

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)

Reading Checker Cabs, 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 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 6921962
(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).**

Rajat Sharma _____

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

615 Elm Street unit 2
Street Address
Reading, PA, 19601
City, State and Zip Code
(610) 891-1976 Berks
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?**

X No _____ Yes, at No. _____

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

Berks County

To transport people upon call or demand in Berks County.

To transport people upon call or demand in Lebanon County.

To transport people upon call or demand in Schuylkill County.

To transport people upon call or demand in Dauphin County.

To transport people upon call or demand in Luzerne County.

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.*

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 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.

Rajat Sharma

(Print Name)


(Signature)

7/13/2020
(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.

Reading Checker Cabs, LLC

Legal Name of Applicant

Trade Name, if any

615 Elm Street unit 2

Street Address (principal place of business)

Reading

City or Municipality

PA

State

19601

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.

Rajat Sharma, owner
615 Elm street unit 2,
Reading, PA, 19601
(610) 891-1976

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.

Reading Checker has leased a unit at 615 Elm Street to operate as its headquarters. There is a lot to vehicle parking and an office for management and dispatch staff.

The office currently runs with 2 computers equipped with telephones, and scanners/fax machines. We employ a voice-over IP telecommunications system with cable for internet services through Spectrum and a backup connection with Verizon.

The vehicle fleet will be maintained by a partner maintenance shop just down the street. We have contracted with the shop so that vehicles undergo a rigorous routine maintenance schedule; including regular and routine maintenance, the shop will handle any of our ancillary vehicle related needs. Lastly, our management staff are also heavily involved in inspecting the vehicles to ensure they are up-to-code and rider worthy.

In regards to documentation, we keep an updated policies and procedures manual that details all required records. We keep all the paper records on-site in a secure filing cabinet and are currently in

the process of digitizing the records to be stored on secure cloud area. Both hard and digital documentation is only accessible by management.

In regard to fleet management, we have a digital fleet software that monitors the fleet, through which we generate reports related to driver usage, mileage, maintenance, etc. The central, digital platform is keeps tabs on the vehicles and can assist management in proactively identifying vehicles that could be or have been problematic. This allows to make quick and timely decisions. As a second source of truth for vehicle maintenance, the drivers maintain log books for their vehicles.

All the vehicles undergo a multi-point inspection prior to departure for the day and, again, upon return. All vehicles are stocked with a first-aid kit.

Currently, all our bookings come via phone, fax, or internet. Communication with drivers is done via our booking application or via cellphone. Because everything is near digital, management can provide driver's with a printed or electronic copy of their driver/trip ticket form.

We intend to maintain service 24/7 with management working from 8:30 AM to 5:30 PM, Monday through Friday and limited hours on Saturday as dictated by our schedule/peaks in demand.

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. Our drivers are held to a high standard and are therefore required to complete a driver application, containing a series of questions related to experience. We exclusively hire drivers over the age of 25 and under the age of 70, and we automatically exclude those with a violent criminal backgrounds and those determined who would not make the rider's safety a priority. All driving records require at least 3 years of clean history.
 - b. We will use a 3rd party to conduct background checks for our drivers, which includes checking for criminal offenses.
 - c. Our driver training program is a multi-day training that includes such topics as customer service, sensitivity/safety procedures, standard operating policies/procedures, and overlaid on a driver safety procedures video series, which all culminated in a written and verbal test. After a successful passing of the test, the driver will undergo a 1-hour driving session with the manager for final approval. A failure in any of these components either delays the driver's progression or ends in termination from the company.
 - d. Immediately upon submitting an application and coming in for an in-person interview, management scans and files the driver's current valid driver's license. On or around the annual anniversary of the driver working for the company, management re-runs the driver license to ensure no infractions have occurred since the last check. Driver's are mandated to report any moving violation or criminal offenses. Any lapse by the driver in the aforementioned policy results in an immediate termination.
 - e. While driver license checks are checked every year, management conducts a full background check, including criminal offenses, every two years. All checks are placed into the driver's file for future reference.
 - f. Management has a zero-tolerance policy when it comes to the operating vehicles under the influence of alcohol or drugs. As drivers are required to come into the office to collect their keys, any suspected inebriation by management of office staff will result in an automatic

suspension for the day. While management does require drivers disclose specific medications they be taking as the result of physician orders, we do ask drivers to disclose the fact that they are medication and its potential side effects. Immediately following any accident, drivers are required to submit to a alcohol/drug screen.

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

<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 eight passengers including the driver cannot be used for taxi service.

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).
 - c. Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.
- a) As previously mentioned, we have a 3-tier system to ensure vehicles are properly maintained, which includes our contracted relationship with the mechanic shop, drivers' who inspect and report any issues with their vehicles, and management conducting inspections. Every 3,000 miles our mechanic shop will conduct a complete inspection. The mechanic shops maintains an ASE certification and has a State Inspection license. Dispatch is the first step in our escalation path and should be notified by either the mechanic shop or driver should any issue arise. At the end of each day, management conducts a thorough review of the vehicles issues, prioritizes vehicle maintenance, and notifies drivers of vehicle that have been sidelined. To this effect, we maintain several backup vehicles.
 - b) As a state mandate, 67 Pa Code, Chapter 175, is integrated into mechanic's standard workflow and is something that all management staff are familiar with. As a by-product of this integration, management will ensure continuous compliance and check the PAcodeandbulletin.gov for any updates, of which may result in updating our policies and procedures.
 - c) Through the use of 2 different but parallel systems, we are able to automatically monitor a vehicles age and mileage. Both the fleet management system, during mechanic visits, and the electronic dispatch system, which requires drivers to enter mileage before and after each shift, management can track every vehicle. As soon as a vehicle reaches its end of life, either through mileage or age, dispatch/maintenance/management will pull the vehicle. This 3-tier system ensures that if one leg fails, we have two others to catch the oversight. Any vehicle caught violating the standards set in place will be immediately replaced by a vehicle in our reserve fleet. In addition, management regularly attends the Manheim auction and has a relationship with the local dealerships to purchase vehicles quickly, but this need has not arisen because of the numerous checks and balances in place, allowing us to be proactive.

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

A thorough search was conducted to find an insurance that can meet the demands of our fleet and a quote was secured once a fleet is purchased. Upon successfully securing a PUC license, we will make the first payment to bind the policy.

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

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.

Rajat Sharma
(Signature)

7/13/2020
(Date)

Rajat Sharma
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets		
Cash	75000	
Other Current Assets (specify)		
Total Current Assets		<u>75000</u>
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)	800000	
Office Equipment		
	TOTAL ASSETS	<u><u>875000</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan	150,000	
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
	TOTAL LIABILITIES	<u><u>150000</u></u>


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

Return document by mail to:

Arshaq Meraj
 Name
 14710 Flagler Court,
 Address
 Centreville VA 20120
 City State Zip Code

Return document by email to: _____

Certificate of Organization Domestic
 Limited Liability Company
 DSCB:15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00 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 (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
 READING CHECKER CABS LLC

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

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

615 Elm St	Reading	PA	19601	Berks
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the 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):

Name	Address
Rajat Sharma	60 Fringe Tree , Irvine , Out Of State , CA , United States , 92606

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

The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ at _____
 on: 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 an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 22 day of July, 2019.

Rajat Sharma

Signature

Date of this notice: 07-24-2019

Employer Identification Number:
84-2503773

Form: SS-4

Number of this notice: CP 575 A

READING CHECKER CABS
RAJAT SHARMA SOLE MBR
615 ELM ST
READING, PA 19601

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2503773. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2019
Form 940	01/31/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.