

DATE OF DEPOSIT

MAR 01 2024

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

### Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

Kane and Family Movers, 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 ~~KANEMO~~ 6431338  
(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).**

Emily Kane  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

2422 Northland Ave  
Street Address  
York, PA 17406 York  
City, State and Zip Code County  
717-654-1530 Kaneandfamilymovers@  
Telephone Number E-Mail Address gmail.com

*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 from Mailing Address. Do not use a PO Box.)

2422 Northland Ave  
Street Address  
York, PA 17406 York  
City, State and Zip Code County  
717-654-1530 Kaneandfamilymovers@gmail.com  
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. 3347906

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 household goods in use between points in Pennsylvania
- to transport household goods in use from a point in Pennsylvania to a  
*Examples: point outside of Pennsylvania in the continental US*

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

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 Household Goods in Use; 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.

Emily Kane

(Print Name)

Emily Kane

(Signature)

03/01/2024

(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).

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# 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.

Kane and Family Movers, LLC  
Legal Name of Applicant

\_\_\_\_\_  
Trade Name, if any

2422 Northland Ave      York      PA      17406  
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.

Emily Kane, owner      717-654-1530  
2422 Northland Ave  
York, PA 17406

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

none

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

see attached

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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*

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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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

*see attached*

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*

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  NO

see attached

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.

Emily Skane

(Signature)

Emily Skane, Owner

(Name and Title, printed or typed)

03/01/2024

(Date)

Kane and Family Movers, LLC has successfully been in operation since 2016 providing labor services to load and unload trucks rented by customers. Services have also been offered in that time frame to load and unload pods (and like containers) for customers. We have completed loading and unloading services as a third party vendor in conjunction with ABF trucks. It is our conviction that our experience in effectively rendering these labor-only services has sufficiently prepared and qualified our company to satisfactorily transport customers' household goods in use between points in Pennsylvania.

*Emily Skane*

*Emily Kane, Owner*

*03/01/2024*

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App MCC Household Goods  
Kane and Family Movers

Page 5, Section 4

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It is planned for Kane & Family Movers' office to be home based and managed solely by myself, Emily Kane. The office is to be a room within my personal home at the address given throughout this application. Office machines to be in use include the following:

- Desktop Mac computer: for use in day-to-day operations, to contain all company files and associated accounts
- iPad: for use in the field
- All-In-One Printer/Scanner/Fax
- Shredder: for shredding any and all sensitive documents
- High Speed Business Internet Router and Modem: provides connectivity for the business
- Phone Line: Business landline
- Fax Line: Business fax
- Business Cell Phone: for use in the field and to maintain communication with customers and employees

Vehicles will be rented through a commercial account held with Enterprise Truck Rentals. Kane & Family Movers does not own its own box trucks for the purpose of household moves. Enterprise Truck Rentals will maintain the vehicle mechanically and safely in accordance with its own internal procedures and standards, ensuring they are safe for use by Kane & Family Movers.

Kane & Family Movers does not own its own storage facility. The business rents a storage unit at Extra Space Storage located at 2199 Parklyn Dr, York, PA 17406. The storage unit will hold tools and materials to be used in services to be provided to customers. This facility is gated and video monitored. Kane & Family Movers rents a vehicle space from Extras Space Storage for the Enterprise Truck to be parked. In the event that goods must be stored in a truck overnight, Kane & Family Movers would utilize the vehicle space at Extra Space Storage's secure and video monitored to store the padlocked truck. Should customers require long term storage, they would be referred to Extra Space Storage to obtain their own storage facilities.

Normal business records will be maintained and stored at the home based office of Kane & Family Movers. Records will be maintained and stored only by myself, Emily Kane. A filing system is in place for physical records, and an electronic filing system exists for digital records. Records required by the PUC will be managed in the same manner and submitted to the PUC as required.

In regards to communication network, my (Emily Kane's) cell phone will be dual purposed for business and personal use. Customer calls (existing and potential) are to be directed to that cell phone number at 717-654-1530. An email account for Kane & Family Movers also exists for the purpose of business, including customer inquiries and ongoing communications at [kaneandfamilymovers@gmail.com](mailto:kaneandfamilymovers@gmail.com). Following a customer inquiry, preliminary information will be collected via email or over the phone. A determination may be made at that time that an in-home or virtual estimate is recommended. Upon conclusion of the collection of project details, an estimate will be provided to the customer. A general estimate may be given over the phone, but will be followed by a formal estimate accompanied by a statement laying out terms of service and other pertinent information. Should the customer decide to proceed with reserving service, a deposit payment will be required. Upon remittance of deposit payment, an updated estimate will be generated and sent to customer reflecting said payment. At that time, service will be formally reserved on the company calendar. The appropriate truck will then be reserved for that date. At least one day prior to service, communication with customer will be established to confirm service is on track to proceed as planned. On the day of service, the

*Emily Kane*

*Emily Kane, Owner 03/01/2024*

Page 6, Section 7

- a) Vehicles, namely box trucks, used in operations orchestrated by Kane & Family Movers will be maintained by the truck rental facility by which they are owned.
- b) Maintenance of said vehicles will be to standards, policies, and procedures set forth by truck rental facility. At the time of pick up for every vehicle, a damage/safety check is performed to identify any potential issues prior to departure from lot. Any mechanical, maintenance, or safety issues arising during Kane & Family Movers' possession of the vehicle will be reported in a timely manner to the truck rental facility to be properly addressed by truck rental facility. Kane & Family Movers will comply with subsequent directives given by truck rental facility in this regard.

Page 7, Section 8

Kane & Family Movers has held a general liability insurance policy since 2016. Kane & Family Moves has held a cargo insurance policy since 2017. All premiums and installment payments have been paid in full to date.

Page 7, Section 9

Emily Kane (previously known as Emily Knighton), 100% owner of Kane & Family Movers, was convicted of three misdemeanor charges in November of 2012. All fines and penalties have been served to the court's satisfaction. No other criminal charges have ever been filed against Emily Kane.

*Emily Kane*

*Emily Kane, owner 03/01/2024*

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 03/01/2024**  
**(Must be less than 6 months old)**

ASSETS

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

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	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
	<b>TOTAL LIABILITIES</b>	_____

*See attached*

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**Kane and Family Movers, LLC**  
**Balance Sheet**  
**As of March 1, 2024**

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
Members1st Checking	4,501.99
Wells Fargo Student Checking 4597	12,386.10
<b>Total Bank Accounts</b>	<b>\$ 16,888.09</b>
<b>Accounts Receivable</b>	
<b>Accounts Receivable (A/R)</b>	11,191.00
<b>Total Accounts Receivable</b>	<b>\$ 11,191.00</b>
<b>Total Current Assets</b>	<b>\$ 28,079.09</b>
<b>Fixed Assets</b>	
<b>Vehicles</b>	38,463.89
<b>Total Fixed Assets</b>	<b>\$ 38,463.89</b>
<b>TOTAL ASSETS</b>	<b>\$ 66,542.98</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Credit Cards</b>	
Apple Card Emily 4057	-1,967.39
Apple Card Todd	-409.11
Barclays MC 6910	2,523.42
Capital One Platinum 3356	-3,827.09
Capital One Quicksilver 9057	1,561.56
CapitalOne Todd 7956	0.00
<b>Total Credit Cards</b>	<b>-\$ 2,118.61</b>
<b>Other Current Liabilities</b>	
LOC Mc Kensie	4,250.00
<b>Total Other Current Liabilities</b>	<b>\$ 4,250.00</b>
<b>Total Current Liabilities</b>	<b>\$ 2,131.39</b>
<b>Long-Term Liabilities</b>	
<b>Notes Payable - Capital One</b>	
Auto	34,065.47
<b>Total Long-Term Liabilities</b>	<b>\$ 34,065.47</b>
<b>Total Liabilities</b>	<b>\$ 36,196.86</b>

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*Emily Skare*  
 Emily Kane, owner  
 03/01/2024



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MANCHESTER, PA 17345  
MAR 01, 2024

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**PRIORITY  
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EXPRESS**



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**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

PHONE (717) 654-1530

Kane and Family Movers, LLC  
ATTN: Emily Kane  
2422 Northland Ave  
York, PA 17406

**DELIVERY OPTIONS (Customer Use Only)**

**SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available\*)  
\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ( )

Secretary PA Public Utilities Comm.  
400 North Street  
2nd Floor  
Harrisburg, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

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**PEEL FROM THIS CORNER**

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USPS® Corporate Acct. No.

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1-Day  2-Day  Military  OPO

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage
17345	3.2.24	\$ 30.45
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee
3.1.24	11:00 PM	
Time Accepted		Return Receipt Fee
3:17 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$ MAR 05 2024
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees
\$	\$	PA PUBLIC UTILITY COMMISSION
Weight	Net Rate	Acceptance Employee Initials
5 oz.	NC	SECRETARY'S BUREAU

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, MAY 2021

PSN 7080-02-000-8988