

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.

RECEIVED

A-2015-2501696

DEC 16 2015

PUC Application Docket No.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Terry M. Grant

Legal Name of Applicant

Lee-lee Non-emergency medical transportation LLC

Trade Name/If any

1503 W. Tioga Street

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19140

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.

Terry M. Grant / Vice-President

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

N/A

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

I have worked as a para-transit driver for 5 years in the past, I have more than 25 years of management/supervisory experience.

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.

The physical location is at 1503 W. Tioga Street, Philadelphia, PA 19140, a three story townhouse with offices located in the basement area.

(1) Apple Computer

(1) HP Laser Jet P1006 Copier

(1) HP Laser Jet Business Workstation w/Fax

The vehicles will be stored on the street adjacent to 1503 W. Tioga.

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 via Logisticare and/or direct calls or customer e-mail.

Dispatch will fulfill requests by assigning the job to a driver on the specific date and further communicate with the driver via 2 way radio and cell phone.

6. Please explain:

- a. Your hiring standards for drivers;

All drivers must be 18 years or older

All drivers must have a current and clean driver license and record

All drivers must pass all background and abuse clearances

All drivers must comply and pass a third party drug screening

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

Each driver's personal information will be processed by a third party entity such as Intelius or Instant Checkmate.com

Each driver must pass a Child Abuse Clearance.

- c. Your driver training program;

At the time of hire, each driver must attend and sign off on an initial driver training seminar and be subject to quarterly driving history reviews; both facilitated by Mrs. Beverly Williams.

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

Each driver will provide the Company a copy of their driving license for a DMV background check and all licenses and expirations will be monitored by the Company Secretary

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

years;

All drivers will be monitored for any habitual attendance issues followed by a mandatory background check every two years. This responsibility will fall on the secretary and any change in status will be reviewed.

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

The Company will schedule an initial drug and alcohol screening at the time of hire with random test given by management at any time throughout the calendar year. Any driver who refuses or fails a test shall be reasons for immediate termination.

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

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2006	Kia	Sedona	5	KNDUP132356695465
2005	Chrysler	Town+Country	9	1C4GP45R65B945256

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

a. Your periodic vehicle maintenance plan;

The Company shall enlist the services of a competent auto mechanic and/or a well known auto maintenance establishment to provide daily and monthly checks on all Company vehicles. Drivers must perform a quick maintenance and equipment check each morning or each use of vehicles.

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

All vehicle inspection and maintenance records will be reviewed monthly through our monthly safety and standards inspections. Any vehicle found to be unsafe or not properly licensed will be pulled from use until corrected.

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.

Jon Bonnett & Co. 610 771-0900

Liability 2,500 per year

Vehicle 6-7,000 per vehicle

Workmans Comp 1,464.00

\$ 20,356.00

5,000.00 Down

1,706.00 per month

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 X

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

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

Statement of Financial Position (Balance Sheet)

As of (date) 12-12-2015

ASSETS

Current Assets

Cash	<u>2,000.00</u>
Other Current Assets (specify)	<u>Ø</u>

Other Assets

Motor Vehicle Equipment	<u>16,000.00</u>
Building and Structures	<u> </u>
Office Equipment	<u>3,950.00</u>
Investments and Funds (specify)	<u>Ø</u>

<u>TOTAL ASSETS</u>	<u>21,950.00</u>
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LIABILITIES

Current Liabilities (Due within one year of date)	<u>Ø</u>
Long Term Liabilities (Due after one year of date)	<u>4,500.00</u>

<u>TOTAL LIABILITIES</u>	<u>4,500.00</u>
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<u>NET WORTH / OWNER'S EQUITY</u> (Subtract total liabilities from total assets)	<u>17,450.00</u>
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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.

Terry M. Grant
(Signature)

12-14-2015
(Date)

Terry M. Grant Vice-President
(Name and Title, printed or typed)

RECEIVED

DEC 16 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



1007

U.S. POSTAGE
PAID
PHILADELPHIA, PA
19138
DEC 18, 15
AMOUNT
\$16.95
00142481-14



EK938394760US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

Terry M. Grant
1-622-466 Non-Emergency TRANS
1503 W. Tioja St
Phila PA 19140

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED (Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.)

Delivery Options

- No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
Refer to USPS.com or local Post Office* for availability.

TO: (PLEASE PRINT)

PHONE ()

Commonwealth of P.A.
Penn. Public Utility Commission
P.O. Box 320
Harrisburg PA 17105-0320

ZIP+4 (U.S. ADDRESSES ONLY)

17105

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
• \$100.00 Insurance included.



PRIORITY
* MAIL *
EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PD ZIP Code 19138	Scheduled Delivery Date (MM/DD/YY) 12/17	Postage \$ 16.95	
Date Accepted (MM/DD/YY) 12/16/15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> NOON	Insurance Fee \$	COD Fee \$
Time Accepted 9:26 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee
Weight 3 lbs.	<input type="checkbox"/> Flat Rate Sunday/Holiday Premium Fee \$	Total Postage & Insurance \$ 16	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) 1	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY) 1	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996



CMPC

To: PUC

Agency PUC

Floor:

External Carrier: EXPRESS

TO MAKE ALL COPIES LEGIBLE.