

APPLICATION CHECKLIST Motor Contract Carrier of Persons

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not e-Filed, mail your application and attachments to:

**SECRETARY PA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR
HARRISBURG PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Contract Carrier of Persons.

1. This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. If your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

15 passengers or less:	(a) \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).
	(b) \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law).
	(c) First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).
16 to 28 passengers:	\$1,000,000 to cover liability for bodily injury, death or property damage incurred in an accident.
29 passengers or more:	\$5,000,000 to cover liability for bodily injury, death or property damage incurred in an accident.

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

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

Empire Intransit, LLC

- 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)

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 6905526

(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).**

Melissa Camacho

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

1853 N. 2nd Street, Lower Level

Street Address

Philadelphia, PA 19122

City, State and Zip Code

215-435-0440

Telephone Number

Philadelphia

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)

P.O. Box 15227

Street Address

Philadelphia, PA 19125

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 X Yes, at No. 3315304

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

To transport people/clients in handicap buses as a contract carrier between points in the Philadelphia zip codes 19122 and 19123 with expanded zip codes as appropriate.

Examples:

- *To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.*
- *To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.*

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.

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.

Melissa Camacho

(Print Name)

Melissa Camacho

(Signature)

2/21/2020

(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

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.

Empire Intransit, LLC

Legal Name of Applicant

Trade Name, if any

1853 N. 2nd Street, Lower Level

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19122

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.

Melissa Camacho – Owner
1853 N. 2nd Street, Lower Level
Philadelphia, PA 19122
215-426-1800

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

Melissa Camacho

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.

The building location of 1853 N. 2nd St, is an ideal location since it is located on the corner and intersection of two major streets which are accessible by private and public transportation. The facility consists of two levels: the lower level is where the office and records will be located and maintained for Empire Intransit, LLC. The location additionally offers an excellent view for the advertising that Empire Intransit, LLC will be offering to the public since there are numerous windows facing both Berks and Second Street. There is also a main office located on the first floor which is available for meeting with representatives and the building is accessible by ramp for individuals with disabilities.

The office machines that we will have available are computers, lap tops, fax, scanner and copier. We have our own designated telephone line and the communications network is by Verizon Fios.

In regards to the communication network, we will be designing a web site with all of our information regarding what services we will provide and contact information. We will also be designing a brochure and ads in the local newspapers describing our company and services. Customers interested in acquiring our services may reach out to us through our web site, email, phone, fax, or by visiting our office. Initially, the owner-Melissa Camacho will be recruiting and reaching out to insurance companies, elderly homes and facilities, community organizations for the purpose of providing an introduction to our company and the services we will provide.

In regards to customer requests for transportation; a designated phone line will be obtained for this purpose and manned at all times. The owner will negotiate the areas we will be working with contracting sources for the terms most convenient for fulfilling the needs of our customers. Empire In-transit, LLC, will have dispatch radios and will issue cellular phones to all drivers so that there is an open line of communication available at all times.

The required PUC records, business records, contracts, and personnel records of the drivers, will all be maintained in a secured location on site in filing cabinets that can be locked and are fire resistant. There is also a fire alarm system located in the building, as well as security cameras

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:
 - a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.
- **A. Initially the owner, Melissa Camacho, intends to hire two (2) full time drivers with CDL licenses and gradually add more part time or intermittent drivers as the business grows. The territory that Empire In-transit, LLC, will initially cover will be zip codes 19122, 19123 and 19124, and will expand on territory coverage as appropriate.**

Empire In-transit, LLC, will have the highest standards for hiring its drivers. They will be required to have or obtain CDL Licenses, clean driving records; passing of drug test and criminal background check; as well as three (3) years of driving experience, and medical clearance.

- **B. Empire In-transit, LLC will conduct criminal background checks every six (6) months, credit checks and since the owner, Melissa Camacho, is a licensed notary, she will be able to personally conduct these checks.**
- **C. The driver training program will provide driver training modules, using real-life video footage for heavy duty trucks or passenger/light duty vehicles, which will be designed to provide drivers with short, single topic-focused training material that is delivered on an automated monthly schedule. The program reinforces safe driving awareness and keeps that message at the forefront of a driver's mind.**
- **D. Drivers will be required to provide Individual Driver Records every three (3) months in order for proper driver licenses checks properly.**
- **E. Drug and Alcohol Policy: Empire In-transit, LLC, will adopt the Drug and Alcohol Policy of Empire Multi Services. Empire In-transit, LLC, will be committed to providing a safe and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of employees and to the security of our service. For these reasons, Empire In-transit, LLC, is committed to the elimination of drug and/or alcohol use and abuse in the workplace.**

The policy will be outlined in the employee handbook about the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy applies to all employees and all applicants for employment of Empire In-transit, LLC.

Employee Assistance and Drug-Free Awareness

Illegal drug use and alcohol misuse have a number of adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from management.

Empire In-transit, LLC, will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this or other policies. Such employees may be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they have successfully followed prescribed treatment and to take and pass follow-up tests.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

Work Rules

The following work rules apply to all employees:

- Whenever employees are working, are operating any company vehicle, are present on company premises, or are conducting related work off-site, they are prohibited from:
 - Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
 - Being under the influence of alcohol or an illegal drug as defined in this policy.
 - The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body while performing company business or while in the company's facility is prohibited.
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.

Initially, once the state approves the PUC to purchase one vehicle and gradually add more vehicles to the fleet as the business expands. The vehicle will be handicap accessible buses with lifts that can accommodate up to 15 or less passengers.

6. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Empire In-transit, LLC, will provide regular maintenance with a licensed mechanic, including but not limited to check-ups and upkeep of vehicles every six (6) months.

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

Currently, Empire Multi Services holds a \$35,000.00 policy with Erie Insurance and upon approval of this application, will add on coverage for Empire In-transit, LLC.

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 X NO

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.

Attached

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.

Melissa Camacho

(Signature)

2/20/20

(Date)

Melissa Camacho - Owner

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) 2/20/20


ASSETS

Current Assets			
Cash		8,000.00	
Other Current Assets (specify)		<u>35,000.00</u>	
Total Current Assets			<u>43,000.00</u>
Tangible Assets			
Motor Vehicle Equipment		30,000.00	
Property (buildings, land, etc.)		<u>2,000,000.00</u>	<u>10,000.00</u>
Office Equipment			
	TOTAL ASSETS		<u>2,040,00.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		None	
Credit cards/revolving credit		<u>5,000.00</u>	
Other Liabilities (Attach schedule)		None	
Total Current Liabilities			<u>5,000.00</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		None	
Long term commercial loan		<u>130,000.00</u>	
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			<u>130,000.00</u>
	TOTAL LIABILITIES		<u>2,218,000.00</u>

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____	<p align="center">Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)</p>  <p align="center">TML190618MC0704</p>
<input checked="" type="checkbox"/> Return document by email to: <u>empirems@verizon.net</u>	

Read all instructions prior to completing. This form may be su

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Empire Intransit, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

<u>1853 N. 2nd Street, Lower Level</u>	<u>Philadelphia</u>	<u>PA</u>	<u>19122</u>	<u>Phila</u>
Number and Street	City	State	Zip	County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: _____
Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

~~Melisse Camacho~~ Melissa Camacho

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):

The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

18 day of June, 2019.



Signature

Signature

Signature

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

Melissa Camacho
1853 N 2nd Street, Lower Level
PHILADELPHIA PA 19122

Empire Intransit, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 6905526

Affidavit

Empire In-transit, LLC

1853 N 2ND ST LOWER FL

PHILADELPHIA PA 19122

The legal name of the applicant will be Empire In-transit; LLC, which will be the company applying for authority.

I, **Melissa Camacho**, 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.

2/24/2020 

Melissa Camacho Owner

Empire In-Transit, LLC

To whom this may concern;

This letter hereby states that the proposed service area where service that will be provided in the county of Philadelphia will include area codes:

- 19122
- 19123
- 19125
- 19133
- 19134

I, Melissa Camacho, 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.

Attached is highlighted copy of a defined map where we intend to originate and/or terminate services.

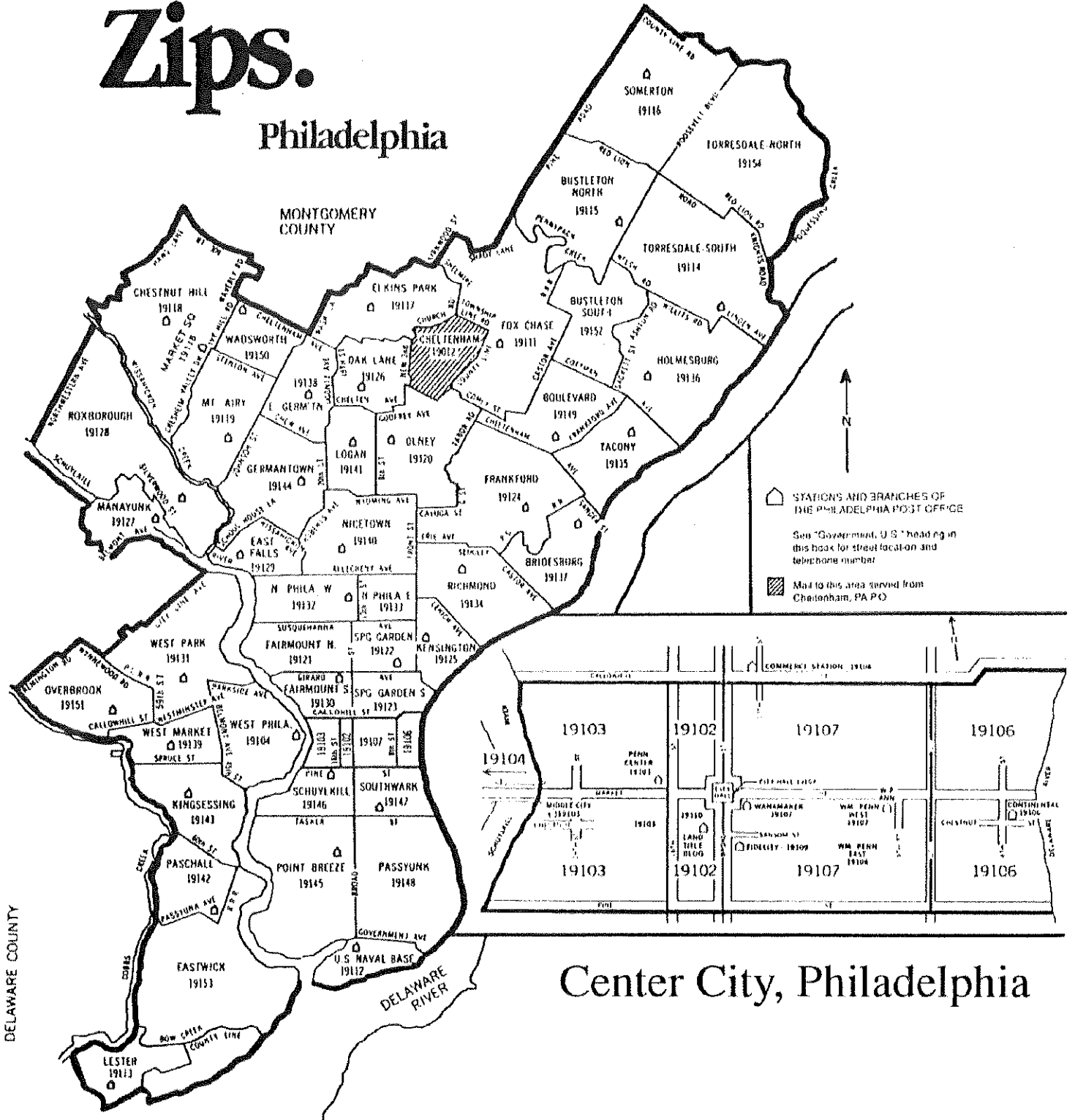
 2/24/2020

Melissa Camacho

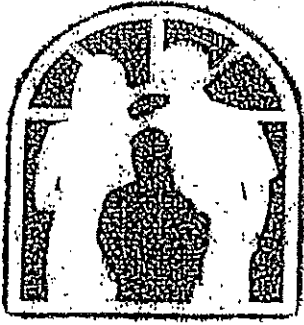
President

Zips.

Philadelphia



Center City, Philadelphia



HISPANIC COMMUNITY COUNSELING SERVICES

3156 KENSINGTON AVENUE

PHILADELPHIA, PA 19134

Elizabeth Ayala, Vice President

Hispanic Community Counseling Services

February 24th, 2020

To whom this may concern;

This is a letter of intent that proposes the establishment of contract between Hispanic Community Counseling Services and Empire In-Transit, LLC. We are very much looking forward to working with your company. This non-binding letter shall confirm our intentions to receive services from the company, although we have not come to terms and conditions; we anticipate that it will all be set forth in the Purchase of Agreement.

A handwritten signature in black ink, consisting of a large, sweeping loop followed by a smaller, more compact loop, all resting on a horizontal line.

Elizabeth Ayala/Vice President