

02/01/2018

To The Dept of PUC, A-2018-2644528

I would like to amend my application
to a paratransit service instead of Amnicare
Thank you.

Respectfully
Stephen Murray

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2018 FEB -8 PM 1:11

PA PUC
SECRETARY'S BUREAU

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Revised 7/17/17

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 712-7777
www.puc.pa.gov

2018 FEB -8 AM 10:23
PA PUC
SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

R & S RESTAURANT, INC.

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

IMPERIAL COACH LIMOUSINE

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number _____
(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

| | |
|-----------------------|------------|
| <u>STEPHEN MURRAY</u> | <u>CEO</u> |
| <u>ARON JACKSON</u> | <u>VP</u> |
| _____ | _____ |
| _____ | _____ |

6. **Physical Address** (do not use PO Box)

1526 FOLIAGE ST.
Street Address

WILKINSBURG PA 15221
City, State and Zip Code

412-812-3504 Allegheny
Telephone Number County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

 No Yes, at No. 3060921

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

TAKE family members to see their loved ones
IN DIFFERENT INSTITUTIONS FOR VISITS
THURSDAY THROUGH MONDAY FROM PITTSBURGH
TO CORRECTIONAL FACILITIES IN ALL COUNTY'S

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

11. 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 Persons in Paratransit Service; 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 statement(s) 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.

STEPHEN MURRAY
(Print Name)


(Signature)

02/0/2018
(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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.

Stephen MURRAY
Legal Name of Applicant

R & S RESTAURANT, INC / DBA IMPERIAL COACH LIMOUSINE
Trade Name, if any

1526 FOLIAGE ST. WILKINSBURG PA 15221
Street Address (principal place of business) City or Municipality State Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

STEPHEN MURRAY
1526 FOLIAGE ST.
WILKINSBURG, PA. 15221
412-812-3504

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

N/A

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

I HAVE A GARAGE THAT DOES ALL MAINTAINANCE
CARBLEY'S GARAGE IN TURTLE CREEK, PA
HE HAS A BOOK SET UP FOR IT.

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- PA PUC

4. 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 territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

2 DRIVERS
 DRIVERS WITH EXPERIENCE, NO HARD CRIMINALS, HAVE A COMPANY FOR BACKGROUND & DRUG TESTING
 ONLY DRIVERS THAT HAVE EXPERIENCE WITH SHUTTLEBUSES
 PAID COMPANY FOR ALL CHECKS
 NO ALCOHOL 24 HRS BEFORE OR DURING TRIPS
 NO DRUGS WILL BE EXCEPTED UNLESS PRESCRIBED
 BY A DOCTOR

5. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

| YEAR | MAKE | MODEL | SEATING CAPACITY* | VEHICLE ID # | MILEAGE |
|------|------|-------|-------------------|-----------------------|---------|
| 2006 | FORD | E-350 | 13 | 1F0SE35L36H80 7113 | 201,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

*I HAVE ALREADY ATTAINED INSURANCE
& CAN AFFORD IT MONTHLY*

8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

X YES ___ NO

years ago when was young.

9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining 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)

(Date)

(Name and Title, printed or typed)



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

IN REPLY PLEASE
REFER TO OUR FILE

January 29, 2018

Docket No. A-2018-2644528

STEPHEN MURRAY
R & S RESTAURANT INC
T/A IMPERIAL COACH
1526 FOLIAGE ST
WILKINSBURG PA 15221

RE: Application of R & S RESTAURANT, INC., T/A IMPERIAL COACH LIMOUSINE, for Motor Contract Carrier of Persons.

To Whom It May Concern:

On November 14, 2017, R & S RESTAURANT, INC., T/A IMPERIAL COACH LIMOUSINE's, revised application for Group and Party Service (11-15), was accepted for filing and docketed with the Public Utility Commission. Information contained within the application has been deemed incomplete. In order for us to complete our analysis of your application, the Bureau of Technical Utility Services requires resolution of the attached issues or questions.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

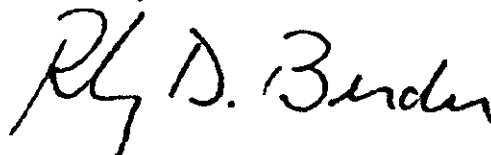
Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Stephen Murray hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the P.O. Box cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

Handwritten signature of Rodney D. Bender in black ink.

Rodney D. Bender, P.E., Manager
Transportation Division
Bureau of Technical Utility Services

Enclosure
cc: Josh Kwiatkowski

787 9732

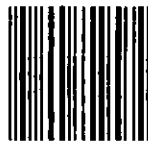
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M

Mr. Stephen Murray
1526 Foliage St
Pittsburgh, PA 15221



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U.S. POSTAGE
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15221
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AMOUNT

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Rosemary Chiavetta, Secretary
Pennsylvania Public Utility
Commission

P.O. Box 3265

Harisburg, Pa. 17105-3265

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