



Secretary, PA Public Utility Commission
400 North Street, 2d Floor
Harrisburg, PA 17120

January 5, 2016

Re: Kalahari Resorts, LLC
Application for Motor Common Carrier of Persons in Airport Transfer Service
Application for Motor Common Carrier of Persons Group and Party Service in Vehicles
Seating 11 to 15, Including the Driver

To the Secretary,

Enclosed are applications for the following certificates:

1. Application for Motor Common Carrier of Persons in Airport Transfer Service, and
2. Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver.

With each application a money order payable to the Commonwealth of Pennsylvania in the amount of \$350.00 is also enclosed. Kindly process these applications. Please use the undersigned as your point of contact with Kalahari Resorts, LLC if you have questions or need additional information.

Regards,

Terry A. Wex
General Counsel – Kalahari Resorts
PO Box 590
Wisconsin Dells, WI 53965

608-254-3298 - direct
608-253-2453 - fax
twex@kalahariresorts.com

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Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

Kalahari Resorts LLC

- 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)

N/A

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 4218182

(see checklist and indicate type of business entity registered)

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

250 Kalahari Blvd.

Street Address

Pocono Manor, PA 18349

City, State and Zip Code

570-580-6000

Telephone Number

Monroe

County

The address entered 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)

PO Box B

Street Address

Pocono Manor, PA 18349

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)

N/A

Attorney's Name & Telephone Number for this Filing

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?**

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 people in group and party service in vehicles seating 11 to 15 people, including the driver, from points in Monroe County to points in PA, and return.

Examples:

- *To transport people in group and party service in vehicles seating 11 to 15 people, including the driver, between points in the counties of Erie and Crawford.*
- *To transport people in group and party service in vehicles seating 11 to 15 people, including the driver, 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 Group and Party Service in Vehicles Seating 11 to 15 persons, including the Driver; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

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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.

Todd R. Nelson, Member - Kalahari Resorts, LLC

(Print Name)

(Signature) 

January 5, 2016
(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).



CERTIFICATION

The following persons are all of the members of KALAHARI RESORTS, LLC:

Todd R. Nelson
PO Box 590
1305 Kalahari Drive
Wisconsin Dells, WI 53965

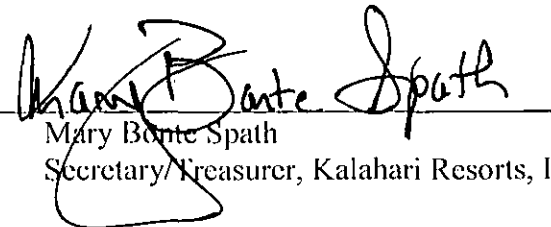
Shari L. Nelson
PO Box 590
1305 Kalahari Drive
Wisconsin Dells, WI 53965

The following persons are all of the officers of KALAHARI RESORTS, LLC:

Todd R. Nelson – President

Mary Bonte Spath – Secretary/Treasurer
PO Box 590
1305 Kalahari Drive
Wisconsin Dells, WI 53965

Dated this 5th day of January, 2016.



Mary Bonte Spath
Secretary/Treasurer, Kalahari Resorts, LLC

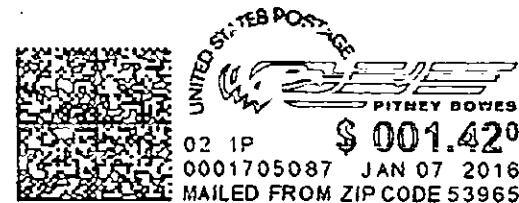
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TERRY WEX - Corp. Ofc.



1305 Kalahari Drive
P.O. Box 590
Wisconsin Dells, WI 53965



Secretary, PA Public Utility Commission
400 NORTH STREET, 2nd FLOOR
HARRISBURG, PA 17120