD	CROWN VIC	5	.	2FAFP74V68X168684	
VT525	2012	VPG	MV-1	5	.	523MF1B62CM101006	
VT526	2012	VPG	MV-1	5	.	523MF1B62CM101197	
VT527	2012	VPG	MV-1	5	.	523MF1B67CM101177	
VT528	2012	VPG	MV-1	5	.	523MF1B60CM101120	
VT529	2008	FORD	CROWN VIC	5	.	2FAHP71V68X151493	
VT530	2010	FORD	CROWN VIC	5	.	2FABP78V4AX105879	
VT531	2010	FORD	CROWN VIC	5	.	2FABP78V2AX105881	
VT532	2009	FORD	CROWN VIC	5	.	2FAHP71VX9X131104	
VT533	2009	FORD	CROWN VIC	5	.	2FAHP71V39X147516	
VT534	2012	VPG	MV-1	5	.	523MF1B62CM101040	

VT535	2012	VPG	MV-1	5	523MF1868CM100829
VT536	2012	VPG	MV-1	5	523MF1865CM101064
VT537	2012	VPG	MV-1	5	523MF1862CM101555
VT538	2010	FORD	CROWN VIC	5	2FABP7BV2AX101619
VT539	2009	FORD	CROWN VIC	5	2FAHP71V59X105056
VT540	2013	DODGE	CARAVAN	6	2C4RDGCG7DR527204
VT541	2013	DODGE	CARAVAN	6	2C4RDGCG0DR503164
VT542	2013	DODGE	CARAVAN	6	2C4RDGCG5DR502611
VT543	2010	FORD	CROWN VIC	5	2FABP7BV9AX145178
VT544	2009	FORD	CROWN VIC	5	2FAHP71VX9X140031
VT545	2010	FORD	CROWN VIC	5	2FABP7BV8AX118358
VT546	2010	FORD	CROWN VIC	5	2FABP7BVXAX118359
VT547	2009	FORD	CROWN VIC	5	2FAHP71V09X120452
VT548	2010	FORD	CROWN VIC	5	2FABP7BV9AX130955
VT549	2011	FORD	CROWN VIC	5	2FABP7BV9BX129175
VT550	2011	FORD	CROWN VIC	5	2FABP7BV0BX129145
VT551	2010	FORD	CROWN VIC	5	2FABP7BV1AX144137
VT552	2011	FORD	CROWN VIC	5	2FABP7BV1BX129185
VT553	2010	FORD	CROWN VIC	5	2FABP7BV94X129367
VT554	2011	FORD	CROWN VIC	5	2FABP7BV3BX172363
VT555	2011	FORD	CROWN VIC	5	2FABP7BV8BX129197
VT556	2011	FORD	CROWN VIC	5	2FABP7BV78X129143
VT557	2010	FORD	CROWN VIC	5	2FABP7BV2AX129369
VT558	2011	FORD	CROWN VIC	5	2FABP7BV8BX168937
VT559	2010	FORD	CROWN VIC	5	2FABP7BV8AX144118
VT560	2010	FORD	CROWN VIC	5	2FABP7BV5AX130953
VT561	2011	FORD	CROWN VIC	5	2FABP7BV0BX168933
VT562	2011	FORD	CROWN VIC	5	2FABP7BV78X129207
VT563	2011	FORD	CROWN VIC	5	2FABP7BV18X168892

**Cranberry Taxi Inc**  
**Balance Sheet**  
**March 31, 2015**

**ASSETS**

**CURRENT ASSETS**

Cash	\$	(11,355.20)
VT-Petty Cash		0.00
Accounts receivable		87,531.58
Prepaid expenses		249,184.18
Due from shareholder		31,495.11

**TOTAL CURRENT ASSETS** 356,855.67

**PROPERTY AND EQUIPMENT**

Office equipment	817.60
Garage equipment	12,823.74
Vehicles	1,481,528.80

Total Property and Equipment	1,495,170.14
Less Acc. Depreciation	(735,876.24)

**PROPERTY AND EQUIPMENT - NET** 759,293.90

**OTHER ASSETS**

Organization costs, net	0.00
Intangible assets, net	0.00
Security deposits	0.00
Internal Transfers	(14,503.20)

**TOTAL OTHER ASSETS** (14,503.20)

**TOTAL ASSETS** \$ 1,101,646.37

**LIABILITIES AND CAPITAL**

**CURRENT LIABILITIES**

Demand line of credit	\$	0.00
Accounts Payable		157,740.62
Accrued expenses		0.00
Short-term note payable		0.00
Security deposits		0.00

**TOTAL CURRENT LIABILITIES** 157,740.62

**LONG-TERM DEBT** 680,487.12

**OTHER LONG-TERM LIABILITIES** 71,572.96

**TOTAL LIABILITIES** 909,800.70

**STOCKHOLDER'S EQUITY**

Common Stock	500.00
Retained Earnings	116,788.65
Current year income (loss)	74,557.02

191,845.67

Distributions 0.00

Treasury stock 0.00

**TOTAL STOCKHOLDER'S EQUITY** 191,845.67

**TOTAL LIABILITIES AND EQUITY** \$ 1,101,646.37

**Cranberry Taxi Inc**  
**Income Statement**  
**For the Three Months Ending March 31, 2015**

	Year to Date	%
<b>SALES</b>		
Revenues	411,179.57	100.00
Fares Overage (Shortage)	0.00	0.00
Internal Revenues	0.00	0.00
	<hr/>	
<b>Total Revenues</b>	<b>411,179.57</b>	<b>100.00</b>
	<hr/>	
<b>COST OF SALES</b>		
Fuel	21.36	0.01
Labor	85,637.90	20.83
Depreciation	66,910.71	16.27
Other	75,054.45	18.25
	<hr/>	
<b>Total Cost of Sales</b>	<b>227,624.42</b>	<b>55.36</b>
	<hr/>	
<b>GROSS PROFIT</b>	<b>183,555.15</b>	<b>44.64</b>
	<hr/>	
<b>EXPENSES</b>		
Wages	26,396.43	6.42
Payroll tax	3,229.96	0.79
Employee benefits	0.00	0.00
Professional/Consulting Fees	24,661.96	6.00
Telephone	2,705.97	0.66
Depreciation & amortization	419.76	0.10
Rent	11,550.00	2.81
Other	29,121.41	7.08
	<hr/>	
	<b>98,085.49</b>	<b>23.85</b>
	<hr/>	
<b>OPERATING INCOME</b>	<b>85,469.66</b>	<b>20.79</b>
Interest expense	(10,912.64)	(2.65)
Other income (loss)	0.00	0.00
	<hr/>	
<b>NET INCOME</b>	<b>\$ 74,557.02</b>	<b>18.13</b>
	<hr/> <hr/>	

For Management Purposes Only

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Mary Gales  
Name of Supporter  
1533 Dormont Ave Pgh PA 15216  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

New Castle, PA Lawrence County  
to  
Dormont Ave, Pgh

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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**VERIFICATION OF STATEMENT**

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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.

Mary Gales  
(Signature)

6-3-15  
(Date)

Mary Gales  
(Name, printed or typed)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

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Tara Cocuzzi  
Name of Supporter

123 Catskill Ave Pittsburgh PA 15227  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Pittsburgh to Pittsburgh

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Every other week

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Tara Cocuzzi  
(Signature)  
Tara Cocuzzi  
(Name, printed or typed)

6/3/15  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

RICHARD J. CORCORAN  
Name of Supporter  
530 SANGREE ROAD Pittsburgh PA 15237  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.  
**Paratransit Service**
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

*Cranberry Twp PA & N Hills, Pittsburgh PA  
Both County*

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Few times a month.*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
No, I want to use this applicant or one of its affiliated companies.
- Have you supported similar applications in the past? If so, who was the applicant?  
No, except for the applicant's affiliated companies.

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*[Signature]*  
(Signature)  
RICHARD J. CORCORAN  
(Name, printed or typed)

June 3, 2015  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Mitchell Faust  
Name of Supporter

---

345 Camfield Street      Pittsburgh      PA      15210  
Street Address      City or Municipality      State      Zip Code

---

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of boroughs, or townships.

New Castle, PA & Pittsburgh

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Couple times each year.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

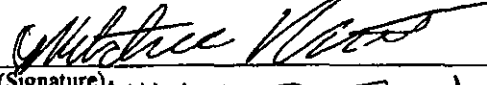
No, except for the applicant's affiliated companies.

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 (Signature) Mitchell F. Faust  
 (Name, printed or typed)

6-3-2015  
 (Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

*Michael Ryan*

Name of Supporter

*2054 Plainview Ave*

Street Address

*PGH.*

City or Municipality

*PA.*

State

*15226*

Zip Code

**Cranberry Taxi, Inc.**

Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

*PGH. to Butler and Back*

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

*Often As Needed.*

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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*Michael Ryan*

(Signature)

*Michael Ryan*

(Name, printed or typed)

/150579

*6-3-15*

(Date)

PA P.C.  
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MARIO BARANOVICH  
Name of Supporter

3130 AUMANDALEDN PRISTO PA 15142  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Washington, PA to Pristo, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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(Signature)

(Name, printed or typed)

/150579

(Date)

6/3/15

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Kent Bloom  
Name of Supporter

205 Brookside Ln. Seven Fields PA 16046  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.  
**Paratransit Service**
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

*Seven Fields PA to City of Butler and Pgh. PA.  
Butler Co.*

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*As Needed.*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
No, I want to use this applicant or one of its affiliated companies.
- Have you supported similar applications in the past? If so, who was the applicant?  
No, except for the applicant's affiliated companies.

**VERIFICATION OF STATEMENT**

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*Kent Bloom*  
(Signature)  
Kent Bloom  
(Name, printed or typed)  
/150579

6/4/15  
(Date)

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Rachel Mark  
Name of Supporter  
2100 River Rd. Ellwood City PA 16117  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Ellwood City, Lawrence County + Beaver County  
to Duffel.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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SECRETARY'S OFFICE

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Rachel Mark  
(Signature)

6/3/15  
(Date)

Rachel Mark  
(Name, printed or typed)

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THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Tammy Bable Name of Supporter

1521 Virginia Avenue Monaca PA 15061  
 Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
 Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of boroughs, or townships.

Monaca, Berks Co to Where Needed

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

When Needed.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Tammy Bable  
 (Signature)

Tammy Bable  
 (Name, printed or typed)

6-3-15  
(Date)

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THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Alex Pursifull Name of Supporter  
106 Arrombado Dr. Beaver Falls PA 15010  
Street Address City or Municipallty State Zip Code  
Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of boroughs, or townships.

Home to Cranberry Twp. PA  
(Route) (Borough)

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Few times when need it.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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**VERIFICATION OF STATEMENT**

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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.

Alexandra Pursifull  
(Signature)  
Alexandra Pursifull  
(Name, printed or typed)

6/3/15  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Keith A. VACUCA  
Name of Supporter

---

1621 NASH AVE. Pittsburgh PA 15235  
Street Address City or Municipality State Zip Code

---

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of boroughs, or townships.

*Peters Township to Pgh Wash Co.*

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

*As Needed.*

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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*Keith A. Vacuca*  
(Signature)

6-3-15  
(Date)

Keith A. VACUCA  
(Name, printed or typed)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

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Tim Davies  
Name of Supporter  
388 McCleury Road Hookstown PA 15050  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Beaver County to Pittsburgh.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Tim Davies  
(Signature)  
Tim Davies  
(Name, printed or typed)  
/150579

6/3/15  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

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Toni Cocuzzi  
Name of Supporter  
226 E. Garden Rd Pgh PA 15207  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.  
**Paratransit Service**
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

*Pgh to Pgh*

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*often*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
No, I want to use this applicant or one of its affiliated companies.
- Have you supported similar applications in the past? If so, who was the applicant?  
No, except for the applicant's affiliated companies.

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*Toni Cocuzzi*  
(Signature)  
Toni Cocuzzi  
(Name, printed or typed)

6/3/15  
(Date)

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Andrew Augustine  
Name of Supporter  
1005B Church St.  
Street Address  
Russellton  
City or Municipality  
PA  
State  
15076  
Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Estler, PA to Russellton, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Very Frequent.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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(Signature)

Andrew Augustine  
(Name, printed or typed)

/150579

6-3-15  
(Date)

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Brian Malloy  
Name of Supporter  
2609 Louisiana Ave Pgh Pa 15216  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Pgh, Pa to Pgh, Pa

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

When Needed

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Brian Malloy  
(Signature)  
Brian Malloy  
(Name, printed or typed)  
/150579

6/3/15  
(Date)

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JASON A. RAY

Name of Supporter

1701 WASHINGTON ST  
Street Address

Heidelberg  
City or Municipality

PA  
State

15106  
Zip Code

**Cranberry Taxi, Inc.**

Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Southpinte, PA to Heidelberg, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

MONTHLY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Jason A. Ray

(Signature)

6-3-15

(Date)

Jason A. Ray

(Name, printed or typed)

/150579

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David E O'Hara  
Name of Supporter

3141 Willett Rd Pgh PA 15227  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Washington, PA to PITTSBURGH, PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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David E O'Hara  
(Signature)

6-3-15  
(Date)

(Name, printed or typed)  
/150579

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David James Boyce  
Name of Supporter

500 California Avenue Floor 2 Pittsburgh PA 15202  
Street Address City or Municipality State Zip Code

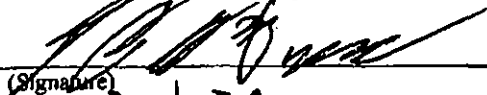
Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.  
**Paratransit Service**
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Fgh, PA to Fgh, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Couple times a year.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
No, I want to use this applicant or one of its affiliated companies.
- Have you supported similar applications in the past? If so, who was the applicant?  
No, except for the applicant's affiliated companies.

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(Signature)  
David J Boyce  
(Name, printed or typed)  
/150579

6-3-15  
(Date)

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BRAD CSUPAK  
Name of Supporter

8825 MAPLE ST      ALLISON PARK      PA      15101  
Street Address      City or Municipality      State      Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

UNIONTOWN, PA to P. Htsburg, PA.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

MONTHLY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Brad Csopak  
(Signature) BRAD CSUPAK  
(Name, printed or typed)  
/150579

6/3/15  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

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Michael A. Wheeler  
Name of Supporter

3619 Pinewood Dr.      W. Homestead      PA      15120  
Street Address                      City or Municipality                      State                      Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Fayette and Washington Counties to Homestead PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

As Needed

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Michael A. Wheeler  
(Signature)

Michael A. Wheeler  
(Name, printed or typed)

6-3-15  
(Date)

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Janell Malichky  
Name of Supporter

406 Plum Ct. Cranberry Twp Pa 16066  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

406 Plum Ct Cranberry Twp, Butler County  
TO Butler and Pittsburgh

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Janell Malichky  
(Signature)  
Janell Malichky  
(Name, printed or typed)

5.31.15  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jeff Eaton  
Name of Supporter

900 Venago ave Pgh PA 15209  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Pgh PA to Any place Needed

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

As often As Needed.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Jeff Eaton  
(Signature)  
Jeff Eaton  
(Name, printed or typed)

5-30-15  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

**Jeff Schmidt**

*Name of Supporter*

**1316 West Chester Pike J7**

*Street Address*

**West Chester**

*City or Municipality*

**PA**

*State*

**19382**

*Zip Code*

**Cranberry Taxi, Inc.**

*Name of Applicant*

- Describe the type of transportation service needed.

**Paratransit Service**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

**Pick up in Philadelphia County and destinations to anywhere needed.**

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

**When needed**

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

**No, I want to use this applicant or one of its affiliated companies.**

- Have you supported similar applications in the past? If so, who was the applicant?

**No, except for the applicant's affiliated companies.**

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*Jeffrey Schmidt*  
\_\_\_\_\_  
(Signature)

**Jeffrey Schmidt**

(Name, printed or typed)

/150579

*6/5/15*  
\_\_\_\_\_  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

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L'Keya M Ross  
Name of Supporter  
1334 North 31st St Phila City PA 19121  
Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

City of Philadelphia to Anywhere we  
Need to Go

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Any Time Needed

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

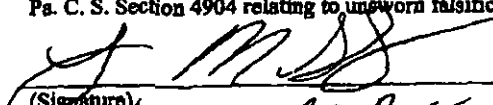
- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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(Signature)  
L'Keya M Ross  
(Name, printed or typed)  
/130579

6/5/15  
(Date)

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Ray Foerster

Name of Supporter

1057 Hares Hill Rd Phoenixville Pa. 19400

Street Address City or Municipality State Zip Code

Cranberry Taxi, Inc.

Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Pick up in various areas in Philadelphia County. Destination to anywhere needed.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

As needed basis.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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Neil K. Foster Jr.      6/5/2015  
(Signature)                      (Date)  
Reginald K. Foster, Jr.  
(Name, printed or typed)  
/150579

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SECRETARY'S BUREAU

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Andrew Tribendis  
Name of Supporter  
11 Opperman Dr Spring City PA 19475  
Street Address City or Municipality State Zip Code  
Cranberry Taxi, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

Paratransit Service

- What will be the usual origin and destination? Please give specific locations, such as names of streets, boroughs, or townships.

Philadelphia County to various locations outside of Philadelphia

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

As needed.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No, I want to use this applicant or one of its affiliated companies.

- Have you supported similar applications in the past? If so, who was the applicant?

No, except for the applicant's affiliated companies.

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PA. H.U.C. SECRETARIES BUREAU

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Andrew Tribendis  
(Signature)

6/8/15  
(Date)

Andrew Tribendis  
(Name, printed or typed)

CONCLUSION

For all of the reasons submitted in support of the application, Cranberry Taxi, Inc. t/a Veterans Taxi and Cranberry-X respectfully requests that the Commission grant this application in its entirety.

Respectfully submitted,

VUONO & GRAY, LLC

By: \_\_\_\_\_

William A. Gray, Esq.  
Attorney for Applicant

VUONO & GRAY, LLC  
310 Grant Street, Suite 2310  
Pittsburgh, PA 15219  
(412) 471-1800

Due Date: June 8, 2015

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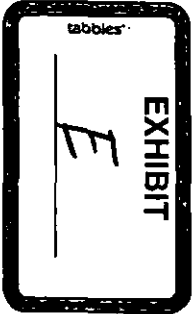
Law Offices

**VUONO & GRAY, LLC**

310 Grant Street, Suite 2310  
Pittsburgh, PA 15219-2383

**TO:**

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P. O. Box 3265  
Harrisburg, PA 17105-3265



Vuono + Gray, LLC  
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*John A. Vuono  
William A. Gray  
Mark T. Vuono\*  
Dennis J. Kusturiss  
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July 2, 2015

Re: Cranberry Taxi, Inc., d/b/a/ Veterans Taxi and Cranberry-X  
Docket No. A-2014-2439521  
Docket No. A-00119935  
Our File 4978-7-1

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

Dear Secretary Chiavetta:

We received today from the United States Postal Service the enclosures to my letter to you dated June 8, 2015, including specifically the original and two copies of the application and the acknowledgment copy of the letter of transmittal. Apparently, these documents became somehow separated from the documents which you received, which apparently included the envelope and the original letter of transmittal. We subsequently by letter dated June 22, 2015 filed a copy of these verified statements, which we made from our file copy. We now hereby enclose for filing the original and one additional copy of Applicant's Verified Statements.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

mm/153235

Enclosures

cc: Mr. David Thompson (PUC)  
Cranberry Taxi, Inc., d/b/a Veteran's Taxi and Cranberry-X





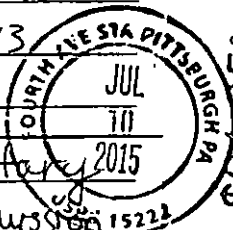
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To: Rosemary Chavetta Secretary  
Pennsylvania Public Utility Commission  
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**TO:**

Ms. Rosemary Chiavetta

Secretary

Pennsylvania Public Utility Commission

P. O. Box 3265

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