

August 24, 2016

Via Electronic Filing

Rosemary Chiavetta, Esquire
Secretary
PA Public Utility Commission
Commonwealth Keystone Building, 2 North
400 North Street
Harrisburg, PA 17120

**Re: Docket Nos. A-2016-2544792 & A-6418775
Application of B & M Limousine Services, Inc. (Group/Party 11-15)
Verified Statements in Support of Application**

Dear Secretary Chiavetta:

Attached for filing are the Verified Statements in Support of the Application in the above captioned proceeding.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

Reger Rizzo & Darnall LLP



Debra L. Roscioli

DLR/dim
Enclosure

cc: Ms. Lisa Milletics, Compliance Specialist [via Electronic Mail – lmilletics@pa.gov]
Robert Greer [w/enc.]

**Re: Docket No. A-2016-2544792
Application of B & M Limousine Services, Inc. (Group/Party 11-15)
Verified Statements in Support of Application**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document has been served upon the following person(s), in the manner indicated, in accordance with the requirements of § 1.54 (relating to service by a participant).

Via Electronic Mail

Ms. Lisa Milletics, Compliance Specialist
Bureau of Technical Utility Services
PA Public Utility Commission
Commonwealth Keystone Building, 2 North
400 North Street
Harrisburg, PA 17120
lmilletics@pa.gov

Dated: August 24, 2016



Debra L. Roscioli, Esquire

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Allen Blair

Name of Supporter

502 Bonnie Braz Drive
Street Address

Moore Township
City or Municipality

PA
State

15108
Zip Code

Name of Applicant

- Describe the type of transportation service needed.

Limo service

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

Aliquippa PA to Pittsburgh Int'l Airport

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

4 X per year

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

N/A

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

N/A

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application 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 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Allen Blair

(Signature of Supporter)

Allen Blair

(Supporter's Name, printed or typed)

8-3-16

(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Rachel Petock
Name of Supporter

901 Cliff Mine Road Coraopolis PA 15108
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
getting family to and from the airport
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Coraopolis to Pittsburgh Int'l airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
3 or 4 times a year
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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

Rachel Petock
(Signature of Supporter)

8/3/16
(Date)

Rachel Petock
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jamie Chappel
Name of Supporter
10 Allegheny Ave Cuddy PA 15031
Street Address City or Municipality State Zip Code
BM Limo Service
Name of Applicant

- Describe the type of transportation service needed.

Prom, Home coming, Special Events

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

School functions, South Fayette, Pgh, Washington

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

random use

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

Not Sure

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

NO

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Jamie Chappel
(Signature of Supporter)
Jamie Chappel
(Supporter's Name, printed or typed)

Aug 1, 2016
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Malayna Stefaniszyn
Name of Supporter

144 Eisner Avenue Bridgeville PA 15017
Street Address City or Municipality State Zip Code

B+M Limo Services
Name of Applicant

- Describe the type of transportation service needed.

Special Events, (prom, homecoming, weddings, etc.)

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

CV high school, SF high school, St. Barbara's Church, golf courses, Pittsburgh

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

Weekly plus

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

no.

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

no.

VERIFICATION OF STATEMENT

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

Malayna Stefaniszyn
(Signature of Supporter)

Malayna Stefaniszyn
(Supporter's Name, printed or typed)

8/2/16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

~~###~~ Kirsten Rogers
Name of Supporter
224 Osceola Drive Bridgeville PA 15017
Street Address City or Municipality State Zip Code
B + M Limo Service
Name of Applicant

- Describe the type of transportation service needed.
Wedding, Prom, Homecoming, Special Birthdays & Events
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Pittsburgh, Bridgeville South Fayette, Churches, high schools, hotels, Upper St. Clair, Washington.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Weekly or more, people get married all the time.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
No.
- Have you supported similar applications in the past? If so, who was the applicant?
No.

VERIFICATION OF STATEMENT

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Kirsten T. Rogers
(Signature of Supporter)
Kirsten Rogers
(Supporter's Name, printed or typed)

8-2-16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Bethanie Wagie
Name of Supporter
46 PHILSBURGH ST. EMSWORTH PA 15202
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
SPECIAL OCCASIONS.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
EMSWORTH BOROUGH
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Yearly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NOT THAT I AM AWARE OF.
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Bethanie Wagie 8-1-16
(Signature of Supporter) (Date)
Bethanie M. Wagie
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Kelley Moore
Name of Supporter

112 Sarah Street McKees Rocks PA 15136
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
Special Events and airport services
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
McKees Rocks PA & Pittsburgh
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Bi monthly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
none that I am aware of
- Have you supported similar applications in the past? If so, who was the applicant?
no

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Kelley Moore
(Signature of Supporter)

8/2/16
(Date)

Kelley Moore
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

PATRICK J. GALLAGHER
Name of Supporter

42
154 SHAMOR ST PO BOX 417
Street Address

MUSE
City or Municipality

PA
State

15350
Zip Code

Name of Applicant

- Describe the type of transportation service needed.

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

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

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

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

NO

VERIFICATION OF STATEMENT

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Patrick J. Gallagher
(Signature of Supporter)

PATRICK J. GALLAGHER
(Supporter's Name, printed or typed)

8-03-16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

CKS EXCAVATING INC.
Name of Supporter

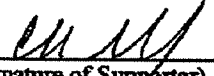
210 SUMNER ROAD BENTLEYVILLE PA 15314
Street Address City or Municipality State Zip Code

- Name of Applicant
- Describe the type of transportation service needed.
TRANSPORTATION FOR BUSINESS.
 - What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
BENTLEYVILLE, PITTSBURGH, HARRISBURG.
 - How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
MONTHLY.
 - Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NEED MORE OPTIONS FOR THIS AREA.
 - Have you supported similar applications in the past? If so, who was the applicant?
NO.

VERIFICATION OF STATEMENT

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(Signature of Supporter) 8/2/2016
(Date)

CLAS SUBRICK
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Boulder cont. INC

Name of Supporter			
<i>121 west Patterson Rd</i>	<i>North street</i>	<i>Pa</i>	<i>15330</i>
Street Address	City or Municipality	State	Zip Code
Name of Applicant			
<i>Kurt Subrick</i>			

- Describe the type of transportation service needed.

Business

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

Pittsburgh / First Niagara Pavilion

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

Monthly

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

Need more options

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

no

VERIFICATION OF STATEMENT

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Kurt Subrick

(Signature of Supporter)

5/2/2014

(Date)

Kurt Subrick

(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Dana Molinaro
Name of Supporter
233 Prigg Rd Washington PA 15301
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.

Special occasions / airport

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

Washington, PA + Pittsburgh, PA

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

Monthly

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

Not very many services in Washington area

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

NO

VERIFICATION OF STATEMENT

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Dana Molinaro
(Signature of Supporter)
Dana Molinaro
(Supporter's Name, printed or typed)

7-29-16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Angela Shaffer
Name of Supporter
549 Johns Ave McDonald Pa 15057
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.

Limo + town car

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

McDonald + Pittsburgh area

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

monthly

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

None that I know of

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

NO

VERIFICATION OF STATEMENT

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Angela Shaffer
(Signature of Supporter)
Angela Shaffer
(Supporter's Name, printed or typed)

8-2-16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Cathy Perri - Speciality Construction
Name of Supporter
25 Perricrest Lane McDonald PA 15057
Street Address City or Municipality State Zip Code
B+M Limo Services
Name of Applicant

- Describe the type of transportation service needed.

Business Meetings, Lunches entertaining

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

Pgh Airport, Restuarants

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

Monthly

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

Not that I know of

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

No

VERIFICATION OF STATEMENT

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Cathy Perri
(Signature of Supporter)
Cathy Perri
(Supporter's Name, printed or typed)

Aug 2, 2016
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

NNF Avionics Services, Inc.
Name of Supporter

115 Corporation drive Aliquippa Pa 15001
Street Address City or Municipality State Zip Code

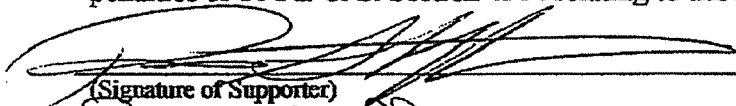
Name of Applicant

- Describe the type of transportation service needed.
Transportation to the Airport for employees & clients also meetings, dinner, sporting events
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Pittsburgh, Washington DC
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Not aware of any
- Have you supported similar applications in the past? If so, who was the applicant?
No

VERIFICATION OF STATEMENT

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(Signature of Supporter)
Randall Shaftner
(Supporter's Name, printed or typed)

7/23/2016
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

MICHAEL MALLIAK
Name of Supporter

5211 WEBB STREET ALIQUIPPA PA 15001
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.

LIMOUSINE SERVICE

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

PIT AIRPORT / FORMAL EVILIT TRANSPORTATION

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

AS REQUIRED

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

YES - PREFER TO USE/SUPPORT SERVICE PROVIDER THAT IS KNOWN AND TRUSTED -

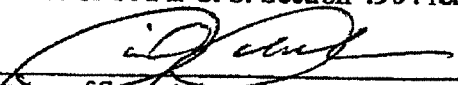
- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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(Signature of Supporter)
MICHAEL MALLIAK
(Supporter's Name, printed or typed)

Aug 2, 2016
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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Randy Shaffer
Name of Supporter

3036 US Rt 30 Georgetown Pa 15043
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.

Limo Service

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

for work to get clients to and from the Pittsburgh Airport and meetings, sporting events & dinners

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

Monthly

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

No, currently using personal vehicle

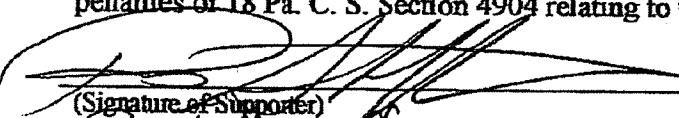
- Have you supported similar applications in the past? If so, who was the applicant?

N/A

VERIFICATION OF STATEMENT

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(Signature of Supporter)

Randy Shaffer
(Supporter's Name, printed or typed)

7/23/2016
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED

Samantha Dingler
Name of Supporter
173 RIDGEMAN DR. BIRMGHAM PA 15001
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
Limo Taxi Service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships
Pittsburgh airport to Annapolis, Robinson + Clearview, Pittsburgh
- How frequently is this service needed? Example. Is it on a daily, weekly, or monthly basis?
Weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Yellow Cabs, Pittsburgh Car Service - Long wait time, cabs don't show up
- Have you supported similar applications in the past? If so, who was the applicant?
no

VERIFICATION OF STATEMENT

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Samantha Dingler
(Signature of Supporter)
Samantha Dingler
(Supporter's Name, printed or typed)

8/3/16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

DAVID N. WOODLING
Name of Supporter

103 SIPP DR. HOOKSTOWN PA 15050
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed. For Hire, Limo Service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. BRAUN CO.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? BRAUN CO. TRANSPORT
- Have you supported similar applications in the past? If so, who was the applicant? NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application 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 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

David N. Woodling
(Signature of Supporter)
DAVID N. WOODLING
(Supporter's Name, printed or typed)

8-3-16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

MARK S. DENES
Name of Supporter

104 Bronko St. ALIQUIPPA PA. 15001
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
For hire Limo service.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Monaca / Center Twp - Beaver County, PA. - To sporting & concert venues in Pittsburgh & surrounding areas
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
3-6 times yearly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Not sure -
- Have you supported similar applications in the past? If so, who was the applicant?
No

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Mark S. Denes 8-3-16
(Signature of Supporter) (Date)

(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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Ken Bucklen
Name of Supporter

2340 US RT 30 Hookstown Pa 15050
Street Address City or Municipality State Zip Code

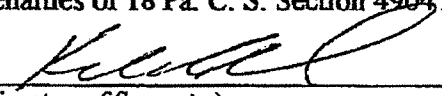
Name of Applicant

- Describe the type of transportation service needed.
Limo service to/from Airport, sporting events, concerts
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Greene Twp, to Airport, sporting events in pittsburgh
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
2 or 3 times a year
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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 8-3-16
(Signature of Supporter) (Date)

Ken Bucklen
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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Christopher R Dinger
Name of Supporter

173 Ridgeview Dr. Aliquippa PA 15001
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
Limousine transportation to special events Downtown
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Aliquippa to Pittsburgh*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *at least 3 times a Year.*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *older limos*
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Christopher R Dinger
(Signature of Supporter)

Christopher R Dinger
(Supporter's Name, printed or typed)

8/3/16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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Jennifer Cisar
Name of Supporter

216 Sherwood Drive Cranberry Twp. PA 16006
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.

Limo/Towncar Service

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

Cranberry Twp / North Hills ^{area} to Downtown Pittsburgh

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

3 x year

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

None in my region - nearest is Beaver Falls or McKnight Road area.

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

No

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Jennifer Cisar
(Signature of Supporter)

02/Aug/2016
(Date)

Jennifer Cisar
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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SUNSET
Name of Supporter

302 S URANIA AVE GREENBURG PA 15601
Street Address City or Municipality State Zip Code

B.M Lino
Name of Applicant

- Describe the type of transportation service needed.

CORPORATE CAR TO GREATER PITT AIRPORT

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

AIRPORT

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

6 TIMES YEARLY

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

yes FRIEND OF FAMILY

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

NO

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Ray Summers
(Signature of Supporter)

8-4-16
(Date)

RAY SUMMERS
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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Denise Hanratty
Name of Supporter

P.O. Box 285 Madison PA 15663
Street Address City or Municipality State Zip Code

B & M Limo
Name of Applicant

- Describe the type of transportation service needed.
Car service / Multiple passengers
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Dinner/ events
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
every 3/4 weeks
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
None ~~known~~ that I know
- Have you supported similar applications in the past? If so, who was the applicant?
No

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Denise Hanratty 7-23-16
(Signature of Supporter) (Date)

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

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Melissa Aird
Name of Supporter
114 treep lane Irwin PA 15642
Street Address City or Municipality State Zip Code
B & M Limo
Name of Applicant

- Describe the type of transportation service needed.
Shuttle bus / Party Bus
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Dinner events / Functions Greensburg
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Unknown
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
None
- Have you supported similar applications in the past? If so, who was the applicant?
No

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Melissa Aird 1/28/2016
(Signature of Supporter) (Date)
Melissa Aird
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Shannon M Shupe
Name of Supporter

P O Box 290 354 Third Street Smithton PA 15479
Street Address City or Municipality State Zip Code

B & M Limo 412-352-7996
Name of Applicant

- Describe the type of transportation service needed.
Car Service, Party Bus
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
dining & Entertainment
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly +/-
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Not available
- Have you supported similar applications in the past? If so, who was the applicant?
No

VERIFICATION OF STATEMENT

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Shannon M Shupe 7/19/16
(Signature of Supporter) (Date)

Shannon M Shupe
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

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John Smith PINE GRILL
Name of Supporter

800 North Center AV SOMERSET PA 15501
Street Address City or Municipality State Zip Code

B M LIMO
Name of Applicant

- Describe the type of transportation service needed.

CAR SERVICE LIMO TRANSPORTATION

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

AIRPORT / NITES OUT

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

3/4 TIMES YEARLY

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

YES

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

NO

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John Smith
(Signature of Supporter)

7-24-16
(Date)

John Smith Pine Grill
(Supporter's Name, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Tyler Auto
Name of Supporter

1197 CENTER AV SEMESSET PA 15501
Street Address City or Municipality State Zip Code

B.M
Name of Applicant

- Describe the type of transportation service needed.

CAR / LIM0

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

Nites OUT

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

COUPLE TIMES A YEAR

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

No

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

No

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Tyler Johns
(Signature of Supporter)

Tyler Johns
(Supporter's Name, printed or typed)

8-1-16
(Date)