

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

Limousines For Less, 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)

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 Transport" 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 Transport" or "J. Doe Transport" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** yes **Previous Authority?** _____

If YES, at PUC No. A- 00108292

4. **Are you a business entity registered with the PA Dept. of State?** yes

If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number _____

EIN REDACTED

(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).**

Joyce Danielewicz President 60%
Joy Danielewicz
Vice President 40%

6. **Mailing Address**

315 Clermont Ave
Street Address
Stroudsburg, PA 18360
City, State and Zip Code
MONROE
County
570-424-6913
Telephone Number
limos4less@aol.com
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 PO Box.)

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 X Yes, at No. 283134

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 from points in Pennsylvania, and return.

Examples:

- *To transport people from points in Lancaster County to points in PA, and return.*
- *To transport people between points in Allegheny, Washington, and Beaver Counties.*

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 Group and Party Service in Vehicles Seating 11 to 15, Including the Driver; 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. § 4904 relating to unsworn falsification to authorities.

Joyce Danielewicz
(Print Name)

Joy Danielewicz


(Signature)

 
(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/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.

Limousines For Less, Inc.

Legal Name of Applicant

Trade Name, if any

315 Clermont Ave

Street Address (principal place of business)

Stroudsburg

City or Municipality

PA

State

18360

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.

Joy Danielewicz; Vice President

Limousines For Less, Inc.

315 Clermont Ave

Stroudsburg, PA 18360 570-424-6913

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

Owner

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

Currently operating all aspects of our company – Limousines For Less, Inc. for over 30 years.

4. 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.

Our office is available for reservations 24 hours. We have an at home office with 2 computers. Our reservations are made via telephone, email or on our website. We utilize Limo Anywhere for all our reservations, networking, dispatch and communication with the drivers. Clients and Driver can have direct access to their reservations through the app.

All vehicles are located at 315 Clermont Ave Stroudsburg, PA 18360. Our larger fleet vehicles are at a rented location on the corner of Park Ave & Rt 611 in Stroudsburg. We have a mechanic also located at this location for all repairs and maintenance on the vehicles.

5. 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: 5 Full Time/6 Part Time.
 - a. Your hiring standards for drivers.
2 Years min experience. Over age of 25. Clean background check and driver history. CDL is required for our buses. And medical cards are needed,
 - b. Your system for conducting criminal background checks.
Prior to hire we do a background check from the PA homepage. And every year there after.
 - c. Your driver training program.
Drivers are put on a 2 week training period before final hire. Our Fleet manager takes them through each vehicle and the procedures that are expected. Walk arounds, paperwork and driver safety are all covered and a driver manual is given.
 - d. Your system for conducting driver license checks
Our insurance company runs all license checks and driver history 2 months prior to renewal anniversary.. They have to authorize them before approval to drive.
 - e. Your policies regarding alcohol and drug use by your drivers.
Our drivers are put into a consortium to be pulled randomly for testing.

Once all information is provided to us, it is placed in a driver folder that is accessible at our office for any PUC inspection.

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 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>
2015	Mercedes	Sprinter	15	WD3PF1CC0F5948705	85000

7. Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan

Vehicles are maintained weekly with our mechanic. Driver walk arounds are required every trip. Anything reported is immediately addressed before vehicle can go back out on any jobs. Our fleet manager keeps track of oil changes, brakes and any additional maintenance needed. We log everything into our Limo Anywhere system and reports can be easily generated.

b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Sedans: yearly @ A&L Garage

Limousines, Sprinter Buses: every 6 months

@ Whitmore Garage

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. *We are currently in business since 1985 and already have a current policy with National Liability & Fire: POLICY 73APS100812 5 Million * SEE ATTACHED*

9. 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

10. 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. § 4904 relating to unsworn falsification to authorities.



(Signature)

Joy Daanielewicz VP

(Name and Title, printed or typed)

2/8/22

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets			
Cash		<u>35000.00</u>	
Other Current Assets (specify)		<u> </u>	
Total Current Assets			<u> </u>
Tangible Assets			
Motor Vehicle Equipment		<u>355000.00</u>	
Property (buildings, land, etc.)		<u>500000.00</u>	
Office Equipment			<u>8000.00</u>
	TOTAL ASSETS		<u>998000.00</u>

LIABILITIES

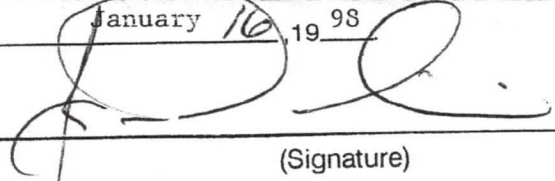
Current Liabilities (Due within one year of date)			
Loans		<u>0</u>	
Credit cards/revolving credit		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
Total Current Liabilities			<u> </u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>0</u>	
Long term commercial loan		<u>480000.00</u>	
Other Liabilities (Attach Schedule)		<u> </u>	
Total Long-Term Liabilities			<u>480000.00</u>
	TOTAL LIABILITIES		<u>480000.00</u>

9805- 822

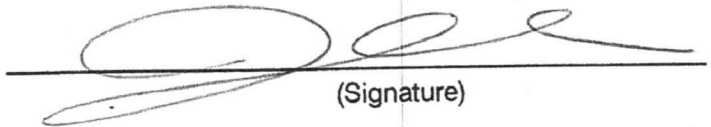
DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2

7. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 6 day of

January 10, 19 98


(Signature)



(Signature)

Search entity / Select entity / Order documents

Order Business Documents

Date: 12/21/2020

Business Name History

Name	Name Type
LIMOUSINES FOR LESS, INC.	Current Name

Business Entity Details Officers

Name	LIMOUSINES FOR LESS, INC.
Entity Number	2796059
Entity Type	Business Corporation
Status	Active
Citizenship	Domestic
Entity Creation Date	01/23/1998
Effective Date	01/23/1998
State Of Inc	PA
Address	315 CLERMONT AVE STROUDSBURG PA 18360-0 Monroe

Name	JOY DANIELEWICZ BRITTON
Title	VICEPRESIDENT
Address	

Name	JOYCE M DANIELEWICZ
Title	PRESIDENT
Address	315 CLERMONT AVE STROUDSBURG PA 18360-2311

Filed Documents

The information presented below is for your reference. To place an order you will need to log in. If you do not have a PENN File account, you may register for an account by clicking here ([/Account/Register_account](#)).

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COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

May 26, 2016

A-00108292
A-2015-2484359

LIMOUSINES FOR LESS, INC.
315 CLERMONT AVENUE
STROUDSBURG, PA 18360

Re: Application of Limousines For Less, Inc., 315 Clermont Avenue, Stroudsburg,
Monroe County, Pennsylvania.

To Whom It May Concern:

Consistent with the Commission's regulations, the applicant has applied for approval of the transfer of stock currently held by James Danielewicz to Joy Danielewicz. The transfer involves 40 shares. The record in this proceeding has been reviewed and is now in order.

It is the Commission's determination that the stock transfer proposed in this instant application will not adversely affect the public; **THEREFORE,**

YOU ARE ADVISED: That the application of Limousines For Less, Inc. at A-2015-2484359, for the transfer of 40 shares from James Danielewicz to Joy Danielewicz, is hereby approved.

YOU ARE FURTHER ADVISED: That the capital stock of Limousines For Less, Inc. shall not be further sold, transferred, or in any other way conveyed to any other individual, partnership, corporation, or any other entity without prior filing of an application and approval thereof.

Very truly yours,

Rosemary Chiavetta
Secretary



REV-1605 (TR) 03-17
NAMES OF CORPORATE OFFICERS

INSTRUCTIONS FOR REV-1605 COUPON

NOTE: Corporations may update names of corporate officers electronically through e-TIDES at www.etides.state.pa.us.

1. The Department of Revenue is required to forward the names of corporate officers received with tax reports to the PA Department of State for inclusion in the public records of the corporation. This information is provided from the corporate officer section of RCT-101, PA Corporate Net Income Tax Report. Corporations may also update this information during the year by completing the Corporate Officer Schedule, REV-1605, and submitting it to the PA Department of Revenue, which will forward this information to the PA Department of State for inclusion in the public records of the corporation.
2. All fields below must be completed with current information so that records may be updated accurately and comprehensively.
3. An officer or a representative of the corporation must complete and sign the form.

4. Fax or email to:

Fax: 717-787-3708
Email: ra-btftregisfax@pa.gov

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

REV-1605 (TR) 03-17		NAMES OF CORPORATE OFFICERS		REVENUE ID
CORPORATE OFFICERS	SSN	LAST NAME	FIRST NAME	MI
PRESIDENT/MANAGING PARTNER	SSN REDACTED	DANIELEWICZ	JOYCE	M
VICE PRESIDENT	SSN REDACTED	DANIELEWICZ-BRITTON	JOY	
SECRETARY				
TREASURER/TAX MANAGER				
Business Name		City	EIN	
LIMOUSINES FOR LESS, INC		STROUDSBURG	EIN REDACTED	
Street Address		State	ZIP	
315 CLERMONT AVENUE		PA	18360	
By filing this form, the taxpayer consents to the release of the names of its corporate officers and its address to the Department of State where it will be available as a public record. I hereby affirm, under penalties prescribed by law, that information contained in this form is true and correct to the best of my knowledge and belief, and that I am authorized to execute this form on behalf of the taxpayer.				
Preparer's Signature		Title	Date	
		PRESIDENT	10022017	
Email		Telephone		
LIMOS4LESS@AOL.COM		5704246913		

PENNSYLVANIA

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME

NAIC Number: 20052

National Liability & Fire Insurance Company

Name and Address of Insured

LIMOUSINES FOR LESS INC T/A DBA:
LIMOUSINES FOR LESS
315 CLERMONT AVE
STROUDSBURG, PA 18360

POLICY NUMBER
[REDACTED]
EFFECTIVE DATE
06/24/2021 12:01 AM

NOT VALID MORE THAN 1
YEAR FROM EFFECTIVE DATE

Description of Vehicle:

2015	MERCEDES 3500	[REDACTED]
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC.

R 1413e (Ed 8-98)

IMPORTANT NOTICE Regarding Your Financial
Responsibility Insurance Identification Card.

This Insurance Company is required by Pennsylvania law to send you an I. D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement.

The I. D. card information may be used for vehicle registration and replacing license plates. **If your liability insurance policy is not in effect, the I. D. card is no longer valid.**

You are required to maintain financial responsibility on your vehicle. **It is against Pennsylvania law to use the I. D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.**

FOLD ALONG THIS LINE

R 1413e (back)

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense, other than a parking offense, that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to the Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com