

REVD PUC SEC BUR
AUG 31 2023 PM 12:31

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)

MY RIDE WHEN YOU NEED IT LIMITED LIABILITY COMPANY

- 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 0003620359
(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).

SHAREALYNN COTTLE
RICHARD BLAKE COTTLE

6. **Mailing Address**

23 W. MARKET STREET
Street Address

MYERSTOWN, PA 17067 BERKS
City, State and Zip Code County

866-632-0793 MY RIDE WHEN YOU NEED IT 365 @ GMAIL.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.)

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).

See attached ,

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

SHARAA LYNN COTTLE

(Print Name)

Sharra Lynn Cottle

(Signature)

8/31/2023

(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.

MY RIDE WHEN YOU NEED LIMITED LIABILITY CORPORATION
Legal Name of Applicant

Trade Name, if any

23 W. MARKET STREET MYERSTOWN, PA 17067
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.

See attached notes

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

See attached notes

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.

See attached notes

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.

see attached notes

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:
- 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.

see attached notes

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	FORD	TRANSIT	12	1FB2X2ZMSK491708	124168

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. 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).

See attached notes

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

See attached notes

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

See attached notes

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. Section 4904 relating to unsworn falsification to authorities.

<i>Sharea Cottle - owner</i>	<i>8/31/2023</i>
(Signature)	(Date)
<i>SHAREA COTTLE - owner</i>	
(Name and Title, printed or typed)	

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash		
Other Current Assets (specify)	<u>BANK ACCOUNT</u>	
Total Current Assets		<u>3300.00</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$0.</u>	
Property (buildings, land, etc.)	<u>\$0.</u>	
Office Equipment		
	TOTAL ASSETS	<u><u>\$0.00</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>10,000 - student loans</u>	
Credit cards/revolving credit	<u>0.00</u>	
Other Liabilities (Attach schedule)	<u>N/A</u>	
Total Current Liabilities		<u> </u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>N/A</u>	
Long term commercial loan	<u>N/A</u>	
Other Liabilities (Attach Schedule)	<u>N/A</u>	
Total Long-Term Liabilities		<u>0.00</u>
	TOTAL LIABILITIES	<u><u>10,000</u></u> student loans

MY RIDE WHEN YOU NEED IT
23 W Market Street
Myerstown, PA 17067
866 - 632 - 0793
484 - 758 - 1808
myridewhenyouneedit365@gmail.com

RCVD PUC SEC BUR
AUG 31 2023 PM12:32

To Whom this May Concern,

This is to verify that my husband Richard Blake Cottle will no longer wish to continue running the business My Ride When You Need It due to his own wishes. I have also included forms SS-4 and 8822-B. to make the necessary changes as far as address and to update the information with the Internal Revenue Service.

I Sharea Lynn Cottle will be the sole owner of the company from this date forward if there are any further questions I may be reached via email at myridewhenyouneedit365@gmail.com or via telephone at 866-632-0793 thank you in your prompt attention to this matter and have a great day.

Sincerely,

Sharea Lynn Cottle

Sharea Lynn Cottle

Richard Blake Cottle

Richard Blake Cottle

8/30/2023

10. The service area that will be serviced is within Pennsylvania City limits. This vehicle will be used to transport individuals to and from all Pennsylvania State Penitentiaries. It will also be used to transport individuals to medical appointments as well as transport them for shopping errands and other places as needed.

Verified Statement of Applicant:

The Person making the verified statement on behalf of the applicant is Sharea Lynn Cottle whom in which is the owner of the company. And she resides at 23 W Market Street Myerstown, PA 17067 the telephone number that she may be reached at 866-632-0793

The applicant has no other affiliation with any other carrier: N/A

The applicant's business experience is that the applicant currently possesses a Commercial Driver's License with no accidents noted. The applicant is also a Certified Nurse Aide in which she possess basic lifesaving skills and will be taking another certification on 9/5/2023. I know that with the knowledge of handling a vehicle safely due to her experience and the credentials of holding a certified nurse aide this applicant will be able to maintain the safety of individuals while under her supervision. The applicant is also scheduled to take another safety course on 9/5/2023.

Describe the facilities, record mgmt. etc.

The Company has one vehicle at the moment that can comfortably accommodate 12 individuals at a time including the driver. All of our records are scanned and kept in a computer strictly used for business purposes only. And files are locked in a secure cabinet in the event that something needs to be addressed. The vehicle is currently housed at my residence as of now and the communication devices that are used are mobile devices and we are in the process of ordering a two way radio to communicate with my other driver. Office devices that will be used are a laptop all in one printer toll free business landline. Customer request for transportation will be handled via phone or email. My daughter and I are the only drivers at this point but once I obtain more vehicles mobile devices will be given to additional

drivers that will be strictly used for work purposes only. At this point the only form of communication are mobile devices.

The Number of driver's I intend to use or hire for right now just two drivers based on us just starting out and trying to build clientele while we work on getting the proper credentials.

- A. My hiring standards for anyone wishing to become a driver with our company would consist of Strict FBI and State clearances as well as Drug and alcohol screen. After Hire they will be subject to random urines at any given time and refusal will be immediate termination.
- B. I would use the PA STATE POLICE background check as well as partner with Identigo to have fingerprints done as well.
- C. I would use the online program CTAA (Community Transportation Association of America) to keep my drivers properly certified and make sure that they have the knowledge of how to deal directly with the public.
- D. My system for checking driver's license to obtain records in regards to citations and suspensions will be maintained by me using the DMV's website with Penn dot.
- E. My Policies in regards to Alcohol and Drug use is there is no tolerance at all while you are on duty and within 8 hours of your scheduled shift to maintain safety for yourself as well as our customers.

The Number of vehicles I plan to use in my business is 1 so far. It is a 2015 ford Transit that accommodates 12 passengers including the driver the VIN number is _____ and the mileage on the vehicle is currently

My vehicle safety program concludes of annual safety emission test as needed as well as routine maintenance such as Brakes, Oil Change and Tire Rotations as needed. I will also do a ten point safety check prior to using the vehicle and at the remainder of the trip to ensure there is no faults within the vehicle to ensure that it is safe.

I have reached out to obtain commercial insurance with PUC's limits and I will be started it based on approval of the PUC license. The rate is affordable and I will be able to afford what Progressive is offering me.

I have been convicted of a misdemeanor on 7/13/2007 I was convicted of this crime as I was with several individuals who committed a crime and since I was with them I was hit with conspiracy as well as the nature of the crime of retail theft. Since this conviction I have not had any trouble since as I learned how to be more cautious of who I am around and who I allow in my life.

The Co-Owner Listed on the EIN has been convicted of both Felony and misdemeanor charges> At this point I don't know if he is willing to continuing on with the business as he has decided to opt out of participating due his own wishes. He did sign a letter stating this but I just wanted to be upfront and honest in regards to this as obtaining this license is very important to me. I don't see any issues as far as me financially supporting the business as I do work full time and will be able to afford routine maintenance insurance costs and whatever else may be needed to keep the business in operation.



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-27-2022

Employer Identification Number:
92-0501232

Form: SS-4

Number of this notice: CP 575 B

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

MY RIDE WHEN YOU NEED IT
SHAREA AND RICHARD L COTTLE MBR
PO BOX 452
PARKESBURG, PA 19365

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 92-0501232. 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.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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 forms by the dates shown.

Form 1065

03/15/2023

If you have questions about the forms or the due dates 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 (corporation, partnership, estate, trust, EPMF, etc.) 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 2020-1, 2020-1 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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is MYRI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 09-27-2022
EMPLOYER IDENTIFICATION NUMBER: 92-0501232
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
|||

MY RIDE WHEN YOU NEED IT
SHAREA AND RICHARD L COTTLE MBR
PO BOX 452
PARKESBURG, PA 19365



0003637670

B0531-9126 02/06/2023 5:02 PM Received by Pennsylvania Department of State



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CHANGE OF REGISTERED OFFICE
 Fee: \$5

Pennsylvania Department of State
-FILED-
 Amendment #: 0003637670
 Date Filed: 2/6/2023

DSCB: 15-1507/5507/8625/8825		
In compliance with the requirements of <u>15 Pa.C.S. § 1507 / 5507 / 8625 / 8825</u> (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:		
Record Information	File number	0003620359
	Current name	My Ride When You Need It Limited Liability Company
	Filing type	Domestic Limited Liability Company
Current Registered Office or Commercial Registered Office Provider	Address	43 S 5TH AVE COATESVILLE, PA 19320-3647 CHESTER
New Registered Office	The address of this association's proposed registered office in this Commonwealth is MY RIDE WHEN YOU NEED IT 23 W MARKET ST MYERSTOWN, PA 17067-1938 LEBANON	
Electronic Signature	IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager.	
Mrs	Sharea Lynn Cottle	02/06/2023
Signer's Capacity	Sign Here	Date