

Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

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

Pocono Mountain Transportation, 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)

N/A

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 Trucking" 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 Trucking" or "J. Doe Trucking" 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 4210863

(see checklist and indicate type of business entity registered)

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

431 North Cortland Street

Street Address

East Stroudsburg, PA., 18301

City, State and Zip Code

570-688-9710

Telephone Number

Monroe

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.

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

Same as above

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**.

7. **Attorney** (if applicable)

Craig A. Doll, Esquire 717-566-9000

Attorney's Name & Telephone Number for this Filing

P.O. Box 403, 25 West Second Street, Hummelstown, PA 17036

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.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. _____

9. **Describe the service area proposed by this application.**

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

To provide the transportation of persons upon call or demand service from points in the Counties of Monroe, Pike, Carbon, and points in the Boroughs of Wind Gap, Pen Argyl, and Bangor, and the Townships of Plainsfield, Washington, and Upper Bethel, all in Northampton County to points in Pennsylvania.

Examples:

- To transport people upon call or demand in the city of Reading, Berks County.
- To transport people upon call or demand in Spring Township, Centre County.

10. **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 upon Call and Demand (Taxi 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.

ANTHONY DELCORO

(Print Name)

Anthony DelCoro

(Signature)

12-7-17

(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).

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.

PUC Application Docket No.

Pocono Mountain Transportation, Inc.

Legal Name of Applicant

N/A

Trade Name, if any

431 North Cortland Street

East Stroudsburg

PA

18301

Street Address (principal place of business)

City or Municipality

State

Zip Code

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.

Anthony DelCorso, President

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

I am currently an employee of Pocono Cab Company, LLC (Utility Code 6413341).

2. 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 have been an employee of Pocono Cab Company since 2008 and has assisted in all aspects of the business. I also am employed by a school bus company in which he engages in the upkeep of 100 school buses. I manage and run the garage and am involved in all customer service aspects of the business

3. 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.

The dispatch office will be located at 431 North Cortland Street, East Stroudsburg, and the vehicles will be garaged at 399 Oak Street, also in East Stroudsburg, PA.

4. 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.

Customer requests will be through telephone contact with the main office which will dispatch a vehicle. It is anticipated that there will be three dispatchers to answer calls on a 24/7 basis. The dispatcher will be in communication through in car radio transmissions or through cell phones. If the demand exists, service may be provided through street hail.

Pocono Mountain intends to have a full time mechanic to maintain the equipment. If conditions warrant, an additional full or part time mechanic will be employed. Major repairs will be handled by local garages or dealerships.

Ms. DelCorso and one additional employee will have the responsibility of performing all office duties at the 431 North Cortland Street address.

5. 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.

Every driver will be required to fill out a job application form and will submit a copy of their driver's license along with a copy of their driver history which must be no older than thirty (30) days. Our insurance carrier will also run an independent driver history report and will advise us of any adverse findings. It will be our policy that absent good cause shown, any adverse findings will result in the individual not being employed by the company. Additionally, a criminal background check will be performed utilizing the PA PATCH data base. Only upon clearance of the driver history and criminal background check will the driver be deemed suitable for employment.

A driver history will be run every 12 months thereafter to insure the validity of their state driving privileges. Every two years a criminal history will be run.

Upon employment, each driver will be accompanied on several runs to ascertain his knowledge of the area being served and driving habits.

Pocono Mountain maintains a zero tolerance policy on drug and alcohol abuse. No driver will be permitted to operate a company vehicle if it is suspected that the individual is under the influence of drugs or alcohol.

6. 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.

As this is a new service, the make model, etc. of vehicles to be used is presently unknown. Pocono Mountain commits to a replacement program that will insure that its vehicles comply with PUC age and/or mileage requirements

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan;

A daily visual inspection will be conducted prior to a vehicle leaving the garage. Every drive conducting this inspection will complete a preprinted form, noting any vehicle deficiencies at the beginning of each trip. A similar form will be completed at the end of each shift by that driver. Any defects of a non-cosmetic nature will result in a vehicle being declared out-of-service until those deficiencies are repaired. The on-site mechanic will certify that any deficiencies noted have been repaired before the vehicle is returned to service.

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

Every 3 months or 30,000 miles an inspection will be conducted on each vehicle by the mechanic to insure its safe operation and compliance with Pennsylvania's inspection standards and the Commission's requirements..

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

Pocono Mountain will embark on a rotating vehicle replacement program to insure that its vehicles comply with the Commission's age/mileage regulations.

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

N/A

8. 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.

Pocono Mountain has been in contact with the insurance agent for Superior School Bus to obtain insurance on its vehicles.

9. 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

10. 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.

Note: Commission regulations require that if the 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. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) 12-7-17

ASSETS

Current Assets

Cash

Other Current Assets (specify)

100,000
2-HOUSES

Other Assets

Motor Vehicle Equipment

Building and Structures

Office Equipment

Investments and Funds (specify)

CARS - 2015 FORD FUSION

TOTAL ASSETS

500000

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

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)

Dec 7, 2017

(Date)

Anthony DelCorsu, President

(Name and Title, printed or typed)