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HENRY M. WICK, JR.
(1921 - 2007)
CARL F. MEYER
(1929 - 2009)

October 29, 2015

Re: Florence M. Gunn d/b/a Go Flo Limo -
Limousine Application
Our File 6929

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

Dear Secretary Chiavetta:

We are enclosing for filing with the Commission on behalf of our client, Florence M. Gunn d/b/a Go Flo Limo, the signed original of Application for Motor Common Carrier of Persons in Limousine Service. The Application requests authority to provide limousine service from points in Allegheny County, to points in Pennsylvania, and return.

We are also enclosing our Firm's Check No. 16836 in the amount of \$350.00 payable to the Commonwealth of Pennsylvania for the Application filing fee. If any additional information is needed to process the Application, please advise me.

Please acknowledge receipt and filing of the Application by date-stamping the enclosed duplicate copy of this letter of transmittal and return it to the undersigned in the enclosed, self-addressed, stamped envelope. Thank you for your cooperation and assistance.

Very truly yours,

WICK, STREIFF, MEYER,
O'BOYLE & SZELIGO, P.C.



David M. O'Boyle

DOB/rms
Enclosures

cc: Ms. Florence M. Gunn (w/encls.)

RECEIVED
2015 NOV -2 AM 10:59
PA P.U.C.
SECRETARY'S BUREAU

RECEIVED

2015 NOV -2 AM 10: 59

**Application for Motor Common Carrier of Persons in
Limousine Service**

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Florence M. Gunn

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Go Flo Limo

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** **NO**
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4196761
(see checklist and indicate type of business entity registered)

(Applicant is a Sole Proprietor doing business under a fictitious name.)

5. **Physical Address** (do not use PO Box)

3 Mason Rd.

Street Address

Pittsburgh, PA 15235

City, State and Zip Code

(412) 853-6954

Telephone Number

Allegheny

County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

David M. O'Boyle (412) 765-1600

Attorney's Name & Telephone Number for this Filing

1450 Two Chatham Center, 112 Washington Place, Pittsburgh, PA 15219

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Does applicant hold interstate operating authority?**

X No Yes, at No.

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport, as a common carrier, persons in limousine service from points in the County of Allegheny, to points in Pennsylvania, and return.

Examples:

- To transport people in limousine service between points in the counties of Erie and Crawford.
- To transport people in limousine service from points in Washington County to points in PA, and return.

10. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

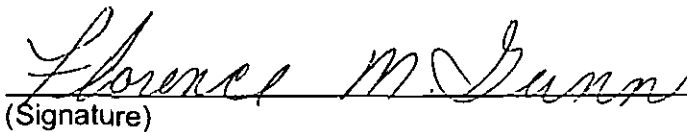
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Limousine Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

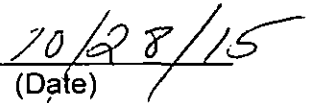
Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Florence M. Gunn
(Print Name)


(Signature)


(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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1450 TWO CHATHAM CENTER
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PITTSBURGH
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US POSTAGE

FIRST CLASS MAIL

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