

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-2017-2588895

A-6419591

PUC Application Docket No.

RECEIVED

City Brew Tours Pittsburgh LLC

MAY 9 2017

Legal Name of Applicant

PA PUBLIC UTILITY COMMISSION
SECRETARY'S OFFICE

Trade Name, if any

Street Address (principal place of business)	City or Municipality	State	Zip Code
1 Grove St	Watertown	MA	02472

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.

Chad Brodsky, Owner of City Brew Tours Pittsburgh

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.

I've been running a brewery tourism company since 2008. I currently hold a commercial driver's license in the state of Massachusetts. I am Certified Cicerone and home brewer.

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.

**Our Van will be stored in a private lot located at 1501 Smallman St
Pittsburgh PA 15222**

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.

Our customers will reserve their reservation through our secure online booking platform at least 24 hours prior to their tour date. Our tours are a packaged experience that includes a beer pairing meal, tastings, history and transportation. We do not allow customers to reserve our vehicles strictly for transportation purposes and are considered not for direct compensation by USDOT guidelines.

6. Please explain:

- a. Your hiring standards for drivers;

All driver's must provide 5 years of driver history with no recorded incidents within in 3 years. A road test is administered to all potential drivers.

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

Yes, all driver's will be given a criminal background check

- c. Your driver training program;

All drivers must shadow at least 3 tours and pass a road test before running their first tour. Every driver is given a manual that includes what to do in certain situations, beer knowledge, etc.

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

We will ask our drivers to provide an updated MVR on annual basis.

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

As required by PUC, we will run a criminal background check bi-annual for our drivers

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

We have zero tolerance for drugs and alcohol on the days guides will be operating vehicles.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2003	FORD	E-350	15 Pax	1FBSS31L53HA76725

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

a. Your periodic vehicle maintenance plan;

We follow manufacturer maintenance schedules supplemented with legally required safety checks

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

We will take our vehicles in every 3 months for oil changes and general servicing, which includes safety checks.

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

N/A

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.

Our insurance company is Commerce Insurance. Our broker is Boynton Insurance Agency. They can be reached at 781-449-6786. Given the nature of the business, there isn't really market for this type of operation. We currently have insurance up to \$1 million.

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 x

**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) 3/31/17

ASSETS

Current Assets

Cash	\$10,000
Other Current Assets (specify)	\$2,000 (branding materials)

Other Assets

Motor Vehicle Equipment	\$0
Building and Structures	\$0
Office Equipment	\$0
Investments and Funds (specify)	\$0

<u>TOTAL ASSETS</u>	<u>\$12,000</u>
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LIABILITIES

Current Liabilities (Due within one year of date)	
Long Term Liabilities (Due after one year of date)	\$10,000 (Loan from founder)

<u>TOTAL LIABILITIES</u>	<u>\$12,000</u>
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<u>NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)</u>	<u>\$2,000</u>
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**STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement**

REVENUE and GAINS

Operating Revenue	\$85,000
Net Revenue from non-carrier operations	\$0
Dividend and interest revenues	\$0
Other non-operating revenue	\$0
Gains	\$0
Total Revenue and Gains	\$85,000

EXPENSES

Equipment Maintenance and Garage Expense	\$6,000
Insurance Expense	\$9,000
Employee Salaries	\$10,000
Supervisory Salaries	\$0
Officer Salaries	\$0
Fuel Expense	\$3,000
Purchased Transportation (Lease Expense)	\$2,000
Materials and Supplies Expense	\$26,000
General Office Expense	\$500
Advertising Expense	\$5,000
Telephone Expense	\$0
Accounting Expense	\$2,000
Legal Expense	\$0
Uncollectible Revenue	\$0
Depreciation Expense	\$0
Amortization	\$0
Operating Taxes and Licenses	\$700
Rent Expense	\$0
Loss	\$0
Total Operating Expenses and Losses	\$64,200

Net Income Before Taxes

	\$20,800
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Provision for Income Taxes	\$7,280
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<u>Net Income (Loss)</u>	\$13,520
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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.

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)

4/27/17

(Date)

Chad Brodsky, Owner & Founder

(Name and Title, 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.

Spoonwood Brewing Company
Name of Supporter
5981 Baptist Rd Pittsburgh PA 15236
Street Address City or Municipality State Zip Code
City Brew Tours
Name of Applicant

- Describe the type of transportation service needed.

TRANSPORTATION OF TOUR GROUPS

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

Spoonwood Brewing Company - Bethel Park
Hitchhiker Brewing Co. - CASTLE SHANNON
Penn Brewing Company - Pittsburgh North Shore

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

Multiple times per week

- 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?

NONE

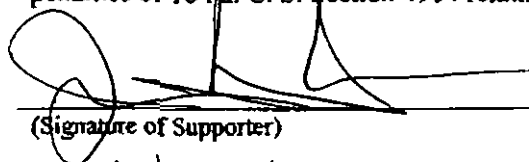
RECEIVED

MAY 9 2017

VERIFICATION OF STATEMENT PA PUBLIC

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)

John Kalnai

(Supporter's Name, printed or typed)

4/29/2017

(Date)

RECEIVED

MAY 9 2017

PA PUBLIC UTILITY COMMISSION
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.

Alexa Fitting
Name of Supporter

640 Lincoln Rd Bradfordwood PA 15015
Street Address City or Municipality State Zip Code

City Brew Tours
Name of Applicant

- Describe the type of transportation service needed safe travel between breweries in the city.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships
North S. Jc of Pittsburgh - Allegheny City and Penn Brewery. Millvale has Grist House, Draak Lees, Lawrenceville - Hip Farm. South Hill -
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Service needed 5 days a week Mitchellers and Spoonwood Larimer-Couch
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Not a service that includes a tour, and tourist info.
- Have you supported similar applications in the past? If so, who was the applicant?
I have not

VERIFICATION OF STATEMENT

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Alexa Fitting
(Signature of Supporter)

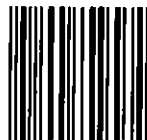
4-29-17
(Date)

Alexa Fitting
(Supporter's Name, printed or typed)

City Brew Tours
1 Grove St, #1
Watertown, MA 02472



1000



17105

U.S. POSTAGE
PAID
WATERTOWN, MA
02472
MAY 09, 17
AMOUNT

\$6.80

R2305H126674-06



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7016 2710 0001 0196 9767

Commonwealth of Pennsylvania
Attn: Pennsylvania Public Utility Commission (PUC)
P.O. Box 3265
Harrisburg PA 17105-3265

**RETURN RECEIPT
REQUESTED**

171053265 8099

