

**G&B'S TOUR II LLC**

**532 SENECA ST**

**HARRISBURG PA 17110**

**717-999-3851**

A-6420076

A-2018-3004968

To whom it may concern

I Gerri Chambers needs amended

This application filed in error.

Here is the corrected application.

Thanks for taking the time to update.



Gerri I. Chambers

RECEIVED  
2018 DEC 26 PM 3:47  
PA PUC  
SECRETARY'S BUREAU  
HARRISBURG PA

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

Revised 7/17  
2018 DEC 26 PM 3:47  
RECEIVED  
PA PUC BUREAU  
SECRETARY'S OFFICE

## 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)

Gerri L Chambers

- 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)

G+B'S TOUR II LLC

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- 6420016

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** 6808362  
(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).**

Geni L Chambers  
ROBERT EKUIN  
\_\_\_\_\_  
\_\_\_\_\_

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

532 Seneca St  
Street Address  
HARRISBURG PA 17110  
City, State and Zip Code  
717-805-5395                      Dauphin  
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)

532 Seneca St  
Street Address  
Hbg PA 17110  
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. 302 3962

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).

---

From Points in Dauphin & Cumberland  
Counties, TO Points in PA & Return

---

*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.

*Gerril Chambers*

(Print Name)

*Gerril Chambers*

(Signature)

*12/19/18*

(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).

Revised 7/17/17

RECEIVED

DEC 26 2018

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

# 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.

RECEIVED

Gerril Chambers Legal Name of Applicant DEC 26 09  
G+B'S TOUR II LLC Trade Name, if any PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU  
532 Seneca St. HARRISBURG PA 17110  
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.

Gerril Chambers - OWNER  
532 Seneca St  
HARRISBURG PA 17110

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

G+B'S TOUR LLC  
OWNER.

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.

Home BASED OFFICE  
Records are kept in Locked file CABINET  
Copier, Laptop cell phones.  
Records will be kept for 1yr. then FILED AWAY FOR 3 YEARS  
All Records will be updated yearly on Hire DATE.  
Calls will be returned in a 2 Hour WINDOW  
Drivers will have cell phones

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

Application will be given  
state police BACKGROUND check.

TAKE A ROAD test yearly to test SAFETY AND  
Knowledge of Driving practices

Drivers will have to Bring DMV Report yearly.  
Drivers will take Drug test when HIRED  
AND will have Random testing if failure will be  
REQUIRED to take classes.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

\*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).

Vehicle inspection yearly.  
quarterly maintenance inspections  
maintain vehicle AS NEEDED to.  
Comply with 67 Pa Code.

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

Agent has done look and have estimate.

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.

YES  NO

Self - Prostitution Burglary - owner

Robert Eevin - Money Laundering Co-owner

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.

Geri L Chambers

(Signature)

Geri L Chambers

(Name and Title, printed or typed)

~~12/19/18~~ 12/19/18

(Date)

RECEIVED

DEC 26 2018

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)

As of (date) 12-19-18

ASSETS

Current Assets

Cash

5,000

Other Current Assets (specify)

Total Current Assets

5,000

Tangible Assets

Motor Vehicle Equipment

13,000

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

13,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

0

0

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long Term Liabilities

0

0

TOTAL LIABILITIES

0