

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)

ALFA MOTORS 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)

ALFA LIMO

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- 2023-3042018

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 4244042

(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).**

Stan Belov	Managing Member	50%
Jelenbera Grinberga,	Member	50%

6. **Mailing Address**

108 Spring FLower Court
Street Address

Huntingdon Valley, PA 19006
City, State and Zip Code

Montgomery
County

267-276-3656
Telephone Number

stanbelov77@gmail.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)

David Temple, Esquire 215-421-4391
Attorney's Name & Telephone Number for this Filing

111 Buck Rd, Bldg 500, Suite 1, Huntingdon Valley, PA 1900€ dave@temlelaw.org
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).

To transport as a common carrier persons in group and party service, in vehicles with a seating capacity of 11-15 passengers including the drivers from points in the counties of Montgomery, Bucks, Delaware Chester and Lehigh Counties to 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.

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.

STANISLAV Belov

(Print Name)

Managing Member

(Position)

(Signature)

07/26/23

(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.

ALFA MOTORS LLC			
Legal Name of Applicant			
ALFA LIMO			
Trade Name, if any			
108 Spring FLower Court	Huntingdon Valley	PA	19006
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

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

See attached

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

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

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

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>

See attached

See attached

7. 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).
 - Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.

See attached

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

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

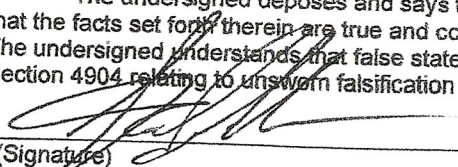
___ YES X NO

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.

See 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.



(Signature)

Stanislav Below

(Name and Title, printed or typed)

07/26/23
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 7/31/23

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	25,000.00	
Other Current Assets (specify)	_____	
Total Current Assets	_____	<u>25,000.00</u>
Tangible Assets		
Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	
Office Equipment	_____	
	TOTAL ASSETS	<u>25,000.00</u>

LIABILITIES

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

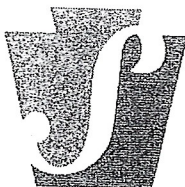
Alfa Motors LLC

1. Stanslav Belov
106 Spring Flower Court
Huntingdon Valley, PA 19006
2. Applicant has no affiliation with any other carrier.
3. Applicant has been a consultant in the limousine industry for over five years now. As a consultant he has assisted several limousine companies in their operational and financial direction. His involvement has directly impacted several companies and contributed to their growth. As the Managing Member for this business, he will be directly involved in these matters on a daily basis, overseeing all functions of its operation.
4. The Applicant will maintain an office at 16 Spring Flower Court, Huntingdon Valley. The business office will be complete with computer, telephones and fax machines. All records of the business whether required by the PUC or not, including logs, complaints, driver and maintenance records shall be maintained at this office. All records shall be retained as long as required under the appropriate statute or regulation. All calls shall be taken from the dedicated phone number maintained at this office. Fax and internet calls shall be taken at the office as well. All owners and drivers maintain company cell phones from which the assigned dispatcher shall have direct connection service. The business shall operate 24 hours per day, 365 days per year and vehicles shall be scheduled as demand requires.
5. The Applicant intends to begin service with one vehicle. It is the intention of the Applicant to operate this vehicle and make a determination of the required demand. As demand increases both drivers and vehicles shall be added.

The Applicant maintains extremely high driver standards. All drivers are hired by the members directly. For a driver to begin service he must first interview, he must present a clean driving record and a clean criminal history. The Applicant is then familiarized with the operation of the company including dispatch and maintenance. Driver records are reviewed periodically for compliance and adherence to the rules of the company

All drivers are required to notify the company of any change in their driving record and it is run annually to check its status. In addition to the annual run of licenses, spot checks of license validity are conducted. Possession, use or abuse of alcohol or drugs is cause for immediate dismissal

6. To be determined
7. All vehicles are checked pre trip and post trip for any problems. A routine maintenance schedule is also established for each vehicle where in addition to regular oil changes the safety components of the vehicle are regularly checked. The Applicant already adheres to the regulations required of the PUC under 52 Pa. Code 29.403.
8. The Applicant maintains steady contact with the insurance brokers within the area in which they intend to operate. These brokers have assured Applicant of the availability of affordable limousine insurance coverage for which no substantial increases on the horizon. Immediately upon approval of the Application the Applicant shall employ the use of one of these transportation specialists, contract for a policy of insurance and deliver an E Form to the regulatory authorities.
9. NO
10. See attached financials



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State

-FILED-

File #: 0013493987
 Date Filed: 6/8/2023

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name

Fictitious name ALFA LIMO

Additional Information

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: TRANSPORTATION

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 106 SPRING FLOWER CT
 HUNTINGDON VY, PA 19006
 BUCKS

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
ALFA MOTORS LLC Domestic Limited Liability Company Registered Office Address 9921 Bustleton Ave, Apt L-7, Philadelphia, PA 19115 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
STANISLAV BELOV

Additional provisions, if any

B0576-0001 06/08/2023 3:22 PM Received by Pennsylvania Department of State