

*An Innovative Home Care Company*

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Pampering Plus, Inc  
Pampering Plus Nurse Aide Institute  
1522 Old York Rd.  
Abington, PA 19001  
Office 215.881.8902  
Fax 215.881.8912  
www.pamperingplus.com

June 6, 2017

Pennsylvania Public Utility Commission  
400 North st.  
Harrisburg, Pa 17120  
Attn: Rosemary Chiavetta  
Re: Docket No A-2016-2580001

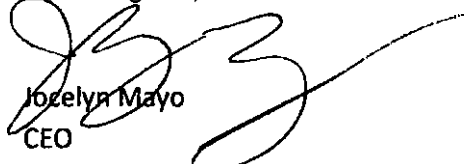
Dear Ms. Chiavetta

A-2016-2580001

I am writing to ask for a reconsideration of application Docket No. ~~A-2016-2580001~~ under 52 Pa Code 5.44. The application was denied for failure to establish need. If the application is reconsidered I would also like to amend the territory to just Montgomery and Philadelphia County. We are requesting the PUC license for non-medical group transportation in the listed Counties. With this request I have included additional supporting statements for the Counties requested. If more supporting statements are needed I would be happy to send them.

Thank you for your time. Your reconsideration is greatly appreciated.

Warm regards,

  
Jocelyn Mayo  
CEO  
Pampering Plus Inc.

## 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.

Indie Weatherspoon

Name of Supporter

407 Franklin Court Trope Pa 19426

Street Address

City or Municipality

State

Zip Code

Pampering Plus Inc.

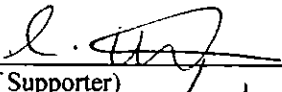
Name of Applicant

- Describe the type of transportation service needed. motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Individual private locations in Philadelphia and Montgomery County. Interested in non-medical transport to adult daycare centers, entertainment, shopping centers etc.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Daily → weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
yes - NOT interested. Have to wait too long for pick up and drop off
- 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.



(Signature of Supporter)

Indie Weatherspoon

(Supporter's Name, printed or typed)

6-6-17

(Date)

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## 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.

Bruce Harris

Name of Supporter

1194 Welsh rd Huntingdon Valley Pa 19006

Street Address

City or Municipality

State

Zip Code

Pampering Plus Inc.

Name of Applicant

- Describe the type of transportation service needed. motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Individual private locations in Philadelphia and Montgomery County. Nonmedical transportation needed to adult day care center, shopping trips, entertainment etc.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
Yes - NOT interested. Have to wait too long for pick up and drop off
- Have you supported similar applications in the past? If so, who was the applicant?  
NO

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Bruce Harris

(Signature of Supporter)

Bruce Harris

(Supporter's Name, printed or typed)

6/6/17

(Date)

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## SUPPORTING STATEMENT FOR THE APPLICATION

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Karen Bouie  
Name of Supporter

2023 Ripley Street      Phila      PA      19152  
Street Address      City or Municipality      State      Zip Code

Pampering Plus Inc.  
Name of Applicant

- Describe the type of transportation service needed. motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Individual private ~~home~~ medical locations in Phila and Montgomery County. Transportation will be to adult daycare centers, malls, shopping centers etc.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Daily -> weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
yes - NOT interested. Have to wait too long for pick up and drop off
- Have you supported similar applications in the past? If so, who was the applicant?  
NO

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Karen Bouie  
\_\_\_\_\_  
(Signature of Supporter)  
Karen Bouie  
\_\_\_\_\_  
(Supporter's Name, printed or typed)

6/7/17  
\_\_\_\_\_  
(Date)

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# 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.

*Ciara Camille Glass*

Name of Supporter

*6201 North 10<sup>th</sup> Street Apt 220 Philadelphia PA 19141*

Street Address

City or Municipality

State

Zip Code

*Pampering Plus Inc.*

Name of Applicant

- Describe the type of transportation service needed. *motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Individual private locations in Philadelphia - Montgomery County. Non medical transportation needed to adult daycare centers, entertainment locations, shopping etc.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Daily -> weekly*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
*yes - NOT interested. Have to wait too long for pick up and drop off*
- Have you supported similar applications in the past? If so, who was the applicant?  
*NO*

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*[Handwritten Signature]*

(Signature of Supporter)

*Ciara Glass*

(Supporter's Name, printed or typed)

*6/7/2017*

(Date)

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## SUPPORTING STATEMENT FOR THE APPLICATION

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Stacey Coleman  
Name of Supporter

---

5713 CHARLES ST.      Philadelphia PA      19135  
Street Address      City or Municipality      State      Zip Code

---

Pampering Plus Inc.  
Name of Applicant

- Describe the type of transportation service needed. *motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Individual private locations in Philadelphia and Montgomery County. Need non-medical transport to adult daycare centers, entertainment, malls, etc.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Weekly*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
*yes - NOT interested. Have to wait too long for pick up and drop off*
- Have you supported similar applications in the past? If so, who was the applicant?  
*NO*

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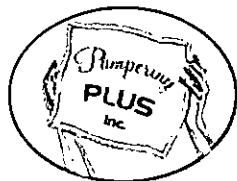
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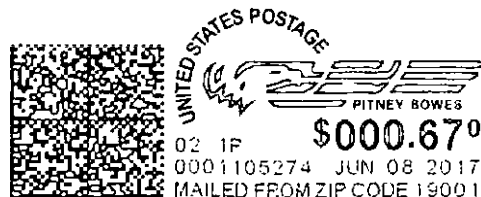
*Stacey Coleman*  
(Signature of Supporter)  
Stacey Coleman  
(Supporter's Name, printed or typed)

6/7/17  
(Date)

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Pa PUC  
400 North St.  
Harrisburg, Pa 17120  
attn: Rosemary Chiavetta

1712060211 0000

