

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-2015-2473517

PUC Application Docket No.

Laye Kourouma

Legal Name of Applicant

KOUROUMA TRANSPORT

Trade Name, if any

203 W Baltimore Ave, 2nd Floor, Lansdowne, PA 19050

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.

Laye Kourouma - OWNER

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

Laye Kourouma, OWNER of KOUROUMA TRANSPORT

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.

2001 Paratransit Driver for Triage in Philadelphia, PA.

2007-2010 Paratransit driver for Community Transit and Septa CCT Connect in Delaware County and Philadelphia, PA

Experiences: Taxi, Paratransit, Trucking, Courier service, Delivery, Management, Defensive driving training.

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.

203 W Baltimore Ave, Lansdowne, PA is our start-up office, equipped with computers, printers, fax and scanners used for business. Vehicles can be stored in the store front, rear or side.

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.

- We will receive customer requests through: our website, by email, by phone, SMS, Fax, Brokers, County, Bid sites, Apps ...
- We will dispatch the vehicles by using a Dispatch Software and mobile apps, mobile phones and or 2 ways radios.

6. Please explain:

a. Your hiring standards for drivers; Drivers must be 21 or older, Our drivers must complete the prescreening test, Map tests, Road tests.

- b. Your system to ensure prospective drivers will be subject to a criminal background check; - www.dmv.org/criminal-records.php

- Sheriff's department, Court Clerk's office.
- Department of Public Safety, Police Department, Bureau of Investigation.

- c. Your driver training program;

Our drivers will be certified on the program called "Coaching Van Driver"

d. Your system for ensuring that your drivers are properly licensed at all times;
Is to periodically check the DMV report,

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

DMV Report

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

We have zero tolerance on alcohol and drug use by our drivers. Drivers will be terminated.

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.

*We want to begin with 2 vehicles:
1 Sedan and 1 wheelchair vehicle and add as we need it.
This will be reasonable and efficient for this geographical territory.*

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

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

a. Your periodic vehicle maintenance plan; *Our fleet department will keep track on all the periodic vehicle maintenance and conduct maintenance to our approved service stations or shops.*

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

Our fleet department will continuously keep track on Pennsylvania's inspection standards and the Commission's equipment standards.

- 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

- 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.

*Aisah Johnson of A-I-S Insurance
866-792-4769 x-301 / 610-990-2559
2 vehicles liability \$3000 for the year
Full coverage \$4500*

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

**If 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. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

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.

PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.

Statement of Financial Position (Balance Sheet)

As of (date) 8/06/2015

ASSETS

Current Assets

Cash

3,000

Other Current Assets (specify)

7,400 Credit Cards

Other Assets

Motor Vehicle Equipment

6,500

Building and Structures

Office Equipment

1,500

Investments and Funds (specify)

TOTAL ASSETS

18,400

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

4,500

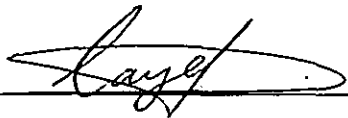
NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

13,900

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)

8/06/2015

(Date)

LAYE KOUROUMA (owner)

(Name and Title, printed or typed)

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SUPPORTING STATEMENT FOR 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.

Benee Donaldson.
Name of Supporter

600 Spring Garden Street Apt. 606
Street Address City or Municipality State Zip Code

Phila PA 19130

Laye Kourouma
Name of Applicant

- Describe the type of transportation service needed.

Cab service and transportation for the elderly and disabled.

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

TO and FROM DISAPPL'S. Shopping for household necessities. back to places of worship, etc

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

Daily

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

N/A.

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

no

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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Benee Donaldson
(Signature of Supporter)

7-21-15
(Date)

Benee Donaldson
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

Aisah Johnson

~~12A~~ 5160 ~~Florence~~ ^{Name of Supporter} White Kier Ave Phila PA 19124
Street Address City or Municipality State Zip Code

Laye Kourouma
Name of Applicant

- Describe the type of transportation service needed.

Daily transportation for children and myself

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

Philadelphia and surrounding

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

Weekly or Daily

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

Yes, He is kind and accomodating

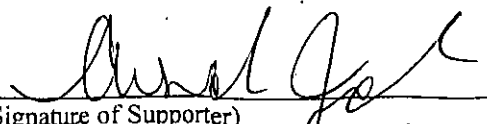
- Have you supported similar applications in the past? If so, who was the applicant?

No

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(Signature of Supporter)

7/21/15
(Date)

Aisah Johnson
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

Gyardo Willis
Name of Supporter
6339 Wheeler St Phila Pa 19141
Street Address City or Municipality State Zip Code
Laye Kourouma
Name of Applicant

- Describe the type of transportation service needed.

medical Transport

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

Philadelphia Va. Hospital

- 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?

yes

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

no

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Gyardo Willis
(Signature of Supporter)

7-21-15
(Date)

Gyardo Willis
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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Elsie Andersm
Name of Supporter

6142 Osage Ave Phila Pa 19143
Street Address City or Municipality State Zip Code

Laye Kourouma
Name of Applicant

- Describe the type of transportation service needed.
Assistance with getting to appointments
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Philadelphia
- 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?
Not sure
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Elsie Andersm
(Signature of Supporter)

7/23/15
(Date)

ELSIE Andersm
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

~~Jaye Hourouma~~ → Malik Sylla
Name of Supporter

5734 Chestnut Street Philadelphia PA 19139
Street Address City or Municipality State Zip Code

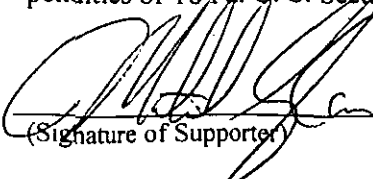
~~Malik Sylla~~ Jaye Hourouma
Name of Applicant

- Describe the type of transportation service needed.
Cab Service and transportation (for elderly & disable people).
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
City of Philadelphia (and outskirting counties).
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Weekly & Monthly.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
No.
- Have you supported similar applications in the past? If so, who was the applicant?
No.

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(Signature of Supporter)

Malik Sylla
(Supporter's Name, printed or typed)

07/22/2015
(Date)

SUPPORTING STATEMENT FOR 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.

Kadeejah Carter
Name of Supporter

133 S. Macdade Blvd. Collingdale PA 19023
Street Address City or Municipality State Zip Code

Laye Kouroma
Name of Applicant

- Describe the type of transportation service needed.

Transport.

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

Collingdale, Darby.

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

Daily.

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

None.

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

No.

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Kadeejah Carter
(Signature of Supporter)

July 21, 2015
(Date)

Kadeejah Carter
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

Karen C Dunbar
Name of Supporter
911 DeWitt DR Folcroft Pa 19032
Street Address City or Municipality State Zip Code
Lameye Kourouma
Name of Applicant

- Describe the type of transportation service needed.

Pick up & drop off

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

Christon Heights, Springfield, Bala Cynwyd, Upper Darby

- 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?

~~None~~ (not sure). I've used his services previously & he is very polite & punctual

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

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[Signature]
(Signature of Supporter)

7/29/2015
(Date)

Karen C Dunbar
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

Denise Hardy
Name of Supporter

1541 Roosevelt Drive Sharon Hill PA 19079
Street Address City or Municipality State Zip Code

Daye Kourouma
Name of Applicant

- Describe the type of transportation service needed.
Cab service, transportation for elderly and disabled
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From home to DC's APPTS, shopping for groceries
Back and forth to church, etc
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Daily
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NA
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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Denise Hardy
(Signature of Supporter)

07-21-15
(Date)

Denise Hardy
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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Kim J. Sylla
Name of Supporter
417 Chestnut St. Darby PA 19023
Street Address City or Municipality State Zip Code
Laye Kourouma
Name of Applicant

- Describe the type of transportation service needed.

Cab Service

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

From Delaware City to Phila. City to various doctors apps.

- 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?

Yes, too many clients and not enough help.

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

NO

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Kim J. Sylla
(Signature of Supporter)

7-22-2015
(Date)

Kim N. Sylla
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

Felicia Wessels
Name of Supporter

1547 Hickmestrate Dr. Sharon Hill PA 19079
Street Address City or Municipality State Zip Code

Loye Kourouma
Name of Applicant

- Describe the type of transportation service needed.
Cab service, transportation for elderly and disabled.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From home to DL3 APPTS. Shopping for groceries, BACK and forth to church, etc.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Daily
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
N/A
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Felicia Wessels
(Signature of Supporter)

7-27-15
(Date)

Felicia Wessels
(Supporter's Name, printed or typed)

610-425-2588

SUPPORTING STATEMENT FOR 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.

JO ANTOINETTE KINNIBREW
Name of Supporter

818 FELTON AVENUE SHARON HILL PA 19079
Street Address City or Municipality State Zip Code

Laye Kourouma
Name of Applicant

- Describe the type of transportation service needed.
CAB SERVICE, TRANSPORTATION FOR ELDERLY/DISABLED
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
FROM HOME TO DR'S APPTS, SHOPPING FOR GROCERIES, BACK AND FORWARD TO CHURCH, ETC.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
DAILY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
N/A
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Jo Antoinette Kinnibrew
(Signature of Supporter)

7/21/2015
(Date)

JO ANTOINETTE KINNIBREW
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR 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.

Donna R Williams
Name of Supporter

917 Delview Dr Folcroft Pa, 19032
Street Address City or Municipality State Zip Code

Haye Kourouma
Name of Applicant

- Describe the type of transportation service needed.

TRANSPORTATION

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

Delaware County to other places

- 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?

yes

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

yes / too busy

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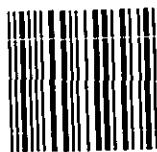
Donna R Williams
(Signature of Supporter)

7/22/16
(Date)

Donna R Williams
(Supporter's Name, printed or typed)

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1006

17105

U.S. POSTAGE
PAID
NORRISTOWN, PA
19401
AUG 07, 15
AMOUNT

\$5.75
00013029-06

PRIORITY®
★ MAIL ★

FROM: Laya Kouroumatla Kourouma Traoré
203 W Baltimore AVE
Lansdowne, PA 19050

DATE OF DELIVERY SPECIFIED*

USPS TRACKING™ INCLUDED*

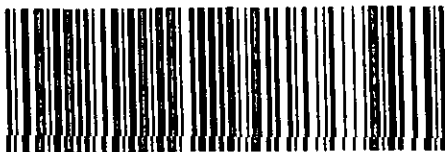
INSURANCE INCLUDED*



TO:

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
P.O. Box 3265, Harrisburg, PA 17105-3265

USPS TRACKING #



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1584 400 Jan 2013
7895-18-000-7948

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LA