

Before the Pennsylvania Public Utility Commission

APPLICATION

RECEIVED
TRANSPORTATION SAFETY
01 MAY 31 AM 10:55
PA.P.U.C.
SECRETARY'S BUREAU

MOTOR COMMON CARRIER OF PERSONS IN LIMOUSINE SERVICE

Application for a Certificate of Public Convenience authorizing the transportation of persons in limousine service between points in Pennsylvania.

1. Vince Andrew Marini
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)
2. Primo Limo Limousine Service
TRADE NAME IF ANY
The trade name, if fictitious, Has been registered with the
(has or has not)
Secretary of the Commonwealth on 5/3/01. Attach a date
stamped copy of the registration form.
3. 160 Clinton St.
Greenville Pa 16125 Mercer Co. 724-588-1489
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)
4. _____
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS
5. WM. G. McConnell Jr. 724-981-2000
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING
(Do not supply an Attorney's name if you want all correspondence and notice of
process mailed directly to you.)
First Western Bank Bldg. Sharon, Pa. 16146
ATTORNEY'S ADDRESS
6. APPLICANT does not HOLD PA PUC AUTHORITY UNDER
(does or does not)
Docket Number _____ and operates as a _____ carrier.
(common or contract)

DOCKETED

JUL 27 2001

A-118622

55

DOCUMENT FOLDER

7. APPLICANT does not HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER _____.

8. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP
AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL
PARTNERS BELOW:

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE
OF _____ AND QUALIFIED TO DO BUSINESS
IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY
OF THE COMMONWEALTH ON _____.
ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR
CERTIFICATE OF INCORPORATION OR CERTIFICATE OF
AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH
TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES
HELD, AND ADDRESSES.

9. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

- DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF
INCORPORATION OR CERTIFICATE OF AUTHORITY.
- LIST OF CORPORATE OFFICERS/TITLES AND DISTRIBUTION OF
SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

- FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)
 CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

10. APPLICANT'S STATEMENT:

- You are required to provide the information requested in Appendix A of this application.
- Appendix A contains questions about you , your equipment and how you plan to provide the proposed limousine service.
- The Commission will review the information provided and make a determination of your technical and financial fitness to provide service in Pennsylvania.
- If additional information is required to make this determination you will be asked to file a supplemental statement.

11. Financial Statement:

- Attached to Appendix A is a balance sheet and income statement of the applicant. You are required to provide the most recently available financial data using the attached forms or other comparable formats containing the same requested information.

12. CERTIFICATION:

APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN UNAUTHORIZED INTRASTATE TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA AND WILL NOT ENGAGE IN SAID TRANSPORTATION UNLESS AND UNTIL AUTHORIZATION IS RECEIVED FROM THE PENNSYLVANIA PUBLIC UTILITY COMMISSION.

APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THE REQUIREMENTS OF THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, ESPECIALLY AS THEY RELATE TO SAFETY AND INSURANCE AND THAT IT MAY BE SUBJECT TO CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE FOR FAILURE TO COMPLY WITH COMMISSION REQUIREMENTS.

APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THAT IT IS SUBJECT TO AN ANNUAL ASSESSMENT BASED UPON ITS REPORTED GROSS PENNSYLVANIA INTRASTATE REVENUES; SAID ASSESSMENT TO HELP DEFRAY EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF PASSENGERS; AND ACKNOWLEDGES THAT FAILURE TO REPORT REVENUE AND PAY ITS ANNUAL ASSESSMENT MAY RESULT IN CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE.

VERIFICATION OF APPLICATION

I/WE HEREBY STATE THAT THE STATEMENTS MADE IN THIS APPLICATION IS/ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE 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.

Vince A. Mioni Vince A. Mioni 5/21/01
(PRINT NAME) (SIGNATURE) (DATE)

THE VERIFICATION OF THE APPLICATION MUST BE COMPLETED BY THE APPLICANT APPEARING ON LINE 1 OF THE APPLICATION BY THE NAMED INDIVIDUAL, ALL PARTNERS IF A PARTNERSHIP OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

APPENDIX A
APPLICANT'S STATEMENT
(If additional space is required attach a separate sheet)

- Describe your business experience, particularly any experience relating to the operation of a transportation service.

Food delivery service

- Describe your facilities and your communications network. Where is your office? How will you receive calls for reservations and how will you dispatch and maintain contact with your vehicles?

out of home
telephone
cell phone

- Describe how you plan to operate this business. How many employees will you have? How will you advertise? What services and amenities will you offer the customer?

1 employee
papers
Any transportation services

- Describe your safety program. How will you ensure the safe operation of your equipment and qualify your drivers?

daily inspection
 PennDOT safety classes

- Describe the equipment to be operated in the proposed limousine service?

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VIN</u>	<u>MILEAGE</u>
-------------	-------------	--------------	------------	----------------

1994	Lincoln	Towncar	1LNLM81W7RY761377	128,131

If you do not now have vehicles, be advised that you are required to provide a vehicle description before a Certificate of Public Convenience will be issued.

250000
 12300
 13700

STATEMENT OF FINANCIAL CONDITION

Balance Sheet as of _____

ASSETS

Current Assets:

Cash		12,300
Accounts Receivable		-
Notes Receivable		-
Other Current Assets (Specify)		-
Total Current Assets		12,300

Tangible Assets

Land		40,000
Office Equipment		16,500
Less Accumulated Depreciation	-	-
Buildings and Structures		180,000
Less Accumulated Depreciation	-	-
Investments and Funds (Specify)		23,000 401K
Intangible Assets		-
Other Assets (Attach Schedule)		-
Total Assets		271,800

LIABILITIES

Current Liabilities (Liabilities due within one year of date)

Accounts Payable		-
Notes Payable		-
Other Liabilities (Attach Schedule)		-
Total Current Liabilities		-

Long Term Liabilities (Liabilities due after one year of date)

Accounts Payable		-
Notes Payable		80,000
Other Liabilities (Attach Schedule)		-
Total Long Term Liabilities		80,000

Total Liabilities 80,000

Net Worth (Partnerships and Individuals) 191,800

OWNERS EQUITY (Corporations Only)

Capital Stock		-
Additional Paid-in Capital		-
Retained Earnings		-
Less: Treasury Stock		-

Total Owners Equity -

Total Liabilities and Owners Equity -

STATEMENT OF FINANCIAL CONDITION

Income Statement

12 Month Period ending _____

Revenue and Gains

Operating Revenue	<u>39,000</u>
Net Revenue (non-carrier operation)	<u> </u>
Dividend and Interest Revenue	<u> </u>
Other Non-Operating Revenue	<u> </u>
Gains	<u> </u>
Total Revenue and Gains	<u>39,000</u>

Expenses

Equipment	<u>1,150.</u>
Insurance	<u>1,200.</u>
Employee Salaries	<u>5,000.</u>
Supervisory Salaries	<u>- 0 -</u>
Officer Salaries	<u>- 0 -</u>
Materials and Supplies	<u>800.</u>
General Office	<u>500.</u>
Advertising	<u>3000.</u>
Telephone	<u>900.</u>
Professional Fees	<u>- 0 -</u>
Uncollectable Revenue	<u>- 0 -</u>
Depreciation	<u>5,500.</u>
Operating Taxes and Licenses	<u>950.</u>
Rent	<u>- 0 -</u>
Loss	<u>- 0 -</u>
Total Operating Expense and Losses	<u>19,000</u>
Net Income before Taxes	<u>20,000.</u>
Provision for Income Taxes	<u>- 0 -</u>
Net Income	<u>20,000.</u>

INSURANCE IDENTIFICATION CARD

PA (STATE)

COMPANY NUMBER: 20087
COMPANY: National Indemnity Company

POLICY NUMBER: 70APE674232
EFFECTIVE DATE: 05/21/2001
EXPIRATION DATE: 05/21/2002

YEAR: 1994
MAKE/MODEL: LINCOLN LIMO
VEHICLE IDENTIFICATION NUMBER: V# 1LNLM81W7RY761377

AGENCY/COMPANY ISSUING CARD:
W.N. Tuscano Agency Inc.
P.O. Box 1027
Greensburg, PA 15601

INSURED:
VINCE MARINI
D/B/A PRIMO LIMO
160 CLINTON STREET
GREENVILLE PA 16125

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

AU44871

INSURANCE BINDER

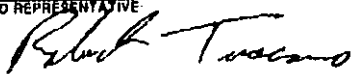
ISSUE DATE (MM/DD/YYYY)
05/21/2001

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER W.N. TUSCANO AGENCY, INC. 950 HIGHLAND AVENUE GREENSBURG PA 15601	COMPANY National Indemnity Company		BINDER NO. 70APE674232	
	EFFECTIVE DATE: 05/21/2001 TIME: 12:01		EXPIRATION DATE: 06/20/2001 TIME: <input checked="" type="checkbox"/> 12 DIAM <input type="checkbox"/> NOON	
CODE	SUB-CODE	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:		
INSURED VINCE MARINI D/B/A PRIMO LIMO 160 CLINTON STREET GREENVILLE PA 16125		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including location) 1994 LINCOLN LIMO VIN# 1LNLM81W7RY761377		

COVERAGES	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	ADDL. FIRST PARTY BENEFITS: \$25,000 MEDICAL; \$1/15,000 WORK LOSS NON-STACKED UM & UIM	COMBINED SINGLE LIMIT \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$ 35,000 UNDERINSURED \$ 35,000		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COLL: 250	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES OTC - COMPREHENSIVE	ACTUAL CASH VALUE STATED AMOUNT \$ 19,000 OTHER		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES
 **Subject to completed & signed application within 10 days.

NAME & ADDRESS [Blank]	<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> ADDITIONAL INSURFD
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

CONDITIONS

This company binds the kind of insurance stipulated on the reverse side. The insurance is subject to terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the company.

MAY 08 2001

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 3003210

Kim Fitzgibbon
Secretary of the Commonwealth

COPY

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 80)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: Primo Limo

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: limousine service

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):
160 Clinton Street Greenville PA 16125 Mercer
Number and Street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:
Name Number and Street City State Zip
Vince A. Marini 160 Clinton Street Greenville PA 16125

5. Each entity, other than an individual, interested in such business is (are):
Name Form of Organization Organizing Jurisdiction Principal Office Address Pa. Registered Office, if any
None

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

DSCB:64-311 (Rev 90)-2

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 3rd day of May, 2000. 18

Vivian Masini

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Name of Entity)

(Name of Entity)

BY: _____

BY: _____

TITLE: _____

TITLE: _____



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

IN REPLY PLEASE
REFER TO OUR FILE

July 11, 2001

VINCE ANDREW MARINI
T D B A PRIMO LIMO
160 CLINTON STREET
GREENVILLE PA 16125

In re: A-00118022 – Application for limousine service of Vince Andrew Marini, t/d/b/a Primo Limo

Dear Mr. Marini:

Since the filing of your limousine application, the Commission has undergone another guideline change regarding limousine service. Therefore, we are requesting that you supply us with the additional information as outlined on the attached sheet.

Regarding number 6. The information previously provided in the balance sheet shows total current assets of \$12,300. The new criteria require that you must have \$25,000 in liquid assets. We will accept a line of credit in the amount of \$12,700 from a banking/financial institution, as fulfilling your obligation.

We are giving you thirty (30) days to submit the requested information. The requested information is due on or before August 13, 2001. If you require additional time, please request an extension of time.

Failure to provide the requested information by the due date may result in dismissal of the application.

Should you have any questions regarding the above, please contact the author of this letter.

Sincerely yours,

Gale E. Travitz – Transportation Application Specialist
Compliance Section - Bureau of Transportation and Safety

GET/gt

Enclosures

DOCKETED
JUL 11 2001
[Signature]

**DOCUMENT
FOLDER**

GREENVILLE SAVINGS BANK

233 MAIN STREET - GREENVILLE, PA 18125

LINE OF CREDIT NOTE AND AGREEMENT

Date: 7/25/01 Maximum Credit Limit: \$ 15,000
Name: VINCENT A. MARINI Account Number:
Address: 140 Clinton St. Greenville, Pa. 16125

In this Agreement the words "I", "Me", and "My" mean the Borrowers who have signed below. "You" and "Your" mean the Creditor named above, and to any assignee or subsequent holder of this Agreement.

METHOD OF ACCESSING LOAN ADVANCES

DIRECT LOAN ADVANCES This Line of Credit Account is designed for individuals who want to write themselves a loan for any purchase and still have the convenience to accomplish this by writing a check.

MINIMUM LOAN AMOUNTS The minimum amount of any loan you make to me will be \$50.00. If I do request a loan that is below the minimum loan amount, you have no obligations to make it and can return my check and refuse my request.

OVERDRAFT PROTECTION ADVANCES I hereby request that you make me loans under this Agreement by crediting the following deposit account when it is overdrawn. The account will be credited in multiples of \$50.00 to cover overdrafts.

MAXIMUM CREDIT LIMIT

My Maximum Credit Limit for this Account appears at the top of this Agreement. I agree not to allow my total unpaid balance to exceed this amount unless you tell me in writing that you have increased my limit.

PROMISE TO PAY

I promise to pay you all amounts borrowed under this Agreement, plus any Finance Charge, late charge, collection cost, or other amounts due. The amount due on this Account along with any Finance Charge will appear on a monthly statement.

FINANCE CHARGE If I have no loans outstanding I will pay no Finance Charge. However, if I do receive a loan, I will pay a Finance Charge based on the loan balance in my account each day during the billing cycle.

TAX DEDUCTIBILITY I should consult a tax advisor regarding the deductibility of interest and charges for the line.

VARIABLE INTEREST RATE The interest rate on the outstanding balance of a loan you have made to me under this Agreement may vary. Beginning on the date the indebtedness evidenced by the Agreement was incurred and adjusted quarterly thereafter, the interest rate will be 7.75% per annum (the "initial rate").

ADDITIONAL SECURITY To secure payment of all loans and other amounts due you hereunder, including future advances, and performance of all my obligations pursuant to the terms of this Agreement, I hereby grant you a security interest in and agree to execute and deliver to you a mortgage on the real property described in the mortgage, which mortgage is incorporated by reference herein and made part hereof.

PHYSICAL DAMAGE INSURANCE Physical damage insurance against loss of or damage to the collateral is not required. Flood insurance is not required at this time.

CREDIT LIFE INSURANCE Credit Life Insurance is not required to obtain credit. I understand that you will provide no coverage unless I sign for the coverage, and/or are approved by the Insurance Company and agree to pay the additional cost for this insurance.

FEES AND CHARGES I understand that I will be charged certain fees in relation to administering this account. If I request a photocopy of a check, periodic statement, or document in connection with this Agreement, I will pay the fee in effect at that time.

CLOSING COSTS - Title Examination \$ - Notary Fee \$ - Credit Report \$ - Survey \$ - Recording Fee \$ - Appraisal \$ - Title Insurance \$ - Attorney Fee \$

Signature of Proposed Insured Borrower: [Signature] What is your age? 122 years

Signature of Proposed Insured Borrower: [Signature] Signature of Proposed Insured Borrower: [Signature]

What are your ages? I understand that the following charges are charges that you incur when you make the Line of Credit Account available to me. I will pay these charges to you in cash on the date I sign this Agreement.

I hereby acknowledge having read and understood this Agreement and agree to be bound by the terms in the Agreement. [Signature] 7/23/01

A-118022

DOCKETED

JUL 30 2001

Protest due 8-20

DOCUMENT FOLDER



Senator Robert D. Robbins
Majority Caucus Secretary
B-48
State Capitol Building

RECEIVED
PA PUC
OFFICE-LEGIS. AFFAIRS
2001 JUL 25 PM 2:3

J. Matthew Seagrist
Legislative Assistant
787-1322

July 25, 2001

June -

I hope all is well with
you!

Would you kindly have this
constituent's case processed
ASAP?

Thanks!
Matt



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

15
July 11, 2001

IN REPLY PLEASE
REFER TO OUR FILE

7

VINCE ANDREW MARINI
T D B A PRIMO LIMO
160 CLINTON STREET
GREENVILLE PA 16125

In re: A-00118022 – Application for limousine service of Vince Andrew Marini, t/d/b/a Primo Limo

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We are giving you thirty (30) days to submit the requested information. The requested information is due on or before August 13, 2001. If you require additional time, please request an extension of time.

Failure to provide the requested information by the due date may result in dismissal of the application.

Should you have any questions regarding the above, please contact the author of this letter.

Sincerely yours,

Gale E. Travitz – Transportation Application Specialist
Compliance Section - Bureau of Transportation and Safety

GET/gt

Enclosures



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

IN REPLY PLEASE
REFER TO OUR FILE

July 24, 2001

VINCE ANDREW MARINI
T D B A PRIMO LIMO
160 CLINTON STREET
GREENVILLE PA 16125

In re: A-00118022 - Application of Vince Andrew Marini, t/d/b/a Primo
Limo.

To Whom It May Concern:

The application cited above has been captioned as a request for authority to transport, as a common carrier, by motor vehicle, persons in limousine service, between points in Pennsylvania, and will be submitted for review provided no protests are filed on or before August 20, 2001. If protests are filed, you will be advised as to further proceeding.

You are further advised that the above application will be published in the Pennsylvania Bulletin of July 28, 2001.

Sincerely yours,

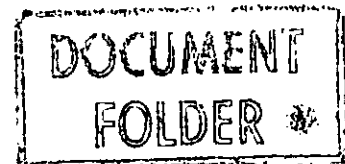
Gale E. Travitz, Application Specialist
Compliance Office - Technical Review
Bureau of Transportation & Safety

GET/gt

pc: Document Folder

DOCKETED

JUL 24 2001



PENNSYLVANIA
PUBLIC UTILITY COMMISSION

SERVICE OF NOTICE OF MOTOR CARRIER APPLICATIONS

Published in Pennsylvania Bulletin JUL 28 2001

BUREAU OF TRANSPORTATION AND SAFETY
COMMON CARRIER
July, 01

A-00118022

Application of Vince Andrew Marini, t/d/b/a Primo Limo, for the right to begin to transport, as a common carrier, by motor vehicle, persons in limousine service, between points in Pennsylvania.

GET:gt

7/11/01

Application Received: 05/30/01

Application Docketed: 07/11/01

Protests due AUG 20 2001

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

MARINI, VINCE ANDREW
PRIMO LIMO
160 CLINTON STREET
GREENVILLE PA 16125

DATE 8/6/01
RECEIPT # 198595

IN RE: Application fees for MARINI, VINCE ANDREW

Docket Number A-00118022..... \$350.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 094965
CHECK AMOUNT: \$350.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
AUG 09 2001