

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-2015-2475776

PUC Application Docket No.

Amigo Cab, LLC

Legal Name of Applicant

Trade Name, if any

620 S. 13th Street

Street Address (principal place of business)

Harrisburg

City or Municipality

PA

State

17104

Zip Code

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.

Maher S. Ahmed, President

2304 Walnut Street Harrisburg, PA 17103

717-773-5452

As President of Amigo Cab, LLC, Mr. Ahmed is authorized to speak for the business.

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

Applicant is owned by Saber Elnaggar. Owner also owns United Cab, LLC PA PUC No. A-6412947

Applicant is managed by Maher S. Ahmed. Mr. Ahmed owns Keystone Cab Service, Inc. PA PUC No. A-00118552 and EZ Taxi, LLC PA PUC No. A-00119741 and Express Taxi, LLC PA PUC No. A-6317546. Additionally he manages the day to day operations of the following certificated carriers: United Cab, LLC PA PUC No. A-6412947 Go Cab, LLC PA PUC No. A-00120846 Amigo Taxi, LLC PA PUC No. A-00122492 Diamond Taxi, LLC PA PUC No. A-00639925 Dollar Taxi, LLC PA PUC No. A-00639925

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

Applicant's president, Maher S. Ahmed, presently owns and operates Keystone Cab Service, Inc. Express Taxi, LLC, and EZ Taxi, LLC. Further he presently manages United Cab, Good Cab, Diamond Taxi, Dollar Taxi, and Amigo Taxi. He has operated a call or demand service in Harrisburg, PA since 2002 and in Berks and Lancaster County since 2016. Mr. Ahmed has substantial experience in all aspects of managing a taxi cab company in Central Pennsylvania. In addition to his management of the above referenced entities, Mr. Ahmed is also the President of the Greater PA Taxi Cab Association. In his position with the Association, Mr. Ahmed was asked to testify before the commission at the public meeting focused on issues surrounding transportation in the fall of 2014. A copy of Mr. Ahmed's resume is attached hereto and incorporated herein as Exhibit A.

Owner, Saber Elnaggar, presently owns and operates United Cab, LLC. He has operated United Cab, LLC in Harrisburg, PA since January 1, 2013. Prior to his ownership of United, Mr. Elnaggar worked with Maher Saber of Keystone Cab and EZ Taxi, LLC to learn the taxi cab business.. As a result of his ownership of United Cab, and training with Mr. Saber, Mr. Elnaggar has substantial experience in all aspects of managing a taxi cab company in Central Pennsylvania.

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

Amigo Cab will operate in both Berks and Lancaster County. In Berks County Amigo Cab will utilize 520 Willow Street as its physical address. This location will have a small office area which will include a desk, a computer, and a fax machine/printer. Also in the office will be a file cabinet to keep any necessary business documents. 520 Willow Street provides parking for approximately 20 vehicles in the private lot in front of the facility. Additionally 520 Willow Street has a drive in bay door to a portion of the facility that will be used to maintain the vehicles.

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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.

Customer requests for service will be received via telephone at 2 different phone numbers. Incoming calls for Berks County customers will come to (610) 374-5000. Incoming calls for Lancaster County customers will come to (717) 394- 1111. Customers from either county can call either phone line as Amigo Cab will have drivers in both counties. The local extensions are provided as a convenience.

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Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

6. Please explain:

- a. Your hiring standards for drivers:

Amigo Cab LLC intends to contract with drivers, with each driver paying Amigo Cab LLC a set fee per week (anticipated at \$350-\$500/week, with up to two drivers contracting each available car per week). Drivers will be considered independent contractors, with each driver entering an Independent Contractor Agreement with Amigo Cab LLC. Drivers will be solicited through referrals and networking as well as through ads placed with community carrier and Craigslist. Because our drivers will be the first and last impression of Amigo Cab LLC to our clientele, all necessary steps will be employed to ensure customers are treated in a kind, safe and friendly manner. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

Criminal Background check – to ensure the safety of our patrons, Amigo Cab LLC will review the criminal history of all drivers seeking to contract with the company. Potential drivers will be required to disclose all criminal convictions, regardless of the classification, when applying to drive for Amigo Cab LLC. All potential drivers must also submit to a criminal background check to ensure the driver disclosed all criminal offenses truthfully. This mechanism will both disclose the history of the driver and ensure drivers are honest with Amigo Cab LLC from the start of the relationship. Any prior criminal offenses will be subject to the discretion of Amigo Cab LLC, as permitted under Pennsylvania law, with how the company moves forward with such driver. After contracting with Amigo Cab LLC, drivers will be required to report any criminal offenses or charges, regardless of classification (i.e. misdemeanor, felony, etc...) to Amigo Cab LLC, with subsequent offense or charges subject to termination at the discretion of Amigo Cab LLC depending on the severity of the offense or charge. Amigo Cab LLC will also annually conduct new criminal background checks on its drivers. Drivers will be required to provide to Amigo a copy of their criminal background check from the PA State police annually. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

c. Your driver training program;

All drivers that contract with Amigo Cab LLC will undergo initial training directly from Mr. Ahmed based on the knowledge he gained from 12 years in the industry. Such training will include how to politely interact with customers, assisting them with entrance/exiting the vehicle, answering questions of the area, and generally interacting in a positive manner. Such training will also include how to keep the vehicle in clean and orderly shape. The training will stress that following such tenants will only help to increase each driver's revenue, and thereby strengthen the reputation and business of Amigo Cab LLC. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

All drivers must have an active/valid Pennsylvania license and relatively clean driving record history, with any violations subject to the discretion of Amigo Cab LLC. Amigo Cab LLC will conduct initial driving record checks on all potential drivers prior to contracting with the drivers. Thereafter, drivers will be required to report any traffic-related violation to Amigo Cab LLC, with subsequent traffic violations subject to termination at the discretion of Amigo Cab LLC depending on the severity of the violation. Amigo Cab LLC will also semi-annually update and review its drivers' driving records to ensure all traffic related violations are truthfully disclosed. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

See 6b above. Drivers will be required to provide to Amigo a copy of their criminal background check from the PA State police annually. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

All drivers must be drug free under Amigo Cab LLC's zero tolerance policy on drugs and alcohol, with potential drivers having to submit to random drug testing, with any unexplained detection of drug use disqualifying the driver from future association with Amigo Cab LLC. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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 may not be used if the vehicle's age is greater than ten model years or reaches 350,000 on the vehicles odometer, whichever comes first.

Amigo Cab LLC intends to commence operation of its service with two vehicles. The vehicles will be purchased immediately upon the Commission's approval of this application. Due to the increasing need of cab services in the Berks and Lancaster County area, Amigo Cab LLC does not believe such a fleet will be able to adequately serve the area, even including the other main operating cab companies servicing the area. As such, the intent of Amigo Cab LLC is to operate with its current fleet until it is able to obtain additional vehicles and drivers to better service the demand in the proposed service area.

All vehicles in Amigo Cab LLC's fleet will be within ten (10) model years or newer of the then current date. Once a vehicle is outside of the then current ten (10) model years, the vehicle will be discarded in exchange for a new vehicle on a rotating basis. All vehicles will be fully insured to comply with all Pennsylvania standards, including, without limitations, the standards of the Pennsylvania Utilities Commission ("PUC).

Beyond the above, each vehicle will be visually inspected on a daily basis, with each driver completing a sanitation and safety checklist prior to using the vehicle for that day and/or shift. All driver shift changes will be required to be conducted at Amigo Cab LLC's office to ensure all protocols and procedures are being followed, and to permit for any mechanical issues to be immediately addressed by the in-house mechanics. Prior to each shift change or daily use, the inside of each vehicle will be cleaned for sanitary transportation conditions for passengers.

Additionally, all vehicles will be routinely serviced, strictly pursuant to each individual vehicle's maintenance recommendations, as well as being inspected twice a year by a third party fleet inspection garage. All recommended maintenance and repairs will be made.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

a. Your periodic vehicle maintenance plan;

Each vehicle will be visually inspected on a daily basis, with each driver completing a sanitation and safety checklist prior to using the vehicle for that day and/or shift. All driver shift changes will be required to be conducted at Amigo Cab LLC's office to ensure all protocols and procedures are being followed, and to permit for any mechanical issues to be immediately addressed by the in-house mechanics. Prior to each shift change or daily use, the inside of each vehicle will be cleaned for sanitary transportation conditions for passengers.

Additionally, all vehicles will be routinely serviced, strictly pursuant to each individual vehicle's maintenance recommendations, as well as being inspected twice a year by a third party fleet inspection garage. All recommended maintenance and repairs will be made.

All vehicles will undergo annual PA State Safety and Emissions inspections. Also all vehicles will have their suspensions checked monthly and their driving fluids checked daily.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

See answer to 7a. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

All vehicles in Amigo Cab LLC's fleet will be within ten (10) model years or newer of the then current date. Once a vehicle is outside of the then current ten (10) model years, the vehicle will be discarded in exchange for a new vehicle on a rotating basis. All vehicles will be fully insured to comply with all Pennsylvania standards, including, without limitations, the standards of the Pennsylvania Utilities Commission ("PUC). Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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.

**Jeffrey M. Schmidt
Senior Vice President
Research Underwriters
Phone: 800-727-3732 ext. 301
Cell: 215-498-7010
Fax: 215-297-6798**

Please see insurance quote from Research Underwriters attached hereto as Exhibit C.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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.

Please see Amigo Cab balance sheet attached hereto as Exhibit D.

Please see Amigo Cab pro forma attached hereto as Exhibit E.

Please see Saber Elnaggar net worth statement attached hereto as Exhibit F.

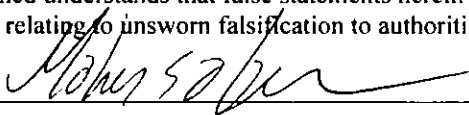
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Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers.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

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)

6/7/2016
(Date)

Mahe S. Ahmed
(Name and Title, printed or typed)

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EXHIBIT A

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SUMMARY

Over 17 years experience in Business Management, and transportation sector with excellent communication, technical, and project management skills.

EXPERIENCE

07/02-Present

The Keystone Group

Owner/General Manager

Owner/Primary Responsible party for several 24 hour full service taxi services

- Founded Taxi Service in Harrisburg Region
- Created Joint Dispatch center utilized by no less than 7 full service taxi services
- Created Joint Garage center utilized by no less than 7 full service taxi services
- Developed startup taxi service from a one car operation to more than 60 vehicles
- Continually managed no less than seven 24 hour taxi services

08/01-04/02

Services Sector

Siebel Project Manager

Implementation of Siebel Help Desk

- Develop a business case to show the need of CRM system
- Prepare Project Management Plan (work breakdown structure).
- Prepare Risk Mitigation Plan
- Identify/Adapt tools, standards and guidelines.
- Obtain sign off and acceptance from the client for different miles stones.
- Project Status Report, Knowledge sharing, and Project documentation.
- Establish Project Communication Management Plan.
- Objective setting and work allocation.

03/01-7/02

Biotech Industry

Technical lead and EIM Specialist

Implementation of Siebel sales/CRM 6.2.1

- Participate in the creation of siebel templates, design architecture.
- Migration of data from the legacy system into Siebel using EIM.
- Business Requirement Gathering.
- Build Transact sql procedures to move the legacy data into siebel.
- Perform DBA/Siebel Admin tasks such as back up and recovery, and set up of internal organization.
- Participate in the creation of an automated process to load data into siebel.
- Mentor Junior Developers.

Environment: SQL Server, DTS, & Siebel escript, window NT

08/00-3/01

Communications Sector

Technical Project Leader (Accenture)

Implementation of Siebel 2000 Telecommunication, integration with Arbor/BP Billing System and 15 other interfaces. As a part of the project Management team performed the followings:

- Prepare Project Management Plan (work breakdown structure).
- Prepare Risk Mitigation Plan
- Identify/Adapt tools, standards and guidelines
- Obtain sign off and acceptance from the client for different miles stones.
- Project Status Report, Knowledge sharing, and Project documentation.
- Establish Project Communication Management Plan.

05/00-08/00

Insurance Sector

Technical Lead

Implementation of Siebel 2000

- Objectives setting and Team Communication.
- Team development and work allocation.
- Project Documentation and status reporting
- Mentor junior developers and helped the client to understand Siebel Architecture.
- Setup the MS SQL Server, Install Gateway Server, Client.

- Configure the Siebel Application Account (Broker Dealers), Contact (Agents) On Siebel 2000 tools
- Anticipated in the upgrade from Siebel 99.5 to Siebel 2000 on DB2, which is one of the few, Clients are using DB2 and upgrading to Siebel 2000.
- Involve in a major part of the project, which combin 17 different GoldMine databases in one Database (DB2/UBD6.00).
- As a Team Lead, I reported to the project manager about the status of the project on daily basis and where is everybody in the team standing, regular weekly meetings were held.

Environment: (DB2/UBD6.00, Win NT server)

01/00 _ 05/00

Services Sector

Siebel Consultant (Configurator, Siebel Administrator)

Siebel CRM (Siebel 99.5, Siebel Sales 2000)

- Installed Siebel Client, Tools, Server Enterprise.
- Configured Siebel Application (Contact, Account, Tips, MVG's, Picklist, Pick Applet--), Business Entities,
- Extended Base Tables, and Interface Tables, DDLSYNC, and XREP.
- Build Testing Procedure.
- Creation of Siebel Design Review Documentation.
- Perform Siebel Administration Duties such as adding new users to Siebel and SQL DB, Created Positions; assign Employees to that Position, and Views, Responsibilities. Also get and extract DB for new users.
- Perform all the DBA tasks such as Login for those Employees in SQL SERVER 7.00. Backup, Restore the Database. Set up default.ifb for EIM, and config files
- Mapping the Legacy System Fields to Siebel Interface Tables (EIM Tables) using a Staging table as an intermediate between the Legacy system and Siebel interface tables Helped users to understand the Siebel Business Module and the Data Module.

Environment: SQL Server, DTS, & Siebel VB

06/99-12/99

Financial Sector

Siebel Configurator

- Setting the environment for Siebel (Server and Client).
- Installation of Siebel 99.5/2000 (Client&Server) Siebel Enterprise, Gateway Server
- Created Packages using DTS to transfer data from legacy to Siebel (MSQL Server-DTS)
- Siebel Analysis & Testing of Siebel Applications
- Siebel Review Documentation

Environment: SQL Server, DTS, DTP, Siebel eScript & Siebel VB

9/97 – 2/99

Services Sector

Technical Project Manager

Worked on a major supply chain management project to implement MM, SD, PP, module of SAP R/3 in a major manufacturing facility.

- Managed the Sales and Distribution Team.
- Perform all different tasks of project Management such as Team Development, work allocation Business Plan, Risk Matigation Plan and Communication plan.

11/94 – 8/97

Services Sector

Programmer Analyst/Technical Lead

Designed, installed and tested the Vision plus (Paysys) credit card system that manages all phases of credit card transaction. Was responsible for Credit Card Management (CMS), which is the heart of the Vision Plus system. Performed all tasks of project Managemet.

3/94 – 10/94

Government sector

Programmer Analyst

Worked as part of a team, which evaluated and tested criminal and motor vehicle records to ensure data base system integrity for operational efficiency. This project required interaction with the Federal Bureau of Investigation and the State of Maryland's database to ensure integrity of both databases.

MAHER SABER
717-773-5452
vips212@yahoo.com

8/92 - 2/94

**Services Sector
Business Analyst**

Participated in divisional and departmental re-engineering as well as process Improvement initiatives. Provided Accounting & IT System expertise and contributed to process redesign and performance efficiency.

EDUCATION

2002	NVCC College, Alexandria, Va Information Technology Management
1999	IMIT Training Center, MD Siebel Training (July99)
1998	Towson State University, Towson, MD BA in Economics
1995	University of Baltimore Systems Engineer
1991	London Business Institute Diploma in International Management

EXHIBIT B

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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 may not be used if the vehicle's age is greater than ten model years or reaches 350,000 on the vehicles odometer, whichever comes first.

Amigo Cab LLC intends to commence operation of its service with two vehicles. The vehicles will be purchased immediately upon the Commission's approval of this application. Due to the increasing need of cab services in the Berks and Lancaster County area, Amigo Cab LLC does not believe such a fleet will be able to adequately serve the area, even including the other main operating cab companies servicing the area. As such, the intent of Amigo Cab LLC is to operate with its current fleet until it is able to obtain additional vehicles and drivers to better service the demand in the proposed service area.

All vehicles in Amigo Cab LLC's fleet will be within ten (10) model years or newer of the then current date. Once a vehicle is outside of the then current ten (10) model years, the vehicle will be discarded in exchange for a new vehicle on a rotating basis. All vehicles will be fully insured to comply with all Pennsylvania standards, including, without limitations, the standards of the Pennsylvania Utilities Commission ("PUC).

Beyond the above, each vehicle will be visually inspected on a daily basis, with each driver completing a sanitation and safety checklist prior to using the vehicle for that day and/or shift. All driver shift changes will be required to be conducted at Amigo Cab LLC's office to ensure all protocols and procedures are being followed, and to permit for any mechanical issues to be immediately addressed by the in-house mechanics. Prior to each shift change or daily use, the inside of each vehicle will be cleaned for sanitary transportation conditions for passengers.

Additionally, all vehicles will be routinely serviced, strictly pursuant to each individual vehicle's maintenance recommendations, as well as being inspected twice a year by a third party fleet inspection garage. All recommended maintenance and repairs will be made.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

a. Your periodic vehicle maintenance plan;

Each vehicle will be visually inspected on a daily basis, with each driver completing a sanitation and safety checklist prior to using the vehicle for that day and/or shift. All driver shift changes will be required to be conducted at Amigo Cab LLC's office to ensure all protocols and procedures are being followed, and to permit for any mechanical issues to be immediately addressed by the in-house mechanics. Prior to each shift change or daily use, the inside of each vehicle will be cleaned for sanitary transportation conditions for passengers.

Additionally, all vehicles will be routinely serviced, strictly pursuant to each individual vehicle's maintenance recommendations, as well as being inspected twice a year by a third party fleet inspection garage. All recommended maintenance and repairs will be made.

All vehicles will undergo annual PA State Safety and Emissions inspections. Also all vehicles will have their suspensions checked monthly and their driving fluids checked daily.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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

See answer to 7a. Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

All vehicles in Amigo Cab LLC's fleet will be within ten (10) model years or newer of the then current date. Once a vehicle is outside of the then current ten (10) model years, the vehicle will be discarded in exchange for a new vehicle on a rotating basis. All vehicles will be fully insured to comply with all Pennsylvania standards, including, without limitations, the standards of the Pennsylvania Utilities Commission ("PUC). Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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.

**Jeffrey M. Schmidt
Senior Vice President
Research Underwriters
Phone: 800-727-3732 ext. 301
Cell: 215-498-7010
Fax: 215-297-6798**

Please see insurance quote from Research Underwriters attached hereto as Exhibit C.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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.

Please see Amigo Cab balance sheet attached hereto as Exhibit D.

Please see Amigo Cab pro forma attached hereto as Exhibit E.

Please see Saber Elnaggar net worth statement attached hereto as Exhibit F.

Additionally, please see Amigo Cab, LLC business plan attached hereto as Exhibit B.

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 holder any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

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)

(Date)

Maher S. Ahmed

(Name and Title, printed or typed)

EXHIBIT C

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Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE®

Named Insured: AMIGO TAXI LLC

January 7, 2016
Page 1 of 5

Policy and premium information

Insurance company: United Financial Casualty Company
P.O. BOX 94739
Cleveland, OH 44101

Agent: ISU RESEARCH UNDERWR
4240 GREENSBURG PIKE
PITTSBURGH, PA 15221
45423
1-412-351-5800

Named Insured: AMIGO TAXI LLC

6205 13TH ST
HARRISBURG, PA 17104
e-mail address: VIPS212@YAHOO.COM
Phone Number: 1-717-773-5452

Financial responsibility vendor: EQUIFAX
1-800-685-1111

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium: \$7,754.00

Initial payment required: \$1,578.80

Payment plan: 10 payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
MARY JO SZADA	03/11/1954	61	Single	****3096	PA	0		No	
SAMUEL GREENE	09/11/1960	55	Single	****0463	PA	0		Yes	1992

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$7,135
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		122
Underinsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		240
Basic First Party Benefit - Full Tort			98
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$5,000 maximum		26
Funeral Expense Benefit Without Workers Comp	up to \$2,500		18
Accidental Death Benefit Without Workers Comp	up to \$5,000		80


Continued

Subtotal policy premium	\$7,719
Other Filing Fee	35
Total 12 month policy premium and fees	\$7,754

Auto coverage schedule

- 2008 SUZUKI FORENZA**
VIN: **KL5JD56Z48K302652** Garaging Zip Code: 17104 Territory: 64 Radius: 50 miles
Personal use: N Body type: Pass Auto Use class: J

Liability Premium	Liability	UM BI	UIM BI	PIP	Income Loss	Funeral Exp	Accid Death	Auto Total
	\$3444	\$61	\$120	\$49	\$13	\$9	\$40	\$3,736

Vehicle questions

1. Is this vehicle used for business, personal or both? Business Only

- 2009 CHRYSLER TOWN & COUNTRY**
VIN: **2A8HR44E39R547586** Garaging Zip Code: 17104 Territory: 64 Radius: 50 miles
Personal use: N Body type: Mini Van Use class: J

Liability Premium	Liability	UM BI	UIM BI	PIP	Income Loss	Funeral Exp	Accid Death	Auto Total
	\$3691	\$61	\$120	\$49	\$13	\$9	\$40	\$3,983

Vehicle questions

1. Is this vehicle used for business, personal or both? Business Only

Financial responsibility information

Name	Home address	Age	Date of birth
SABER ELNAGGAR	1131 HAMMAKER DR HARRISBURG, PA 17110-0000	73	11/28/1942

Is SABER ELNAGGAR involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
Passenger Transportation (For Hire)	Taxi Services	
Applicant	Employer ID number	
Corporation or LLC	272016571	

Does the applicant have a USDOT Number? No
If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

- Year the current business was established: 2016
- Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
- Premise type your tow business operates from: Unknown

Prior insurance questions

Prior insurance: No

AMIGO TAXI LLC
 6205 13TH ST
 HARRISBURG, PA 17104

Underwritten by:
 United Financial Casualty Company
 January 7, 2016
 Policy Period: Jan 9, 2016 - Jan 9, 2017
 Page 1 of 2

Customer Phone number: 1-717-773-5452

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from United Financial Casualty Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Passenger Transportation (For Hire)
 Sub business type: Taxi Services

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$7,754.00
Paid in full discount	-1105.00
Policy premium if paid in full	\$6,649.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$7,754.00	\$1,578.80	9 payments of \$691.14
6 Pay, Seasonal, 20.0% Down	\$7,754.00	\$1,578.80	5 payments of \$1,240.04
10 Payments, 25.0% Down	\$7,754.00	\$1,964.75	9 payments of \$648.25
4 Pay, Seasonal, 25.0% Down	\$7,754.00	\$1,964.75	3 payments of \$1,934.75

Make payments by mail or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$7,754.00	\$1,578.80	9 payments of \$698.14
6 Pay, Seasonal, 20.0% Down	\$7,754.00	\$1,578.80	5 payments of \$1,247.04
10 Payments, 25.0% Down	\$7,754.00	\$1,964.75	9 payments of \$655.25
4 Pay, Seasonal, 25.0% Down	\$7,754.00	\$1,964.75	3 payments of \$1,941.75
4 Pay, Quarterly, 25.0% Down	\$7,754.00	\$1,964.75	3 payments of \$1,941.75
1 Payment	\$6,649.00	\$6,649.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-412-351-5800**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
MARY JO SZADA	61	Single	0	
SAMUEL GREENE	55	Single	0	

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$7,135
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		122
Underinsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		240
Basic First Party Benefit - Full Tort			98
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$5,000 maximum		26
Funeral Expense Benefit Without Workers Comp	up to \$2,500		18
Accidental Death Benefit Without Workers Comp	up to \$5,000		80
Subtotal policy premium			\$7,719
Other Filing Fee			35
Total 12 month policy premium and fees			\$7,754

Auto coverage schedule

- 2008 SUZUKI FORENZA**
 VIN: **KL5JD56Z48K302652** Garaging Zip Code: 17104 Territory: 64 Radius: 50 miles
 Personal use: N Body type: Pass Auto Use class: J

Liability Premium	Liability	UM BI	UIM BI	PIP	Income Loss	Funeral Exp	Accid Death	Auto Total
	\$3444	\$61	\$120	\$49	\$13	\$9	\$40	\$3,736

- 2009 CHRYSLER TOWN & COUNTRY**
 VIN: **2A8HR44E39R547586** Garaging Zip Code: 17104 Territory: 64 Radius: 50 miles
 Personal use: N Body type: Mini Van Use class: J

Liability Premium	Liability	UM BI	UIM BI	PIP	Income Loss	Funeral Exp	Accid Death	Auto Total
	\$3691	\$61	\$120	\$49	\$13	\$9	\$40	\$3,983

EXHIBIT D

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AMIGO CAB, LLC

Current Balance Sheet

Assets		
Current assets:	2015	Jun-16
Cash	-	7,500.00
Checking Account - Mid Penn Bank	-	8,200.00
	-	-
	-	-
	-	-
	-	-
Total current assets	-	15,700.00
Fixed assets:	2015	Jun-16
Cost of Vehicles - Taxi Cabs	-	10,600.00
Furniture and Equipment	-	2,400.00
	-	-
	-	-
Total fixed assets	-	13,000.00
Other assets:	2015	Jun-16
	-	-
Total other assets	-	-
Total assets	-	28,700.00
Liabilities and owner's equity		
Current liabilities:	2015	Jun-16
	-	-
	-	-
	-	-
	-	-
	-	-
Total current liabilities	-	-
Long-term liabilities:	2015	Jun-16
	-	-
Total long-term liabilities	-	-
Owner's equity:	2015	Jun-16
Member's Equity	-	28,700.00
Accumulated retained earnings	-	-
Total owner's equity	-	28,700.00
Total liabilities and owner's equity	-	28,700.00
Balance	-	-

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AMIGO CAB, LLC	2 CABS	5 CABS	10 CABS	20 CABS	30 CABS
	Year 1	Year 2	Year 3	Year 4	Year 5
<u>PROJECTED INCOME</u>					
GROSS INCOME	\$31,200.00	\$91,000.00	\$182,000.00	\$364,000.00	\$546,000.00
<u>PROJECTED EXPENSES</u>					
ADVERTISING & MARKETING	\$1,200.00	\$2,400.00	\$4,800.00	\$7,200.00	\$9,600.00
INSURANCE EXPENSE	\$8,000.00	\$20,000.00	\$40,000.00	\$80,000.00	\$120,000.00
LEGAL & PROFESSIONAL SERVICES	\$1,200.00	\$2,400.00	\$3,600.00	\$4,800.00	\$7,200.00
MISC LICENSING & TAX	\$900.00	\$1,500.00	\$3,000.00	\$6,000.00	\$9,000.00
OFFICE EXPENSE	\$900.00	\$1,800.00	\$2,400.00	\$3,000.00	\$3,600.00
REPAIRS/MAINTANANCE	\$3,000.00	\$8,000.00	\$17,000.00	\$32,000.00	\$48,000.00
RENT EXPENSE	\$14,400.00	\$18,000.00	\$24,000.00	\$24,000.00	\$36,000.00
SALARIES/WAGES	\$17,500.00	\$30,000.00	\$60,000.00	\$90,000.00	\$150,000.00
TELEPHONE & COMMUNICATIONS	\$1,440.00	\$2,000.00	\$3,000.00	\$5,000.00	\$7,000.00
UTILITIES	\$2,400.00	\$2,600.00	\$2,800.00	\$3,200.00	\$4,000.00
TOTAL EXPENSES	\$50,940.00	\$88,700.00	\$160,600.00	\$255,200.00	\$394,400.00
NET INCOME	-\$19,740.00	\$2,300.00	\$21,400.00	\$108,800.00	\$151,600.00

Gross Income based on average \$400 per cab per week

Insurance Expense based on \$3,000 per cab per year

EXHIBIT F

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Estimated Net Worth

Name: Saber Elnaggar

As of: Jun-16

Assets

Cash

Checking accounts (Business and Personal)	25,000
Line of Credit	50,000
Other cash	5,500
Total Cash	80,500

Other Current Assets

United Cab, LLC	48,000
Monte Carlo, LLC	100,000
Total Other Current Assets	148,000

Fixed Assets

Restaurant Equipment (Two Restaurants)	90,000
Personal Assets	22,000
Total Fixed Assets	112,000

Total Assets

340,500

Liabilities

Mortgages and Loans Payable	50,000
Total Liabilities	50,000

Net Worth

290,500

SUPPORTING WITNESS
STATEMENTS

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READING

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Jordan Leshner

b. Your current address: 21 Arbor Rd.

Mohnton, PA 19540

2. Is your statement given as an individual or as a representative of a group or business? Individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:
Grab-A-Cab

b. How often?
On several occasions

c. Were you satisfied with the service? (Yes / No)

- d. If not, why not? I have found them to not be punctual. It has taken 30 minutes to get a cab at 9:30 AM in the center of Reading.
5. How often would you plan to use the proposed service? Every couple weeks
6. From where would your trips originate? Either in Mohnton or in ~~the~~ the City of Reading
7. What would be the destination of your trips? From Mohnton to the Courthouse in Reading; from Reading to either the Berkshire Mall or back to Mohnton
- a. In what county is that destination located? Berks
- b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
Business & pleasure
8. What means of transportation have you used in the past?
Car, bus
9. Have you had any problems obtaining similar service in the past? (Yes/ No) (Yes)
- a. If so, please state the name of the company and explain the problem
I cannot remember the particular companies, but I have found it to be a struggle getting a cab at my home in Mohnton in a timely fashion.
10. Have you supported any other similar applications? (Yes/ No) (Yes)
11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

Because I have received sub-par service in the past, & more
cabs could help lessen waiting times. Since I live in Manhattan,
more cabs in the area should mean quicker service out to my home.

I, Jordan Leshner (state your name), do hereby swear
that the above statements and answers are true and correct and indicate a need for the
service to be offered by Amigo Cab, LLC.

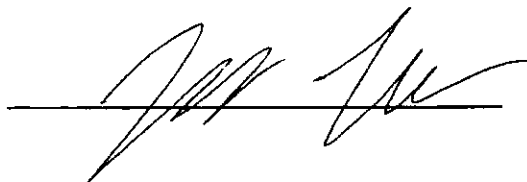
VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/7/15

Signed:



Print Name:

Jordan Leshmer

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Kathy Gonsales

b. Your current address: 907 Franklin St

Reading, PA 19601

2. Is your statement given as an individual or as a representative of a group or business? Individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading (Lancaster)? (Yes / No)

a. If so, please state which company:
Grab a Cab

b. How often? 3 or 4 times a month

c. Were you satisfied with the service? (Yes / No)

d. If not, why not?

It takes to long

5. How often would you plan to use the proposed service?

Once a week

6. From where would your trips originate?

Home

7. What would be the destination of your trips?

To Store, Shopping Centers

a. In what county is that destination located?

Berks

b. What would be the purpose of the trip? (i.e. business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?

Taxi or Business

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

Metro

Takes to long

10. Have you supported any other similiar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

Getting Jobs - Comptian
is good

I, Kathy Honorable (state your name), do hereby swear that the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/7 9/15

Signed:

Kathy Gonzales

Print Name:

Kathy Gonzales

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2016 JUN -8 PM 12:18
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State: P.A.
 - a. Your legal name: Dolores Dierolf
 - b. Your current address: 908 N 5 St Reading P.A. 19601

2. Is your statement given as an individual or as a representative of a group or business? Myself

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:
 - a. The name of the group or business:

 - a. Your position with the group or business:

 - b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in (circle one) Reading / Lancaster? Yes / No
 - a. If so, please state which company:
SCD Cab

b. How often? 3 per week

c. Were you satisfied with the service? (Yes / No)

d. If not, why not? take long

5. How often would you plan to use the proposed service? 3 + a week

6. From where would your trips originate? home

7. What would be the destination of your trips? work

a. In what county is that destination located? berks

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?

taxi

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

g. Babycab long time wait

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (*Why do think there is a need for this service?*)

Create job

Ristr service

I, Darren Dieck (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be

offered by Amigo Cab, LLC.

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2016 JUN -8 PM 12: 31

PA PUC
SECRETARY'S BUREAU

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 5/9/15

Signed: *Darwin Diproia*

Print Name:

Darwin Diproia

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State: PA
- a. Your legal name: Bry. L. H.
- b. Your current address: 1614 County rd 50 N. York PA 19601

2. Is your statement given as an individual or as a representative of a group or business? Self

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: _____
- b. Your position with the group or business: _____
- c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No) Yes

- a. If so, please state which company: RA's
- b. How often? 1/1205
- c. Were you satisfied with the service? (Yes / No) Yes

d. If not, why not? 8 Aug

5. How often would you plan to use the proposed service? 1 / mos

6. From where would your trips originate? Home

7. What would be the destination of your trips? Adg

a. In what county is that destination located? Bel

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?

9. Have you had any problems obtaining similar service in the past? (Yes / No) 6

a. If so, please state the name of the company and explain the problem

10. Have you supported any other similar applications? (Yes / No) 6

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

yes job

I, Greg White

(state your name), do hereby swear that the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/9/13

Signed:

Ang Wtl

Print Name:

Ang Wtl

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2016 JUN -8 PM 12:31

PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Keith Stamm

b. Your current address:

631 Washington St.
Rd., Pa. 19601

2. Is your statement given as an individual or as a representative of a group or business?

myself

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? ^{yes} (Yes / No)

a. If so, please state which company:

metro

b. How often?

once a week

c. Were you satisfied with the service? (Yes / No)

d. If not, why not?

To expensive
Reading has less jobs, cab service
would help, less expensive

5. How often would you plan to use the proposed service? 1 to 2 times - wke

6. From where would your trips originate? 631 Washington
to work Rt 61 Muhlenberg

7. What would be the destination of your trips? Rt-61

a. In what county is that destination located? Becks

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
work

8. What means of transportation have you used in the past?

Taxi, bus

9. Have you had any problems obtaining similar service in the past? (Yes/No) Yes

a. If so, please state the name of the company and explain the problem

metro, a lot of times
you wait to long, need
another cab service

10. Have you supported any other similiar applications? (Yes/No) Yes

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

Reading is over crowded, people are
waiting too long, no bus service
at night either, it will create jobs
to help are city,

I, Kaitia (state your name), do hereby swear
that the above statements and answers are true and correct and indicate a need for the
service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 9 August

Signed:

Keith A. Stamm

Print Name:

Keith A. Stamm

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2016 JUN -8 PM 12: 31

PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

TRISTAN HIGHTOWER

b. Your current address:

123 W. GREENWICH

2. Is your statement given as an individual or as a representative of a group or business?

INDIVIDUAL

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:

MEIRO

b. How often?

2-3 Weekly

c. Were you satisfied with the service? (Yes / No)

- d. If not, why not? Long time for arrival
-
-
5. How often would you plan to use the proposed service? 3 times weekly
6. From where would your trips originate? Front + greenwich to
reading hospital
7. What would be the destination of your trips? Reading hospital
-
- a. In what county is that destination located? Berks
- b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
Weekly check-ups
8. What means of transportation have you used in the past?
Metro, Grab - a - cab
-
9. Have you had any problems obtaining similar service in the past? (Yes/No) Yes No
- a. If so, please state the name of the company and explain the problem
Bus
-
-
10. Have you supported any other similiar applications? (Yes/No) Yes No
11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

The city needs more cabs and convenient
services

I, TRISTAN HIGHTOWER (state your name), do hereby swear that the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/9/15

Signed:

Tristan Hightower

Print Name:

TRISTAN HIGHTOWER

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2016 JUN -8 PM 12:31
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

ROSALIE S. STUTTER

b. Your current address:

445 PINE STREET READING PA 19601

2. Is your statement given as an individual or as a representative of a group or business?

MYSELF

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? Yes / No

a. If so, please state which company:

B P I K S

b. How often?

20

c. Were you satisfied with the service? Yes / No

d. If not, why not? _____

5. How often would you plan to use the proposed service? 3x w ppt

6. From where would your trips originate? home

7. What would be the destination of your trips? work Shopping

a. In what county is that destination located? BOKS

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
business

8. What means of transportation have you used in the past?
Taxi bus plane

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem
my pfrv grab a cab
long time

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

795+PV SERVICE

I, ROSALIND S+QUFFEL (state your name), do hereby swear that the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8 / 9 / 15

Signed:

Rosalia Stouffle

Print Name:

ROSALIA STOUFFLE

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2016 JUN -8 PM 12:32
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Juan Soler

b. Your current address: 227 Cedar St Rdg PA 19602

2. Is your statement given as an individual or as a representative of a group or business? Myself

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business: None

b. Your position with the group or business: None

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company: _____

b. How often? 1 week

c. Were you satisfied with the service? Yes / No

d. If not, why not? _____

5. How often would you plan to use the proposed service? 1 X week

6. From where would your trips originate? work school

7. What would be the destination of your trips? home

a. In what county is that destination located? Essex

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?

BUS

9. Have you had any problems obtaining similar service in the past? (Yes / No) Yes

a. If so, please state the name of the company and explain the problem

10. Have you supported any other similar applications? (Yes / No) Yes

11. Please explain why you support this application for a new service in the area: (Why do

more safe

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/7/15

Signed:

J. Selzer

Print Name:

Juan Selzer

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PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Jaz Tolles

b. Your current address:

731 W. Frost St

Reading Pa

2. Is your statement given as an individual or as a representative of a group or business?

self

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:

Metro

b. How often?

1.2 weeks

c. Were you satisfied with the service? (Yes / No)

Yes

d. If not, why not? _____

5. How often would you plan to use the proposed service? 1x week

6. From where would your trips originate? wont

7. What would be the destination of your trips? home

a. In what county is that destination located? Butts.

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?
Bus taxi

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

10. Have you supported any other similiar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do
more jobs)

think there is a need for this service?)

I, Jaz Torres (state your name), do hereby swear that the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/9/15

Signed:

Yuz Torres

Print Name:

Yuz Torres

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Kurt Taylor

b. Your current address:

478 Walnut St Reading Pa 19601

2. Is your statement given as an individual or as a representative of a group or business?

myself

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:

metex

b. How often?

2 times a week

c. Were you satisfied with the service? (Yes / No)

d. If not, why not? Too expensive

5. How often would you plan to use the proposed service? 4 times

6. From where would your trips originate? Center City Reading

7. What would be the destination of your trips? Guel Friends house
upper Reading

a. In what county is that destination located? Reading

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?
Bus

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem
Metro taxi
TOOK TOO LONG

10. Have you supported any other similiar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?)

Yes
Because you shop for Best
prices

I, Kurt Taylor (state your name), do hereby swear
that the above statements and answers are true and correct and indicate a need for the
service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8-9-15

Signed:

Kurt Taylor

Print Name:

Kurt Taylor

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PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: DANNY D D WILLIAMS

b. Your current address: 145 N 4TH ST
READING PA 19602

2. Is your statement given as an individual or as a representative of a group or business? My SELF

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

b. Your position with the group or business:

c. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:
CRAB CAB

b. How often? 2 A WEEK

c. Were you satisfied with the service? (Yes / No)

I WAS OK BUT EXPENSIVE

d. If not, why not?

EXPENSIVE

TOOK A LONG TIME

5. How often would you plan to use the proposed service?

ONCE A WEEK

6. From where would your trips originate?

HOUSE

7. What would be the destination of your trips?

GROSS TOWN

a. In what county is that destination located?

BERKS

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past?

BUS OR TAXI

9. Have you had any problems obtaining similar service in the past? (Yes / No)

Yes

a. If so, please state the name of the company and explain the problem

TAKED A CAB

TAKE A LONG TIME

10. Have you supported any other similar applications? (Yes / No)

Yes

11. Please explain why you support this application for a new service in the area: (Why do

COMPETITION IS GOOD

think there is a need for this service?)

YES

I, Donald D. Val (state your name), do hereby swear
that the above statements and answers are true and correct and indicate a need for the
service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8.9.15

Signed:

[Handwritten Signature]

Print Name:

RONALD D. DUBOIS

RECEIVED
2016 JUN -8 PM 12:32
PA PUC
SECRETARY'S BUREAU

LANCASTER

RECEIVED

2016 JUN -8 PM 12: 32

PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Thames Afanador

b. Your current address: 530 Kensington rd. #2

First class Barber shop 1722 colombia ave Lancaster PA.

2. Is your statement given as an individual or as a representative of a group or business? First class Barber Shop and individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business: First class barber shop Lancaster

a. Your position with the group or business: Barber

b. The number of members, employees, or customers you represent: 4

4. Have you tried to use another company for taxi service from any place in (circle one) Reading (Lancaster?) (Yes / No)

a. If so, please state which company: Lancaster city cab

b. How often? 2 times a week - for me and customers

c. Were you satisfied with the service? (Yes (No))

d. If not, why not? They take more than 1 hour to come to pick u up and am not happy

5. How often would you plan to use the proposed service? 2-3 times a week
6. From where would your trips originate? home to work cause i dont have a car
7. What would be the destination of your trips? work 1722 colombia ave Lancaster P.A. and From work to home
- a. In what county is that destination located? Lancaster city
- b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
8. What means of transportation have you used in the past? Taxi, Bus, train
9. Have you had any problems obtaining similar service in the past? (Yes / No)
- a. If so, please state the name of the company and explain the problem
- Lancaster city cab, Yellow cab,
They take long, long time to
come pick u up-me and customers
10. Have you supported any other similiar applications? (Yes) No Thamses
11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) competition is good.
cause the Taxi company we have now
in Lancaster city take to long to pick up

I, Ramsey Alonador (state your name), do hereby swear that

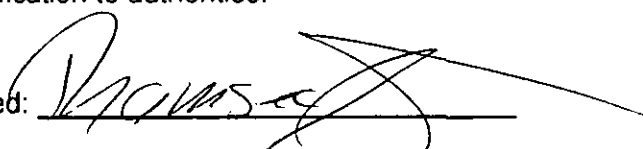
the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 08/06/15

Signed: 

Print Name: Thamses Afanador

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2016 JUN -8 PM 12:32
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Khaled Colyuan
- b. Your current address: 407 Franklin
- _____

2. Is your statement given as an individual or as a representative of a group or business? Self

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: New Beguier
- a. Your position with the group or business: Partner
- _____
- b. The number of members, employees, or customers you represent: 25

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

- a. If so, please state which company: Yellow Cab - friendly taxi
- b. How often? 3-4 times
- c. Were you satisfied with the service? (Yes / No)
- d. If not, why not? Often Late
- And the rates jump
- _____
- _____

5. How often would you plan to use the proposed service? 2x week

6. From where would your trips originate? work store

7. What would be the destination of your trips? WORK

a. In what county is that destination located? WORK LANCASTER

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past? TAXI

RRTR

9. Have you had any problems obtaining similar service in the past? (~~Yes~~ / No)

a. If so, please state the name of the company and explain the problem

Yellow CAB Brind taxi

Conce hater

RATE High

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) Compton Breed

good serve

1. Khaldoun (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 06-15

Signed:  _____

Print Name: Khue Collins

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2016 JUN - 8 PM 12: 32
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Samuel Cruz
- b. Your current address: 726 Scarsdale Cir Lancaster Pa 17603

2. Is your statement given as an individual or as a representative of a group or business? myself

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: taco bell
- a. Your position with the group or business: Cashier
- b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

- a. If so, please state which company: _____
- b. How often? _____
- c. Were you satisfied with the service? (Yes / No)
- d. If not, why not? not applicable

5. How often would you plan to use the proposed service? once every 2 months or emergencies
6. From where would your trips originate? House or work
-
7. What would be the destination of your trips? house or work
-
- a. In what county is that destination located? lancaster
- b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
Any
-
8. What means of transportation have you used in the past? BUS
-
9. Have you had any problems obtaining similar service in the past? (Yes / No)
- a. If so, please state the name of the company and explain the problem
-
-
-
10. Have you supported any other similiar applications? (Yes / No)
11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) Competition, creates jobs, emergencies more ways of transportation
-
-

I, Samuel Cruz (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/6/15

Signed: Samuel Cruz

Print Name: Samuel Cruz

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2016 JUN -8 PM 12:32
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Chelsea Feuerstacke
- b. Your current address: 719 East End Ave
Lancaster PA 17602

2. Is your statement given as an individual or as a representative of a group or business? Individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: Tacobell Columbia Ave
- a. Your position with the group or business: _____
- b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

- a. If so, please state which company: _____
- b. How often? _____
- c. Were you satisfied with the service? (Yes / No)
- d. If not, why not? _____
- _____
- _____

5. How often would you plan to use the proposed service? emergency

6. From where would your trips originate? Home to work

7. What would be the destination of your trips? work or home

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
Business

8. What means of transportation have you used in the past? Bus, Taxi

9. Have you had any problems obtaining similar service in the past? (Yes/ No)

a. If so, please state the name of the company and explain the problem
York PA - never picked up

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) Good for emergency

1. Chelsea Feuerstacke (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/6/15

Signed: Chelsea Feuerstacke

Print Name: Chelsea Feuerstacke

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: RONALD MOLINA
- b. Your current address: 1401 PASSEY LANE LANCASTER
PA. 17603

2. Is your statement given as an individual or as a representative of a group or

business? FIRST CLASS BARBER SHOP OWNER AND
INDIVIDUALS

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: FIRST CLASS BARBER SHOP LANCASTER
- a. Your position with the group or business: OWNER

b. The number of members, employees, or customers you represent: 4

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading (Lancaster?) (Yes / No)

- a. If so, please state which company: LANCASTER CITY CAB YELLOW CAB
- b. How often? 3 TIME A WEEK
- c. Were you satisfied with the service? (Yes / No) X
- d. If not, why not? WHEN I TAKE THE TAXI CAB
THEY ARE DIRTY AND DUSTY AND TAKE
TO LONG

5. How often would you plan to use the proposed service? 3-4 TIMES a week

6. From where would your trips originate? HOME TOWNS AND TO PAY BILLS, GROCERY

7. What would be the destination of your trips? 1722 COLUMBIA AVE LANCASTER PA. AND FROM WORK TO HOME

a. In what county is that destination located? LANCASTER CITY

b. What would be the purpose of the trip? (i.e., ~~business~~, ~~pleasure~~, ~~weddings~~, etc.)

8. What means of transportation have you used in the past? TRAIN, BUS, TAXI

9. Have you had any problems obtaining similar service in the past? (~~Yes~~ / No)

a. If so, please state the name of the company and explain the problem

THEY DIRTY, DUSTY, THEY METER RUN FASTER THEN THE CAB AND TAKE TO LONG TO PICKUP LANCASTER CITY CAB YELLOW CAB

10. Have you supported any other similar applications? (~~Yes~~ / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) COMPETITION IS GOOD

1. RONALD MOLINA (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 08/06/15

Signed: Ronald G. Molina

Print Name: RONALD G. MOLINA

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2016 JUN -8 PM 12:38
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Juan Agosto
- b. Your current address: 49 W Strawberry St
Lancaster PA 17603

2. Is your statement given as an individual or as a representative of a group or business? First Class Barber Shop

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: First Class Barber Shop
- a. Your position with the group or business: OWNER - manager

b. The number of members, employees, or customers you represent: 1

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

- a. If so, please state which company: Lancaster City cab, yellow cab
- b. How often? 4 time a week
- c. Were you satisfied with the service? (Yes / ~~No~~)
- d. If not, why not? The Drivers are not profesional
and while They drive They Talk in the
Phone

5. How often would you plan to use the proposed service? 3 times a week

6. From where would your trips originate? home to work

7. What would be the destination of your trips? 1722 Colombia ave.

Lancaster P.A. 17603

a. In what county is that destination located? _____

b. What would be the purpose of the trip? (i.e., ~~business~~, ~~pleasure~~, weddings, etc.)

8. What means of transportation have you used in the past? Taxi, Bus, train

9. Have you had any problems obtaining similar service in the past? (~~Yes~~ / No)

a. If so, please state the name of the company and explain the problem

Lancaster city cab, Yellow cab
They are unprofessional and while
They drive they talk in the phone

10. Have you supported any other similar applications? (~~Yes~~ / No)

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?) we need competition

for, Yellow cab, Lancaster city cab

1. Juan R. Agosto Cruz (state your name), do hereby swear that


the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/6/2015

Signed: 
Print Name: JUAN RAUL AGOSTO CRUZ

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Leah Santos
- b. Your current address: 541 Howard Ave
Lancaster Pa 17602

2. Is your statement given as an individual or as a representative of a group or business? _____

3. If you are representing a group or a business (*all references to the word "you" on this form will mean the group you are representing*), please state:

a. The name of the group or business: _____

a. Your position with the group or business: _____

b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading Lancaster? (Yes) / No

a. If so, please state which company: Yellow cabs

b. How often? Once a month

c. Were you satisfied with the service? (Yes) / No

d. If not, why not? _____

5. How often would you plan to use the proposed service? Once a month

6. From where would your trips originate? Lancaster

7. What would be the destination of your trips? York

a. In what county is that destination located? _____

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

Jobs

8. What means of transportation have you used in the past? bus

9. Have you had any problems obtaining similar service in the past? (Yes/No)

a. If so, please state the name of the company and explain the problem

10. Have you supported any other similar applications? (Yes/No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?)

I would like them
to be cheaper from city to
city w/o extra fees

1. Leah Santos (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/10

Signed: Leah Santos

Print Name: Leah Santos

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Emily Vargas
- b. Your current address: 137 S. Prince St.
Lancaster PA 17602

2. Is your statement given as an individual or as a representative of a group or business? _____

3. If you are representing a group or a business (*all references to the word "you" on this form will mean the group you are representing*), please state:

a. The name of the group or business: _____

a. Your position with the group or business: _____

b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading Lancaster? (Yes/ No)

a. If so, please state which company: Lancaster Cabs

b. How often? twice a week

c. Were you satisfied with the service? (Yes/ No)

d. If not, why not? _____

5. How often would you plan to use the proposed service? twice a week

6. From where would your trips originate? Lancaster

7. What would be the destination of your trips? reading

a. In what county is that destination located? berks

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

Pleasure

8. What means of transportation have you used in the past? bus

and train

9. Have you had any problems obtaining similar service in the past? (Yes No)

a. If so, please state the name of the company and explain the problem

10. Have you supported any other similiar applications? (Yes No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) to save money

on cab fees

1. Emily Vargas (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/9/15

Signed: Emily Vargas

Print Name: Emily Vargas

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Nancy Colon

b. Your current address:

84 High St
Lancaster PA 17602

2. Is your statement given as an **individual** or as a **representative of a group or business**? individual

3. If you are representing a group or a business (*all references to the word "you" on this form will mean the group you are representing*), please state:

a. The name of the group or business: _____

a. Your position with the group or business: _____

b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes/No)

a. If so, please state which company:

Yellow CABS

b. How often?

3 times month

c. Were you satisfied with the service? (Yes/No)

d. If not, why not? _____

5. How often would you plan to use the proposed service? a few times a month
6. From where would your trips originate? Lancaster
-
7. What would be the destination of your trips? Lancaster-York-Harrisburg
-
- a. In what county is that destination located? Lancaster
- b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
work and pleasure
-
8. What means of transportation have you used in the past? BUSES
-
9. Have you had any problems obtaining similar service in the past? (Yes / No)
- a. If so, please state the name of the company and explain the problem
-
-
-
10. Have you supported any other similar applications? (Yes / No)
11. Please explain why you support this application for a new service in the area: (Why do
think there is a need for this service?) I will like to see better cabs
and for them to be cheaper than the ones
now
-

I, Nancy Colon (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/10/15

Signed: Nancy Colon

Print Name: Nancy Colon

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2016 JUN -8 PM 12: 33

PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Wendy Sanchez

b. Your current address: 417 Hillside Ave
Lancaster PA 17603

2. Is your statement given as an Individual or as a representative of a group or business? _____

3. If you are representing a group or a business (*all references to the word "you" on this form will mean the group you are representing*), please state:

a. The name of the group or business: _____

a. Your position with the group or business: _____

b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading Lancaster (Yes) / No

a. If so, please state which company: Lancaster Cabs

b. How often? 1 WK

c. Were you satisfied with the service? (Yes/ No)

d. If not, why not? Too much money per mile

5. How often would you plan to use the proposed service? 1wk

6. From where would your trips originate? Lancaster

7. What would be the destination of your trips? Lititz

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
work

8. What means of transportation have you used in the past? taxi
and bus

9. Have you had any problems obtaining similar service in the past? (Yes) (No)

a. If so, please state the name of the company and explain the problem
Too much money per mile

10. Have you supported any other similar applications? (Yes) (No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) We need better taxi
company

1. Wendy Sanchez _____ (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/9/15

Signed: *Wendy Sanchez*

Print Name: Wendy Sanchez

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PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: IUETTE RAMOS
- b. Your current address: 401 Hillside Ave
Lancaster PA 17603

2. Is your statement given as an individual or as a representative of a group or business? individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: _____
- a. Your position with the group or business: _____
- b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

- a. If so, please state which company: Yellow Cab
- b. How often? 4 times a month.
- c. Were you satisfied with the service? (Yes / No)
- d. If not, why not? They come late and fares
are very high

5. How often would you plan to use the proposed service? 4 times A month

6. From where would your trips originate? Lancaster

7. What would be the destination of your trips? York and Harrisburg

a. In what county is that destination located? _____

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

pleasure

8. What means of transportation have you used in the past? Taxis and

trains

9. Have you had any problems obtaining similar service in the past? (Yes) No

a. If so, please state the name of the company and explain the problem

They dont come on time and make
me wait a long time to get to my
destination. And fares are expensive.

10. Have you supported any other similiar applications? (Yes) No

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?) We need more reliable
company and cheaper fares.

1. JUETTE RAMOS (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/8/15

Signed: *Ivette Ramos*

Print Name: IVETTE RAMOS

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Daba Debele

b. Your current address: 840 E Chestnut St Lancaster
PA 17602

2. Is your statement given as an individual or as a representative of a group or business? Keystone Human Service

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business: Keystone Human Service

a. Your position with the group or business: Direct Care Support

b. The number of members, employees, or customers you represent: 3

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading Lancaster? (Yes / No)

a. If so, please state which company: Lancaster City Cab & yellow cab

b. How often? 2/week

c. Were you satisfied with the service? (Yes / No)

d. If not, why not? taking to long time when
the pick me up and some drivers are
not professional

5. How often would you plan to use the proposed service? 2/Week
6. From where would your trips originate? Home to work & Home to School
-
7. What would be the destination of your trips? Work / School
85 Lencilon West Dr Mountville PA
- a. In what county is that destination located? Lancaster
- b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
-
8. What means of transportation have you used in the past? train, bus & taxi
-
9. Have you had any problems obtaining similar service in the past? (Yes) (No)
- a. If so, please state the name of the company and explain the problem
The take many hours / months when they come to pick you up after you asked request and the driver are not professional
10. Have you supported any other similar applications? (Yes) (No)
11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) I strongly believe that having competition bring more quality in all direction

I, Deba Debele (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/11/15

Signed: *J. Mamed*

Print Name: Debe Debelu

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Francisco Nunez

b. Your current address:

1015 Orange St Lancaster
Pelsilvania.

2. Is your statement given as an individual or as a representative of a group or business? Construction.

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

Construction

a. Your position with the group or business:

Labor

b. The number of members, employees, or customers you represent: 1

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:

Lancaster City Cab/yellow cab

b. How often?

3-4 time a weeks

c. Were you satisfied with the service? (Yes / No)

d. If not, why not?

take to long and they
are to dirty.

5. How often would you plan to use the proposed service? 3-4 time a weeks

6. From where would your trips originate? home to work

7. What would be the destination of your trips? work to home
930 Prince st Lancaster Pelsilvania

a. In what county is that destination located? Lancaster.

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past? Bus, Taxi

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

Lancaster City Cab / yellow cab
they take to long

10. Have you supported any other similiar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do
think there is a need for this service?) is good to have

Competition in the area.

1. Francisco Nuñez (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/10/15

Signed: Francisco Nunez

Print Name: Francisco Nunez

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name: Sheila Morales

b. Your current address: 8m colonial crest Dr.
lanaster, PA 17601

2. Is your statement given as an individual or as a representative of a group or business? Stay Home mom

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business: Stay Home mom

a. Your position with the group or business: Watch my Kid.

b. The number of members, employees, or customers you represent: 1

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company: Lancaster city cab / yellow cab

b. How often? (2) time a week

c. Were you satisfied with the service? (Yes / No)

d. If not, why not? take to long and
day city.

5. How often would you plan to use the proposed service? 2 times a week

6. From where would your trips originate? Home to do Grocery

7. What would be the destination of your trips? Home to do grocery

a. In what county is that destination located? lancaaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past? taxi / bus

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

take to long to pick youp. they dirty.
Yellow cap /lancaaster city cap.

10. Have you supported any other similiar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) is a good Competition

1. Sheila Morales (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/10/15

Signed: Sheila

Print Name: Sheila

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Charles A. Quaynor

b. Your current address:

2270 Manor Ridge Dr.
Lancaster PA 17603

2. Is your statement given as an individual or as a representative of a group or
business?

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

Group of co-workers

a. Your position with the group or business:

leader of group

b. The number of members, employees, or customers you represent: 3

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes) / No

a. If so, please state which company:

Yellow Cab

b. How often?

about twice (2x)

c. Were you satisfied with the service? (Yes No)

d. If not, why not?

Service took long
after call (request) was placed

5. How often would you plan to use the proposed service? 2-3 times a week

6. From where would your trips originate? From various bar locations in Lancaster city.

7. What would be the destination of your trips? To friends house.

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

Pleasure, community event.

8. What means of transportation have you used in the past? car pool, bus, train

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

Service took too long and driver talking on the phone during the trip.

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?)

It will help reduce the wait time for a service.

I, Charles A. Quiñones (state your name), do hereby swear that


the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/10/2015

Signed: 

Print Name: Charles [unclear]

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2016 JUN -8 PM 12: 34
PA PUC
SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Monamed Behnit
- b. Your current address: 6305 Bayberry avenue Manheim, PA
17545

2. Is your statement given as an individual or as a representative of a group or business? Representative of a business

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: Columbia Diner
- a. Your position with the group or business: Manager
- b. The number of members, employees, or customers you represent: 35

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes) No

- a. If so, please state which company: _____
- b. How often? At least twice a week
- c. Were you satisfied with the service? (Yes / No)
- d. If not, why not? Sometimes it takes too much
time to arrive

5. How often would you plan to use the proposed service? Daily
6. From where would your trips originate? 1705 Columbia Avenue

7. What would be the destination of your trips? It depends

a. In what county is that destination located? A Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

business

8. What means of transportation have you used in the past? car, train, bus, taxis, etc.

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

None on this

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) More competition means

better service with a better price for the customer.

I, Monamed Benhit (state your name), do hereby swear that

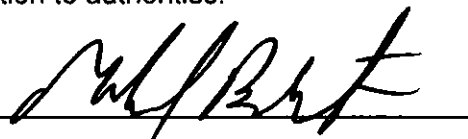
the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/17/2015

Signed: 

Print Name: MOHAMED BENHIT

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Luis Casiano

b. Your current address:

304 Marrietta ave Lancaster 17603

2. Is your statement given as an individual or as a representative of a group or business? Chatwell Staffing

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business:

Chatwell Staffing

a. Your position with the group or business:

Operator

b. The number of members, employees, or customers you represent:

10

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company:

Lancaster City Cab / Yellow Cab

b. How often?

2-3 times a week

c. Were you satisfied with the service? (Yes / No)

d. If not, why not?

taks too long to pickup, ~~Part~~
they Dirty and not Profesional

5. How often would you plan to use the proposed service? 2-3 times a week

6. From where would your trips originate? Home to work

7. What would be the destination of your trips? Home to work

work to Home / Mountville 1210 Lancaster P.A

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past? train, taxi, bus

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

taks too long to pickup they dirty
and not profesional. yellow cab /
Lancaster City Cab

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?) is a good TD have
Competition in the area faster service

I, Luis Pediano (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/10/15

Signed: 

Print Name: Luis Casiano

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Angelina Rashad
- b. Your current address: 4 S. Dulce St
Millersville PA 17551

2. Is your statement given as an individual or as a representative of a group or business? Individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: _____
- a. Your position with the group or business: _____
- b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading (Lancaster) (Yes) (No)

- a. If so, please state which company: yellow cabs, friendly cabs
- b. How often? weekly
- c. Were you satisfied with the service? (Yes) (No)
- d. If not, why not? on hold for too long, and had to wait over an hour for cabs. when told 20 min.

5. How often would you plan to use the proposed service? _____

6. From where would your trips originate? City of Lancaster
to work, or home

7. What would be the destination of your trips? _____

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

pleasure

8. What means of transportation have you used in the past? car, bus

9. Have you had any problems obtaining similar service in the past? (Yes / No) No

a. If so, please state the name of the company and explain the problem

10. Have you supported any other similar applications? (Yes / No) No

11. Please explain why you support this application for a new service in the area: (Why do

think there is a need for this service?) ~~very~~ ~~common~~ more
reliable. faster service.

I, Angeline Rashad (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/8/15

Signed: Angeline Rashad

Print Name: Angeline Rashad

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Casely Lynn Shanahan
- b. Your current address: 1703 Merritt Ave - 3F
Lancaster, pa 17603

2. Is your statement given as an individual or as a representative of a group or business? individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

- a. The name of the group or business: _____
- a. Your position with the group or business: _____
- b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

- a. If so, please state which company: Yellow Taxi
- b. How often? 5 times a month
- c. Were you satisfied with the service? (Yes / No)
- d. If not, why not? I would call hours before appointments

to reserve rides and they would either show up so late I would miss my appointments or they would not show up at all.

5. How often would you plan to use the proposed service? never

6. From where would your trips originate? to and from work
doctors appointments

7. What would be the destination of your trips? appointments
work

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)
appointments and work

8. What means of transportation have you used in the past? walking
buses

9. Have you had any problems obtaining similar service in the past? (Yes) (No)

a. If so, please state the name of the company and explain the problem
I've had issues with every company
in Lancaster county

10. Have you supported any other similar applications? (Yes) (No)

11. Please explain why you support this application for a new service in the area: (Why do
think there is a need for this service?)

having reliable transportation is important

I, Casey Shanahan (state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8-9-15

Signed: Casey Shanahan

Print Name: Casey Shanahan

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Haggag Manshawq Baker
- b. Your current address: 1225 Brighton Avenue
Leitz, PA

2. Is your statement given as an individual or as a representative of a group or business? Individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business: _____

a. Your position with the group or business: _____

b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading / Lancaster? (Yes / No)

a. If so, please state which company: Lancaster City Cab

b. How often? once a while

c. Were you satisfied with the service? (Yes / No)

d. If not, why not? long time wayer

5. How often would you plan to use the proposed service? once a while

6. From where would your trips originate? It is different
(Lancaster)

7. What would be the destination of your trips? different

a. In what county is that destination located? Lancaster county

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past? _____

Train / Taxi / cars

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

Lancaster City cab
long time waiting

10. Have you supported any other similiar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) To have more

good service

I, Harold Menzies (state your name), do hereby swear that

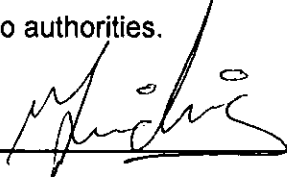
the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8-12-15

Signed: 

Print Name: Haggag Monshemy

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AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

a. Your legal name:

Christina Adams

b. Your current address:

218 Perry St.
Columbia PA

2. Is your statement given as an individual or as a representative of a group or business? individual

3. If you are representing a group or a business (all references to the word "you" on this form will mean the group you are representing), please state:

a. The name of the group or business: _____

a. Your position with the group or business: _____

b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading Lancaster? (Yes / No)

a. If so, please state which company: _____

b. How often? _____

c. Were you satisfied with the service? (Yes No)

d. If not, why not?

drivers not paying
attention to the road

5. How often would you plan to use the proposed service? few times a week

6. From where would your trips originate? Columbia PA

7. What would be the destination of your trips? Lancaster

a. In what county is that destination located? _____

b. What would be the purpose of the trip? (i.e., business, pleasure, weddings, etc.)

pleasure

8. What means of transportation have you used in the past? Car, bus

9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

Driver not paying attention

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do think there is a need for this service?) not enough Cabs

I, Christine Adams

(state your name), do hereby swear that

the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

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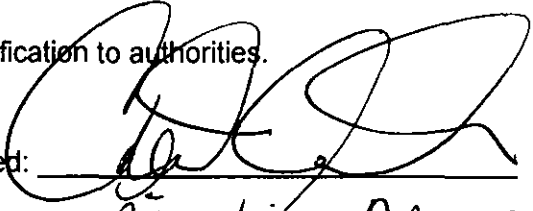
111

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 8/9/15

Signed: 

Print Name: Christine Adams

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AMIGO CAB, LLC

APOYO DE DECLARACION TESTIMONIAL. LLAMAR Y EXIGIR SERVICIO DE TAXI

1. POR FAVOR DIGA:

A. Su nombre legal:

Marilyn Rodriguez

B. Su residencia principal:

411 E. Strawberry St
Lancaster PA 17602

2. Es su declaracion como una persona (individual) o como un representante de un grupo o negocio?

3. Si es usted un representante de un grupo o negocio (toda referencia de la palabra "USTED" en esta forma indica el grupo que usted esta representando. Por favor diga:

A. El nombre de su grupo o negocio:

B. Cual es su posicion con el grupo o negocio:

C. Cuantos miembros tienen en su grupo o negocio:

4. Usted a tratado de usar otra compania de servicio de taxi en la ciudad de:
(circule uno) **READING** / (LANCASTER) **(SI)** o **NO**

A. Si lo a usado cual es el nombre de esa compania:

Yellow Cab

B. Con que frecuencia lo ha usado?

2 veces al mes

C. Estuvo satisfecho con el servicio proveido? (SI o NO)

D. Si no estaba satisfecho indique la razon?

muy caros

5. Con que frecuencia usted planea usar el servicio propuesto? 2x al mes

6. Desde donde se originan sus viajes?

Lancaster

7. Cual seria el destino de sus viajes?

Akron

A. En que condado es que el destino se encuentra?

Lancaster

B. Cual el es proposito de su viaje? (negocio, trabajo, placer, boda, etc) ?

placer

8. Que medio de transporte ha usado en el pasado?

Taxi y bus

9. Ha tenido problemas obteniendo servicio similar en el pasado? (SI o NO)

A. En caso afirmativo indique el nombre de la compania y razon del

problema que tuvo?

muy caros

10. Usted ha apoyado a otras aplicaciones similar ha esta? (SI o **NO**)

11. Por Favor explique porque usted apoya esta aplicacion para nuevo servicio en su area: (Por que piensa que es necesario este nuevo servicio?) _____

mejores taxis y mas economicos.

yo, Marilyn Rodriguez (declare su nombre), juro que

las declaracioness y respuestas que he proveido son honestas y correctas y

indican una necesidad de sevicio ofrecidas por **AMIGO CAB, LLC.**

VERIFICACION

El suscrito depone y dice que el o ella es la persona que firmo la documentacion justificativa testimonial para arriba, subtitulado solicitante y que el o ella esta autorizado para hacer esta verificacion y que los hechos establecidos es el mismo, verdadera y correcta de mayor de su conocimiento, saber y entender. El suscrito estiende de declaraciones falsas es ste documento se hacen sujeta a las sanciones del 18 C.S Section 4904 relacionado con jurada falsificacion de autoridades.

Fecha: 8-9-15

Imprime su nombre:

Marilyn Rodriguez

Firma su nombre:

Marilyn Rodriguez

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SECRETARY'S BUREAU

AMIGO CAB, LLC
SUPPORTING WITNESS STATEMENT - CALL AND DEMAND TAXI SERVICE

1. Please State:

- a. Your legal name: Heriberto Colon
- b. Your current address: 401 Hillside ave Lancaster Pa.
17603

2. Is your statement given as an **individual** or as a **representative of a group or business**? Individual

3. If you are representing a group or a business (*all references to the word "you" on this form will mean the group you are representing*), please state:

- a. The name of the group or business: _____
- a. Your position with the group or business: _____
- b. The number of members, employees, or customers you represent: _____

4. Have you tried to use another company for taxi service from any place in

(circle one) Reading (Lancaster?) (Yes) (No)

- a. If so, please state which company: Yellow Cab & Lancaster city Cab
- b. How often? when needed
- c. Were you satisfied with the service? (Yes) (No)
- d. If not, why not? Cab took too long or I was
Told to call back after an hour or more!

5. How often would you plan to use the proposed service? When needed

6. From where would your trips originate? From home To work

7. What would be the destination of your trips? Approx 1/2 mile

a. In what county is that destination located? Lancaster

b. What would be the purpose of the trip? (i.e. business, pleasure, weddings, etc.)

8. What means of transportation have you used in the past? Family & Friends
Give me rides


9. Have you had any problems obtaining similar service in the past? (Yes / No)

a. If so, please state the name of the company and explain the problem

I was the Mgr. @ Amulet's Post @ and would
call Taxi for patients and they would
have to wait a long time as well.

10. Have you supported any other similar applications? (Yes / No)

11. Please explain why you support this application for a new service in the area: (Why do
think there is a need for this service?) _____

I,  (state your name), do hereby swear that

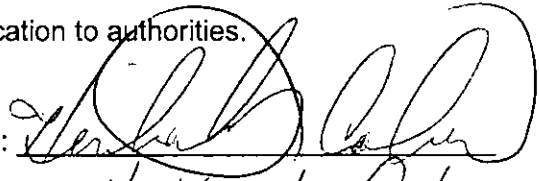
the above statements and answers are true and correct and indicate a need for the service to be offered by Amigo Cab, LLC.

VERIFICATION

The undersigned deposes and says that he/she is the person who signed the Supporting Witness Statement for the above captioned applicant and 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 the penalties of 18 C.S. Section 4904 relating to unsworn falsification to authorities.

Date: 1/11/16

Signed: 
Print Name: Herberto Colon

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AMIGO CAB, LLC

APOYO DE DECLARACION TESTIMONIAL. LLAMAR Y EXIGIR SERVICIO DE TAXI

1. POR FAVOR DIGA:

A. Su nombre legal:

John Ortiz Ruiz

B. Su residencia principal:

2. Es su declaracion como una persona individual o como un representante de un grupo o negocio?

individual

3. Si es usted un representante de un grupo o negocio (toda referencia de la palabra "USTED" en esta forma indica el grupo que usted esta representando. Por favor diga:

A. El nombre de su grupo o negocio:

B. Cual es su posicion con el grupo o negocio:

C. Cuantos miembros tienen en su grupo o negocio:

4. Usted a tratado de usar otra compania de servicio de taxi en la ciudad de:
(circule uno) **READING / LANCASTER ?** **SI** o **NO**

A. Si lo a usado cual es el nombre de esa compania:

Yellow Cap

B. Con que frecuencia lo ha usado?

muy frecuente

C. Estuvo satisfecho con el servicio proveido? (SI o NO)

D. Si no estaba satisfecho indique la razon?

Se tardan

mucho para llegar

5. Con que frecuencia usted planea usar el servicio propuesto? frecuentemente

6. Desde donde se originan sus viajes? 540 Pershing Ave

Lancaster P.A 17602

7. Cual seria el destino de sus viajes? Hospital, Laundry, Walmart

A. En que condado es que el destino se encuentra? Lancaster

B. Cual es el proposito de su viaje? (negocio, trabajo, placer, boda, etc) ?

etc

8. Que medio de transporte ha usado en el pasado?

Taxi and Buss

9. Ha tenido problemas obteniendo servicio similar en el pasado? (SI o NO)

A. En caso afirmativo indique el nombre de la compania y razon del

problema que tuvo? Yellow Cap Se me quedaron

pertenencia y ellos aseguran que no

pero ya estoy muy seguro que si

10. Usted ha apoyado a otras aplicaciones similar ha esta? (**SI** o **NO**)

11. Por Favor explique porque usted apoya esta aplicacion para nuevo servicio en su area: (Por que piensa que es necesario este nuevo servicio?) _____

Es necesario por la Razon que en
mis Emergencias Nunca hay Taxi
Disponibles o Tardan mucho

Yo, John Ortiz Ruiz (declare su nombre), juro que

las declaracioness y respuestas que he proveido son honestas y correctas y

indican una necesidad de sevicio ofrecidas por **AMIGO CAB, LLC.**

VERIFICACION

El suscrito depone y dice que el o ella es la persona que firmo la documentacion justificativa testimonial para arriba, subtitulado solicitante y que el o ella esta autorizado para hacer esta verificacion y que los hechos establecidos es el mismo, verdadera y correcta de mayor de su conocimiento, saber y entender. El suscrito estiende de declaraciones falsas es ste documento se hacen sujeta a las sanciones del 18 C.S Section 4904 relacionado con jurada falsificacion de autoridades.

Fecha: 11/01/2016

Imprime su nombre:

John Ortiz Ruiz

Firma su nombre:

John Ortiz Ruiz

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2016 JUN -8 PM 12:19

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