Form PUC-189H (Revised 1-95)

BEFORE

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

TRACEP

# APPLICATION FOR THE TRANSPORTATION OF HOUSEHOLD GOODS 3: 49 BY MOTOR VEHICLE

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION) 픚 100 For PUC Use Only Docket No. Folder No. 4 Jelc. (Full and correct MAY 0 1 2001 2. (Trade name, if any) S The trade name, if fictitious, has been (has or has not) registered with the Secretary of the Commonwealth on (attach copy of date-stamped registration form). FOIDER з. (Telephone No.) (Mailing Address) (County) (City) (State) [] Check if change of address. Applicant's attorney (for his application) is: 5. (Address) (Name) A- 00117793

Does NOTINUI Applicant hold Pa. PUC authority under 6. (does or does not Docket No. and operates as a (common or contract) carrier. 7. Applicant is (Check one): Individual Partnership, Attach copy of partnership agreement and list [] names and addresses of all partners below (use additional sheet if necessary). ANTHON WARREN C 293 7.513FH STREET (MILLA 191148 (Name) CINE ME A THERE - 418 Parce TV. WILL STRUCT KILL OF PLESSIN PA TAHUL Corporation. Organized under the laws of the State of [] \_ and qualified to do business Pennsylvania by registering with the Secretary of the Commonwealth \_ (Attach copy of application for Certificate date-stamped of Incorporation or Authority and statement of charter purpose). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder. Attach the following, as appropriate (check those attached): [j] Partnership Agreement. [] Date-stamped copy of fictitious Name registration certificate. I Date-stamped copy of Application for Certificate [] Statement of corporate charter of Authority. List of corporate charter purpose. [] Additional Information (See Appendix 9. That the nature and character of the service to be rendered by applicant is: Transportation of household goods, as a M common or [] Contract carrier, using motor vehicles, as follows: To transfort, House Hob goods NUSE, Between Birtsinthe Counties of PHILA del PHILA, AND the city of PHILAdelPHIA (And Moiphaomeny, CHESTER, BUCKS And Demarke Counties, OF PENNSYLVANIA AND FROM POINTS IN SAID NAMED COUNTIES, -TO POINTS IN PA. AND WISA VERSA.

- 10. Applicant is not now engaged in any transportation of household goods for compensation in Pennsylvania (except as authorized by the certificates of public convenience or permits specified Paragraph 6) and will not engage in the transportation for which approval is herein sought unless and until authorization for such transportation shall be review.
- 11. Verification

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information and belief. The undersigned understands that the statements herein are made subject to the penalties of 18 Pa. C. S. §4904 relating to unsworn falsification to authorities.

Were fille latt 3- Marel 31, 2001 (Date)

(This section must be completed by the applicant appearing on Line 1, if an individual; by <u>all</u> partners; if a partnership, or by the President or Secretary, if a corporation).

as of <u>December</u> 31, 1999

#### ASSETS

#### Current Assets

| Cash   | \$ 70,341- |
|--|------------|
| Accounts Receivable<br>Notes Receivable                |            |
| Other Current Assets (Specify)<br>Total Current Assets | <u> </u>   |
| Tangible Assets  |            |

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#### Land

Motor Vehicle Equipment Less: Accumulated Depreciation Buildings and Structures Less: Accumulated Depreciation Investments and Funds (Specify) Intangible Assets Other Assets

#### TOTAL ASSETS

#### LIABILITIES

Current Liabilities (liabilities due within one year)

Accounts Payable Notes Payable Equipment Obligations Other liabilities (attach schedule) Total current liabilities Long Term Liabilities (liabilities due after one year)

Accounts Payable Notes Payable Equipment Obligations Other liabilities (attach schedule) TOTAL LIABILITIES

#### OWNER'S EQUITY (corporations only)

| Capital Stock                         |          |
|---------------------------------------|----------|
| Additional paid-in capital            |          |
| Retained Earnings                     |          |
| Less: Treasury Stock                  | <u> </u> |
| TOTAL OWNER'S EQUITY                  |          |
| Total Liabilities & Owner's Equity    |          |
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NET WORTH (Partnerships & Individuals):Total assets minus Total liabilities

55,785.00

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TEMENT OF FINANCIAL CONDITION Income Statement For the 12-month period ending December, 31, 1999 **REVENUE** and GAINS 374 187 **Operating Revenue** Net Revenue from non-carrier operation Dividend and interest revenues Other non-operating revenue Gains Total Revenue and Gains **EXPENSES** 026 Equipment maintenance and Garage Expense 10 Insurance Expense  $\overline{\sigma}$ Employee salaries Supervisory Salaries Officer Salaries Fuel Expense Purchased Transportation(Lease Expense) 700 Materials and Supplies Expense beil 00 General Office Expense 1 88 Advertising Expense 231 00 Telephone Expense 225. Accounting Expense Legal Expense Uncollectible Revenue Depreciation Expense コー Amortization 992 Operating Taxes and Licenses <u>50</u> Rent Expense 000 00 Loss  $\omega \phi$ Total Operating Expenses and Losses  $\alpha$ Net Income before Taxes Provision for Income Taxes

Net Income (Loss)

Appendix

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# VERLEIED STATEMENT OF PPLICANT

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.

## 1. Legal name and domicile of applicant.

Give exact name of applicant (indicate correct spelling, capitalization, spaces and punctuation). If a corporation, give state of incorporation. Give address of principal place of business.

- 2. Identity and qualifications of person making statement for the applicant. If applicant is a sole proprietor making the statement, this will be the same as Item No. 1. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.
- 3. Whether applicant is affiliated with (owner, manager, controls) any other carrier, with the description of affiliation.

Indicate if owners/officers/directors/partners have any ownership or management interest in any other carriers. If so, give name and address of carrier, position held or percentage of ownership.

- 4. Authority sought (if amended since application filed). Give authority as initially applied for (as published in The Pennsylvania Bulletin) and as amended as a result of protests or by applicant's own action, if any.
- 5. General scope of currently authorized operations attach a copy of any operating rights, which relate to authority sought. Include summary of ICC authority and list of other states where applicant holds rights. Describe any exempt intrastate operations currently performed by applicant.
- 6. Duplicating authority which will result from grant of authority. For applicant's holding PUC rights, review your current authority and indicate any rights that overlap the rights being sought by this application.

## 7. Terminal facilities and communications network.

Give location of terminals (city/boro/township and county) where vehicles will be stored, dispatched, repaired, etc. Describe facility (size of lot, number of bays/docks, offices, repair facilities, waiting room, etc.). Describe communications system (telephone lines into office, radio or cellular telephone dispatched vehicles, fax, etc.).

# **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.

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Dated 3-31-0

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(Print Name)

## VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION

(To establish that there is a pubic need for the proposed service, statements must be provided from shippers that need this service and would use it if it was made available to them. The statements must represent a cross section of public need you intend to serve; the number of statements required will vary depending upon the proposed commodities to be transported and the extent of the proposed territory to be served.) 1 N

Statements of each shipper or witness supporting the application shall contain the fetbewingtes sonopycofcabsiproppedcentimast.

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- Legal Aname' and domicile of supporting individual, firm or 1. organization, stating the actual location in terms of city, township, or borough and county, rather than a mailing address. A corporation or organization must provide a genera description of the operations or purpose.
- Identify and qualifications of persons making statement for supporting firm or organization. An individual shipper or witness 2. must provide employer's name and job title.
- Description of volume and frequency of intended use and type of 3. service required. Statements must list the actual commodities to be transported, rather than merely restating the applicant's caption, and must state whether service is required for bulk, truckload, less than truckload, multiple delivery, specialized. equipment or any other pertinent specifications.
- Specific or representative origins and destinations where service 4. is or will be required. The origins and destinations must be listed separately.
- How service needs are currently provided. 5.
- Unsatisfactory aspects of current service. 6.
- Any other pertinent information. 7.

. . .

- Signature of person making statement supported by oath or 8. affirmation subject to penalties of 18 Pa. C.S. §4904 or by affidavit (notarized).
- The statement must be signed by the person making statement, 9. verification (See reverse) or by affidavit supported by (notarized).

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Dated MARCH 31 2001

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MERONE



# PENNSYLVANIA PUBLIC UTILITY COMMISSION P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE REFER TO OUR FILE

May 3, 2001

ANTHONY MERONE 2937 SOUTH 13<sup>TH</sup> ST PHILADELPHIA PA 19148

In Re: A-00117793 – Application of Anthony Merone.

To Whom It May Concern:

The Application cited above has been captioned as attached and will be submitted for review providing no protests are filed on or before June 4, 2001. If protests are filed, you will be advised as to further proceedings.

You are further advised that the above application will be published in the Pennsylvania Bulletin of May 12, 2001.

Very Truly Yours,

David Ehrhart, Application Spec. Compliance Office – Technical Unit Bureau of Transportation and Safety

Cc: Document Folder





<u>A-00117793</u> ANTHONY MERONE (2937 South 13th Street, Philadelphia, PA 19148) household goods in use, between points in the counties of Bucks, Chester, Delaware, Montgomery and Philadelphia, and from points in said counties to points in Pennsylvania, and vise versa.

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## SERVICE OF NOTICE OF MOTOR CARRIER APPLICATIONS

Published in Pennsylvania Bulletin MAY 12 2001

## BUREAU OF TRANSPORTATION AND SAFETY COMMON CARRIER May, 01

A-00117793

Application of Anthony Merone, for the right to begin to transport, as a common carrier, by motor vehicle, household goods in use, between points in the counties of Bucks, Chester, Delaware, Montgomery and Philadelphia, and from points in said counties to points in Pennsylvania, and vise versa.

DEE:dk

5/2/01

Application Received: 04/10/01

Application Docketed: 05/01/01

JUN - 4 2001

Protests due

# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

ANTHONY MERONE 2937 S 13TH ST PHILADELPHIA PA 19148 DATE 5/ 8/01 RECEIPT # 198417

IN RE: Application fees for ANTHONY MERONE

Docket Number A-00117793..... \$350.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: CB OC 423078913 CHECK AMOUNT: \$350.00

DOCUMENT FOLDER

C. Joseph Meisinger (for Department of Revenue)

