

VERIFIED STATEMENT OF APPLICANT

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 2017-2613993			
PUC Application Docket No.			
LATINO TAXI SERVICE LLC			
Legal Name of Applicant			
Trade Name, if any			
25 E Broad St	West Hazleton PA	18202	
Street Address (principal place of business)	City or Municipality	State	Zip Code

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2017 OCT -2 AM 10:25
PA PUC
SECRETARY'S BUREAU

The Verified Statement of the Applicant is more or less 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.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary 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 making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. 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.

David Binet, Owner

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

No other affiliations

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

Applicant has been involved in the passenger transportation service for the past several years, as a driver for a taxi service, and a car service

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. 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 how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

The office will be located at 25 E Broad St West Hazleton PA 18202 Telephone, filing cabinet and general office supplies will be used. Business records will be stored at the office. Network communication will be done by phone. A phone number will be provided to customers to call for service. Dispatch and driver will maintain communication with cell phone.

Estimated hours of operation will be 6 am to 10 pm. Additional hours may be added if there is a need for the service.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

One dispatch clerk and one driver with a back up driver. There will be one driver to start, and then a second one will be added as the service accepts calls. A third driver will be added upon need. One driver (with the back-up) will be used and as the more requests are added, we will have additional drivers available.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:

- a. Your hiring standards for drivers;
- b. Your system to ensure prospective drivers will be subject to a criminal background check;
- c. Your driver training program;
- d. Your system for ensuring that your drivers are properly licensed at all times;
- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
- f. Your policies regarding alcohol and drug use by your drivers.

One driver and one back up driver will be used to start operations, additional drivers will be added as the service obtains additional requests. Drivers will be required to have a valid drivers license a current motor vehicle driving record, criminal background report and will be subject to pre-employment and random drug/alcohol testing Drivers will be required to be familiar with all PUC rules/regulation There will be zero tolerance of drug/alcohol use.

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.

2 vehicles will be put into service and a third will be added as needed. The 3 vehicles are in the process of being purchased once authority has been granted by the commission.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2007	Toyota	SDN	5	
2008	Chev	SDN	5	
2009	Nissan	SW	7	

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - If applying for taxi authority, your system for replacing vehicles once they are greater than ten model years in age or with mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.314(c);
 - If applying for limousine authority, your system for replacing vehicles once have mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.333(d);
 - If applying for household goods in use authority, your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37.

Vehicles will be required to have a general review before leaving for the daily rounds, and a general review at the end of the shift. Vehicles will maintain a yearly inspection as required and will be subject to routine maintenance and repairs as needed.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.
- Insurance quote has been obtained and will be purchased once authority has been issued.

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.
- A notice will be posted in each vehicle with information on contacting the PA PUC for any complaints. Initial complaints will be addressed by the owner for immediate resolution.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

____ YES NO

12. 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. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. 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.

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) David Binet Owner

9/29/2017
(Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) Sept 15, 2017

ASSETS

Current Assets

Cash	<u>6,900</u>	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		<u>6,500</u>

Tangible Assets

Motor Vehicle Equipment	<u>9,000</u>	
Less: Accumulated Depreciation	_____	= <u>9,000</u>
-	_____	
Building and Structures	_____	
Less: Accumulated Depreciation	_____	
-	<u>450</u>	= <u>450</u>
Office Equipment	_____	
Less: Accumulated Depreciation	_____	
-	_____	= _____
Land	_____	

Investments and Funds (specify)

Intangible Assets

Other Assets (advances and idle equipment - specify)

TOTAL ASSETS 15,950

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		<u>0</u>

Long Term Liabilities (Due after one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long Term Liabilities		<u>0</u>

TOTAL LIABILITIES 0

NET WORTH (Partnerships and individuals, only)

15,950

OWNER'S EQUITY (Corporations only)

Capital Stock	_____	
Additional Paid-in Capital	_____	
Retained Earnings	_____	
Less: Treasury Stock	_____	= _____
Total Owner's Equity		<u>0</u>

TOTAL LIABILITIES & OWNER'S EQUITY 15,950

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	<u>26000-</u>
Net Revenue from non-carrier operations	<u> </u>
Dividend and interest revenues	<u> </u>
Other non-operating revenue	<u> </u>
Gains	<u> </u>
Total Revenue and Gains	<u>26000-</u>

EXPENSES

Equipment Maintenance and Garage Expense	<u>1500</u>
Insurance Expense	<u>3500</u>
Employee Salaries	<u>0</u>
Supervisory Salaries	<u>0</u>
Officer Salaries	<u>0</u>
Fuel Expense	<u>5200</u>
Purchased Transportation (Lease Expense)	<u>0</u>
Materials and Supplies Expense	<u>500</u>
General Office Expense	<u>350</u>
Advertising Expense	<u>250</u>
Telephone Expense	<u>1200</u>
Accounting Expense	<u>500</u>
Legal Expense	<u>0</u>
Uncollectible Revenue	<u>0</u>
Depreciation Expense	<u>0</u>
Amortization	<u>0</u>
Operating Taxes and Licenses	<u>350</u>
Rent Expense	<u>2400</u>
Loss	<u> </u>
Total Operating Expenses and Losses	<u>15750</u>
<u>Net Income Before Taxes</u>	<u> </u>
Provision for Income Taxes	<u>500</u>
<u>Net Income (Loss)</u>	<u>9750</u>

Latino Taxi Service LLC
25 E Broad St
W Hazleton PA 18302

LEHIGH VALLEY PA 180

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USA

NON VAN NESSERE SURCHARGE

PA PUBLIC UTILITY COMMISSION
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