

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-2015-2508216			
PUC Application Docket No.			
EXCELLENT TAXI SERVICE LLC			
Legal Name of Applicant			
dba EXCELLENT TAXI SERVICE			
Trade Name, if any			
221 S Cedar St	Hazleton	PA	18201
Street Address (principal place of business)	City or Municipality	State	Zip Code

RECEIVED
2016 AUG 25 11:09:46
PA P.U.C.
SECRETARY'S BUREAU

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

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

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Francisco Brito Brito (owner)

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

None

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.

Has been involved in the passenger transportation business for over 20 years (as a driver) and been the owner of Excellent Taxi Service LLC for the past two years

4. Describe the the physical location, to include the office area, office machines that will be used, and where vehicles will be stored.

Located at 221 S Cedar Street, Hazleton PA (Luzerne County)
The office will consist of a desk area, phone and standard office supplies.

Vehicles will be located at the office site, and will be dispatched from the site as needed.

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.

Vehicle dispatching will be accepted by phone. The office will be equipped with a mobile phone, and each driver will be equipped with a mobile phone. Each passenger pick-up will be logged and each passenger departure will be verified by the driver to the dispatch office.

6. Please explain:

- a. Your hiring standards for drivers;

Drivers will be required to have a valid drivers license
Drivers will be required to complete an employee application with at least one reference, and one year experience.

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

Drivers will not be assigned a unit (for transporting) until a motor vehicle record and criminal background has been submitted to the office for verification.

- c. Your driver training program;

A minimum of one year passenger experience is required. A driver orientation is required and a monthly meeting will be required.

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

A copy of a valid drivers license for initial hire and then random MVR's during the period of employment.

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

Criminal background checks will be done prior to hire and then done on the anniversary hire date.

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

There will be zero tolerance for alcohol/drug use. Any driver may be subject to random alcohol. drug testing.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2008	Chev	Sdn	5	2G1WS583081256129
2009	Nissan	Sw	5	JN8AS58V89W431664

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

- a. Your periodic vehicle maintenance plan:

Each vehicle will have a weekly tire pressure/fluid check
Monthly maintenance will be done as necessary

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

Monthly(or as needed) maintenance will be done. Vehicles will have trip inspection prior to passenger usage
PA inspections will be performed as needed.

- c. Your system for taking vehicles out of service which are older than ten model years, OR which have mileage greater than 350,000.

Vehicles will be replaced prior to mileage limitation

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.

Strauss Agency (Ismeldi-570-454-8566)
Hazleton PA

(variable premium rates \$2700-3600)

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

**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 Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets		
Cash	10,000	
Other Current Assets (specify)		
Other Assets		
Motor Vehicle Equipment	5,500	
Building and Structures		
Office Equipment	200	
Investments and Funds (specify)		
TOTAL ASSETS		15,700-

LIABILITIES

Current Liabilities (Due within one year of date)		
Long Term Liabilities (Due after one year of date)		
TOTAL LIABILITIES		-0-
<u>NET WORTH / OWNER'S EQUITY</u> (Subtract total liabilities from total assets)		15,700

RECEIVED

2016 AUG 25 ... 9:46

PA P.U.C.
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.

Francisco Brito Brito
(Signature)
Francisco Brito Brito (owner)
(Name and Title, printed or typed)

8/15/16
(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.

<u>Melquisedec Binet</u> Name of Supporter			
<u>582 Alter St</u> Street Address	<u>Hazleton</u> City or Municipality	<u>PA</u> State	<u>18201</u> Zip Code
<u>EXCELLENT TAXI SERVICE LLC</u> Name of Applicant			

- Describe the type of transportation service needed.

TAXI SERVICE

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

Alter St., Hazleton to Laurel Mall, W, Hazleton
Walmart, Broad St.

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

3 TO 4 times A week

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

Yes, Sometimes there is a long wait

- 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.

<u>Melquisedec Binet</u> (Signature of Supporter)	<u>08-03-16</u> (Date)
<u>Melquisedec Binet</u> (Supporter's Name, printed or typed)	

RECEIVED
2016 AUG 25 ... 9:46
PA P.U.C.
SECRETARY'S BUREAU

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.

F Rancheska Almengo Cabrera
Name of Supporter

740
Street Address

Piase
City or Municipality

HAWAII 18201
State Zip Code

EXCELLENT TAXI SERVICE LLC
Name of Applicant

- Describe the type of transportation service needed.

Good Service

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

To the house at mall

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

3 times a days

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

Car

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

NO. I am not inskerter only service

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.

[Signature]
(Signature of Supporter)

F Rancheska Almengo
(Supporter's Name, printed or typed)

08/05/2014
(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.

Jose Guerrero

Name of Supporter

800 W Diamond Av HAZLETON PA 18201

Street Address

City or Municipality

State

Zip Code

EXCELLENT TAXI SERVICE LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI SERVICE

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

HOSPITAL

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

DAILY

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

NO SERVICES 6:00 AM.

- 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.

Jose Guerrero

(Signature of Supporter)

8-5 2016

(Date)

JOSE GUERRERO

(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.

Rafael B. GENAO
Name of Supporter
522 AITER ST HAZLETON PA 18201
Street Address City or Municipality State Zip Code

EXCELLENT TAXI SERVICE LLC
Name of Applicant

- Describe the type of transportation service needed.

TAXI

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

to go WALMART HUMBOLT INDUSTRIAL PARK DOCTOR APPOINTMENT

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

I DAILY NEED TO GO TO WORK AND I DON'T HAVE CAR

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

BECAUSE THEY DON'T HAVE LATE OF NI ST

- 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.

Rafael Genao
(Signature of Supporter)
RAFAEL B. GENAO
(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.

Hipolito Jimenez
Name of Supporter

551 W Maple St. Hazelton PA 18201
Street Address City or Municipality State Zip Code

EXCELLENT TAXI SERVICE LLC
Name of Applicant

- Describe the type of transportation service needed.

Taxi Service

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

To Loue / Mall

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

2-3 day to week

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

Yes I know the owner

- 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.

Hipolito Jimenez
(Signature of Supporter)

Hipolito Jimenez
(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.

David Binet

Name of Supporter

568 LINCOLN ST. W HAZLETOW PA 18201

Street Address

City or Municipality

State

Zip Code

EXCELLENT TAXI SERVICE LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI SERVICE

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

WES HAZLETOW TO HOMBOLT PARK

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

TRIE TIME PER WEEK.

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

YES, SOMETIMES THERE IS A LONG WAIT

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

YES FOR EXCELLENT TAXI SERVICE

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.



(Signature of Supporter)

David Binet.

(Supporter's Name, printed or typed)

08-03-16

(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.

Ilvin G Gumbs
Name of Supporter

28 W Broad St
Street Address

West hazleton PA
City or Municipality State

18202
Zip Code

EXCELLENT TAXI SERVICE LLC
Name of Applicant

- Describe the type of transportation service needed.

On call Taxi

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

From west hazleton to humble

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

7 Days a week

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

because there closer and have better service


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

Yes for excellent Taxi service

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.


(Signature of Supporter)

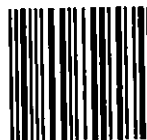
Ilvin G Gumbs
(Supporter's Name, printed or typed)

8-3-16
(Date)

Excellent Taxi Service
221 S Cedar St
Hazleton PA 18201



1000



17105

U.S. POSTAGE
PAID
MCADOO, PA
18237
AUG 23, 16
AMOUNT

\$0.68

R2305K141022-01

PA PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG PA 17105-3265

171053265 B099

