## BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYP ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION. $A-20/6-2547314$	ED OR PRINTED.				
PUC Application Docket No.	AUG 2-2 2016				
AFFordable Guys Maing, LCC Legal Name of Applicant					
Legal Name of Applicant	PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU				
Trade Name, if any					
Cold Bishop Thorpe Street Beth Lehem Street Address (principal place of business) City or Municipality	PA 18015				
Street Address (principal place of business)  City or Municipality	State Zip Code				
This document is a business plan, or your proposal for providing the transpo you are making application. Prior to deciding to make application for opera Public Utility Commission, you likely gave much consideration to the mann- operate the business in order that you could provide satisfactory service to y	ting authority from the er in which you would				

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

you could make a reasonable profit. As part of the application process, you must provide the

Commission with your proposal to provide the transportation service.

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. My name is Tere! Robinson and Im the Owner or Affardable Grays mumy

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

NA

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

Affordable Guys Moving has been hauling clients' goods daily for over 3 years.

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

The main office is out of the owners (Jerel) home in Bethlehem, PA. Our vehicles are parked and stored in our storage unit in Bethlehem, PA

- 5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers. We receive Customer's request. Through Online Service's and thene cake, Our drivers age I a work order with all the customer's requests. In driver has any questions they can call mat a matime. The work orders are Sent out based on movers and times available.
- 6. Please explain:
  - a. Your hiring standards for drivers; Driver Must have a valid drivers weeks, reliable, flexible schedule, great communication skills, and must pass back ground and drug test.
  - b. Your system to ensure prospective drivers will be subject to a criminal background check; Part of our hiring process requires a background Check. Before any applicant is considered we run a background Check.
  - c. Your driver training program; All drivers must pass our driving course before going on the road.
  - d. Your system for ensuring that your drivers are properly licensed at all times; All drivers are required to inform us of any driving violations We also check driving records periodically.
  - e. Your system to ensure that all drivers will be subject to a criminal background check every two years; Our employees go through an annual background check to Start off each year

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

All drivers are subject to random drug screenings. Employees are forbidden to consume any alcohol during work hours.

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

YEAR	<u>MAKE</u>	MODEL	SEATING CAPACITY	VEHICLE ID #
9000	Ford	E350	3	1FDWE355XYha78960
2000	GMC	Clp500	3	1GDG6A1B7YJ905686

- 8. Describe your vehicle safety program. Please include the following in your explanation:
  - a. Your periodic vehicle maintenance plan: Our vehicles are serviced every 3-Le months or sooner if needed.
  - b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

Our vehicles are made current (inspection | registration) every year.

c. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

We will make some that all USDOT equipment standards will be met at all times.

 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.

Johnson + Liberty 610, 868, 9800 \$1,800,00 month Broski Insurance 610, 264, 3940 \$1,200.00 month

\*If 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. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.

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 NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.

Statement of Financia	d Position	(Balance S	heet)
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As of (date) 8 9/16

<u>ASSETS</u>

**Current Assets** 

Cash

Other Current Assets (specify)

\$ 18,000.00

Other Assets

Motor Vehicle Equipment Building and Structures Office Equipment Investments and Funds (specify) \$12,000.00 \$0 NA \$2,760,00

**TOTAL ASSETS** 

\$ 32,700.00

**LLABILITIES** 

Current Liabilities (Due within one year of date) Long Term Liabilities (Due after one year of date)

Work from home

**TOTAL LIABILITIES** 

\$700.CO

<u>NET WORTH</u> | <u>OWNER'S EQUITY</u> (Subtract total liabilities from total assets)

\$ 33,000.00

## STATEMENT OF FINANCIAL POSITION One Year Projected Income Statement

<u>REVENUE and GAINS</u>	8
Operating Revenue	<u> </u>
Net Revenue from non-carrier operations	N/A
Dividend and interest revenues	_MA
Other non-operating revenue	<u> N/A</u>
Gains	<u> NIA</u>
Total Revenue and Gains	\$ 75,000,00
<u>EXPENSES</u>	
Equipment Maintenance and Garage Expense	\$ 10,000.00
Insurance Expense	\$17.000.00
Employee Salaries	5 24.000.00
Supervisory Salaries	\$ 30,000,00
Officer Salaries	· NA
Fuel Expense	\$10,000,00
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	\$ 5,000.00
General Office Expense	<u>\$ 300</u> 0.00
Advertising Expense	p & 000 00
Telephone Expense	\$ 3,600,00
Accounting Expense	82400.00
Legal Expense	\$ 2500.00
Uncollectible Revenue	S'NA
Depreciation Expense	<i>N/A</i>
Amortization	NA
Operating Taxes and Licenses	\$ 10,000 CO
Rent Expense	\$ 2500.00
Loss	\$ 10,000,00
Total Operating Expenses and Losses	<u> 147 as a</u>
<u>Net Income Before Taxes</u>	<u>₩32,000.00</u>
Provision for Income Taxes	41:11
Net Income (Loss)	\$175,000.00

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.

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AUG 2 2 2016

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

## **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)

Jevel Pohinson Owner

**RECEIVED** 

AUG 2 2 2016

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU 614 Bishopthorpe St. Bethlehem PA 18015





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