



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEystone BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

*E-filing and E-service only per Emergency Order M-2020-3019262*

March 24, 2021

Docket No. A-2021-3024720

**RK RENTALS LLC  
320 HIGHLAND RD  
HERSHEY 17033**

**RE: Application of RK RENTALS, LLC, 320 Highland Rd., Hershey, Dauphin County, 17033. 717-926-8039**

To Whom It May Concern:

On March 22, 2021, the applicant of RK RENTALS, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.pa.gov/filing-resources/efiling/>**

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

I, Robert F. Kain Jr., 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).

*Robert F. Kain Jr. 3/29/21*

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

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

Sincerely,

  
Rosemary Chiaetta, Secretary

Enclosure

cc: Josh Kwiatkowski

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Docket No. A-2021-3024720  
RK RENTALS, LLC  
Data Request

1. In order for this Commission to accept the proposed service area for publishing to the Pennsylvania Bulletin we require that the area be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers or streams, etc. **YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.** Terms such as, “Central PA” are insufficient.

Examples:

- i. between points in the counties of X, Y, and Z
- ii. from points in the counties of X, Y, and Z, to points in counties of A, B, and C, and return

As submitted, your service area request contains conflicting information. You indicate that you would like to provide service within a 20 mile radius of Hershey, Dauphin County, but you also state that you will be limiting service to points in Dauphin and Lebanon County. Obviously, a 20 mile radius from Hershey will encompass areas outside of Dauphin and Lebanon counties. Please clarify your authority based on the guidance provided above. Based on what you’ve submitted I would suggest either **service between points in the counties of Dauphin and Lebanon**, or **service within a 20 mile radius of Hershey, Dauphin County**. You are welcome to present an alternative to these suggestions, but again, please refer to the guidance provided above.

Also note that your inclusion of language which specifies churches and wedding event venues will specifically limit you to those destinations. If that is unintended then please eliminate that limiting language in your revised submission.

2. If you are potentially hiring an additional driver then background checks and license checks **ARE** required; this is not optional even if the other drivers are family members. Update your background and license check policies accordingly and submit the revised policies.
3. You are required to complete a balance sheet which is dated and which contains information that is less than six months old. As submitted you are indicating that the corporation is unfunded – meaning holds no cash assets. The submitted balance sheet may **ONLY** contain information which is in the accounts or name of RK Rentals, LLC (.for example, vehicles not registered in the name of RK Rentals, LLC must be excluded). Please verify the accuracy of the balance sheet previously provided and resubmit it based upon the guidance provided. Failure to demonstrate financial fitness will result in the denial of your authority request.

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4. ~~Finally, it appears that you have submitted an incorrect authority application. Based on your proposed operations you are most likely actually seeking **Paratransit** rights, and **NOT Contract** carrier rights. Please review both applications (available on our website) and submit the correct one. If you are actually seeking to offer Contract service then you are required to provide a completed contract (in some cases a letter of intent **MAY** be sufficient).~~



## 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)

RK Rentals 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)

RK Rentals 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- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  NO  YES  
If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 7031954  
(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).

Robert F. Kain Jr                      President  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

320 Highland Road  
Street Address  
Hershey PA 17033                      Dauphin  
City, State and Zip Code                      County  
(717) 926-8039                      Robk@MopedCentral.com  
Telephone Number                      E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

same  
Street Address  
\_\_\_\_\_  
City, State and Zip Code                      County  
\_\_\_\_\_  
Telephone Number                      E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing  
\_\_\_\_\_  
Attorney's Address                      E-mail 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. \_\_\_\_\_

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

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This service will be the transportation of persons in Dauphin, Lebanon, and Lancaster Counties.

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*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.

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## 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.

Robert F. Kain Jr.

\_\_\_\_\_  
(Print Name)

Robert F. Kain Jr.

\_\_\_\_\_  
(Signature)

3/26/21

\_\_\_\_\_  
(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.

Robert F. Kain Jr.  
Legal Name of Applicant

RK Rentals LLC  
Trade Name, if any

320 Highland Road Hershey PA 17033  
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.

Robert F. Kain Jr., myself

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

President and 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.

- The home office at 320 Highland Road Hershey PA contains a computer, printer and copier for business use. This will consist of communication, business records, planning, dispatch, and bank account access.
- Email and cellular phone will be used to communicate with clients, customers and drivers.
- When not in use, vehicles will be stored inside a garage space located at 320 Highland Road, Hershey, PA, or 4700 Colebrook Road, Hershey, PA,

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.

- A. One additional driver may be required, and I will select a family member.
- B. I will utilize the PA State Police P.A.T.C.H. program for background checking.
- C. Driver training will be compliant with possession of valid PA drivers license.
- D. Drivers license record checking will be done via PADOT website.
- E. No drug or alcohol use will be allowed.

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>
1965	Chevrolet	Malibu SS	5	138675B17771	102,576
1965	Chevrolet	Malibu SS	5	138675B108313	88,124

\*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).

There will be semi-annual inspections of vehicles and their following systems to comply with Pennsylvania Vehicle Safety Inspection standards:

- Braking
- Tires
- Lighting
- Suspension
- Powertrain / driveline
- Glass / glazing

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

Agency 1 of Hershey, PA offers commercial auto insurance that will provide coverage including passengers.  
Premiums will be paid on a semi-annual basis.

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.

### 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.

Robert F. Kain Jr.  
(Signature)  
Robert F. Kain Jr.  
(Name and Title, printed or typed)

3/25/21  
(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) 3/25/21

ASSETS

Current Assets			
Cash		<u>\$100-</u>	
Other Current Assets (specify)		<u>\$0-</u>	
Total Current Assets			<u>\$100-</u>
Tangible Assets			
Motor Vehicle Equipment		<u>\$0-</u>	
Property (buildings, land, etc.)		<u>\$0-</u>	
Office Equipment		<u>\$0-</u>	
			<u>\$0-</u>
			<u>\$100-</u>

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		<u>none</u>	
Credit cards/revolving credit		<u>none</u>	
Other Liabilities (Attach schedule)		<u>none</u>	
Total Current Liabilities			<u>\$0-</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>none</u>	
Long term commercial loan		<u>none</u>	
Other Liabilities (Attach Schedule)		<u>none</u>	
Total Long-Term Liabilities			<u>\$0-</u>
			<u>\$100-</u>

TOTAL LIABILITIES