

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

DATE OF DEPOSIT

APR 2 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

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

Lovable Helping Hands Foundation For All Nations

- 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 Limo Service" 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 Limo Service" or "J. Doe Limo Service" 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- 000-0541-8431

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 86-1726753

(See checklist and indicate type of business entity registered)

7237631 ydd/sec 4/24/2025

5. If either a Corporation or Limited Liability Company, please list members (LLC) or shareholders and officers (Corporation).

Marian Yarteh

6. Mailing Address

2812 W Livingston Street
Street Address

Allentown PA 18104 Lehigh Valley
City, State and Zip Code County

484-649-1605
Telephone Number

Lovablehelping@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 from Mailing Address. Do not use a PO Box)

905 Line Street Suite B
Street Address

Easton PA 18042
City, State and Zip Code

484-649-1605
Telephone Number

Lovablehelping@gmail.com
E-mail Address

The address entered here should be 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 MAILING ADDRESS is the same as the PHYSICAL ADDRESS.

8. Attorney (if applicable)

N/A
Attorney's Name & Telephone Number for this Filing

N/A
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. 4386778

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

The Service Area will be in the City of Easton, Northampton area to PA Cities and Counties. To provide transportation to people within cities and counties of PA within the Northampton, Lehigh surrounding area and the state of PA. As time progresses the service may extend to major regional airports within PA, event venues, comfortable and safe transportation for community members, corporate clients and event attendees, supporting both personal and charitable initiatives within the community.

Examples:

- To transport people from points in Berks County to points in PA, and return.
- To transport people between points in the counties of Chester, Delaware, and Montgomery.

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 limousine 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.

Marian Yarteh CEO
(Print Name) (Position)

Marian Ya 03/31/2025
(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).

DATE OF DEPOSIT

APR 2 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Marian Yarteh
Legal Name of Applicant

Trade Name, if any
905 Line Street Suite B Easton PA 18042
Street Address (principal place of business) City or Municipality State Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

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.

Marian Yarteh I'm the CEO
The address is 905 Line Street Suite B
Easton PA 18042 and the number is 484-649-1605

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

I'm not listed with any other carrier that I'm aware of and I will be the CEO of this Services.

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 Attachment of Typed Answer To The Questions

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 Attachment of Typed Answer To The Questions.

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 Attachment of Typed Answer To The Questions

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. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2003	Ford	Excursion	10	IFMNU-1	126993

*Vehicles with seating capacity of more than ten passengers cannot be used for limousine service.

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 Attachment

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

I Called couple of agents for quotes and prices. In which I received a quote and price from GEICO that gave me quote and price then I took the quote then I paid for it.

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. Section 4904 relating to unsworn falsification to authorities.

Marian Yacht

 (Signature)

03/31/2025

 (Date)

Marian Yacht

 (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		1,000.00	
Other Current Assets (specify)			
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment	→	17,000	
Property (buildings, land, etc.)		ND	
Office Equipment			
		20,000	
	TOTAL ASSETS		<u>38,000.00</u>

LIABILITIES

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

Question 3 on Page 6: Describe the application 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.

Answer: Lovable Helping Hands Foundation Limousine Service is led by me, Marian Yarteh I've experience in business management and customer service. As the Director of Lovable Helping Hands Foundation, I'Marian Yarteh has successfully managed a wide range of community-driven initiatives, demonstrating my strong leadership, operational management, and organizational skills. Additionally, my experience in coordinating transportation services for foundation events and community outreach programs has equipped me with valuable insights into the planning and safety considerations essential to the transportation industry.

I' Marian also has a background in the automotive sector, operating at Gem Auto Center LLC, which specializes in vehicle sales and repairs. This experience has provided me with a direct knowledge of vehicle maintenance, fleet management for vehicle repairs and customer satisfaction and all critical aspects of running a reliable limousine service.

Since I have experience in vehicle exposure in vehicles knowledge, I have comprehensive motor vehicle business background, dedication to serving the community and commitment to providing exceptional customer experiences make me well-suited to managing a successful limousine service. Furthermore, I am actively pursuing industry-specific training to ensure adherence to best practices and regulatory standards within the transportation sector.

Question 4 On Page 6: Describe your facilities, record maintenance plan and your communication network, please include a description of physical location, including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicants 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. Regarding 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.

Answer: The **Facilities** for Lovable Helping Hands Foundation Limousine Service will operate from the organization's headquarters located at **905 Line Street, Suite B, Easton, PA**. This facility includes dedicated office space equipped with essential office machines such as computers, printers, telephones, and fax machines that are electronically to manage business operations efficiently. Additionally, secure filing cabinets and cloud-based storage systems will be used for maintaining both physical and digital records.

The facility also has ample space to house and maintain the limousine fleet. Routine vehicle inspections, cleaning, and minor maintenance will perform on-site or will also be taken to the car wash center that I will arrange to take the vehicles to, while major repairs will be managed by garage ensuring that all vehicles are maintained to the safety standards.

Record Maintenance Plan

The limousine service will comply with all Pennsylvania Public Utility Commission (PUC) requirements for recordkeeping. Business records, including customer reservations, driver logs, vehicle maintenance reports, and financial statements, will be maintained using a cloud-based management system or manual written in secured logo book. This platform will ensure easy access to documents while providing secure data storage and backup. Physical copies of essential records will be retained at the office in accordance with state regulations.

Driver qualification records, insurance documents, and compliance reports will also be stored and monitored to ensure timely renewals and ongoing compliance with PUC guidelines.

Communication Network

The Lovable Helping Hands Foundation Limousine Service will implement an efficient communication system to manage transportation requests and driver dispatching. Customers will be able to request transportation through multiple channels, including phone calls, email, and an online booking platform accessible

Once a request is received, dispatchers will use fleet management software to assign drivers based on location, availability, and customer requirements. Real-time GPS tracking and mobile communication apps will ensure continuous contact with drivers, allowing for quick updates on arrival times, route adjustments, and any unforeseen changes.

In case of emergencies or unexpected circumstances, I will have access to twelve hours of support through the dispatch team and extend the hours in the future as business starts getting business. Additionally, automated notifications will be sent to customers to provide updates on ride status and estimated arrival times.

This comprehensive approach to facilities management, record-keeping, and communication will ensure smooth operation and quality experience for customers while maintaining compliance with PUC standards.

Question 5 On Page 6: 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:

Answer: Lovable Helping Hands Foundation Limousine Service will start with one driver as of now until I am able to hire more drivers when income starts coming into the business. Once that happens, I will hire at least 3 to 5 drivers in the future when income starts coming in. This number is appropriate for our initial service area, which will primarily cover **Easton, PA**, and surrounding areas within the **Northampton and Lehigh Valley region**. Additionally, we will provide occasional transportation to regional airports, event venues, and special destinations within PA upon request.

Having one driver now allows us to maintain a flexible schedule. Later when income starts to be coming then will hire additional drivers that will ensure availability for business demand periods, including community events, special occasions, and corporate services. It also ensures reliable service for our once-a-month free community ride initiative, which provides limousine experiences to underserved residents.

This one driver is manageable for our business size, ensuring we can deliver personalized and high-quality service while optimizing operational costs. As the demand for our services grows, we will evaluate the need to expand our driver.

(A) **Your Hiring Standards for Drivers.**

The Hiring Standards for Drivers will be Valid Licensing, Three to Six Years Experience and Driving Record and Screen Questions About Their Driving History with Verbal Questions About Their Driving Skills

(B) **Your System for Conducting Criminal Background Checks:**

Background and Screening: Comprehensive **background check** to ensure to know what type of criminal history that they have. Candidates are required to provide **written consent** for a background check during the application process. They are informed about the scope of the background screening, ensuring transparency. A **nationwide criminal database search** will be conducted, including state records (epatch.pa.gov) is done to check if there is a criminal record that I should be aware of before hiring them. A special focus to be placed on identifying any **violent crimes, theft, fraud, drug-related offenses, or DUIs** within the past years. Also, the **Motor Vehicle Records (MVR) Check, which** is conducted to review the applicant's driving history, verifying that they meet our safety standards. **Then will do the Evaluation and Decision Making Process:** Base on the background check results are carefully reviewed by me the CEO until future process will get HR to review the background check **and compliance team**. Decisions will be based on the severity, nature, and timing of any offenses, while providing applicants with an opportunity to explain any findings. This robust system ensures that only qualified, responsible, and trustworthy individuals are entrusted with our passenger's safety.

(C) **Your Driver training program-Here at Lovable Helping Hands**

Foundation Limousine Service, the Driver Training Program will be committed to providing safe, dependable, and exceptional transportation experiences. Our comprehensive **Driver Training Program** will design to ensure that all drivers meet the highest standards of safety, professionalism, and customer service. The program includes the following components:

Orientation: Introduction to company policies, safety procedures, and customer service expectations.

Passenger Safety and Comfort: The Proper use of **seatbelts, child safety seats, and wheelchair accessibility features**, if applicable.

The **Emergency response training** includes first aid, CPR certification (preferred), and evacuation procedures.

Instructions on ensuring passenger comfort and assisting individuals with special needs.

Defensive Driving: Certified training in accident prevention, road safety, and emergency response.

Passenger Safety: Ensuring comfort, assisting individuals with special needs, and adhering to safety regulations.

Customer Service: Professional communication, conflict resolution and delivering exceptional service.

Compliance: The Understanding and adhering to **state and federal transportation laws**. Training in **logbook management** and maintaining accurate driving records and knowledge of **vehicle inspection protocols** and reporting procedures.

Ongoing Evaluation: Regular performance assessments and refresher courses.

- (D) **Your system for conducting driver license checks:** Here at **Lovable Helping Hands Foundation Limousine Service** will be conducting thorough driver license checks to ensure all drivers meet legal and safety standards with the regulation of the PUC, State and Transportation Rules and Regulations.

Our process will include Initial Verification that will validate the applicant's **driver's license** for authenticity and ensure it is **valid and current**. Confirm the appropriate **license class and endorsements** for operating a classification of driving a limousine.

1. **Motor Vehicle Records (MVR) Check:** To conduct a comprehensive **MVR check** through the Department of Motor Vehicles (DMV) and review the driver's **driving history** for violations, accidents, DUIs, or suspensions with **ongoing monitoring** perform **annual or periodic MVR checks** to ensure continued compliance and safe driving records.
2. **Compliance and Documentation:** Maintain accurate records of all license checks and ensure compliance with **state and federal regulations**. This system will help us prioritize safety and reliability in our transportation services and safety.

(E) **Your policies regarding alcohol and drug use by your drivers:** Here at Lovable Helping Hands Foundation, there, we have a **zero-tolerance policy** for alcohol and drug use. Drivers undergo **pre-employment drug testing, random screenings, and post-incident testing**. Any violation results in this will be **immediate termination**.

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

Answer: The Vehicle Safety Program at Lovable Helping Hands Foundation Limousine Service will maintain a vehicle safety program that will includes:

Periodic Maintenance Plan: These vehicles will undergo **routine maintenance every 5,000 miles or every 3 months**, whichever comes first. The maintenance includes **oil changes, brake inspections, tire checks, and fluid level monitoring**.

The Compliance with Pennsylvania Standards: Certified technicians will annually inspect the vehicle to meet **67 PA Code, Chapter 175** standards, which will have to have the **Pre-trip and post-trip inspections** are performed daily to identify any safety concerns.

Vehicle Replacement System: The Vehicle exceeding mileage limits or showing significant wear are **removed from service** and be replace as prioritized based on **age, mileage and maintenance history** to ensure a reliable fleet.

The program will ensure the safety, reliability and compliance of our fleet at all times especially when it's on the road been used.



2025 UCR Registration is VALID!



Confirmation # 000-0541-8431

Registered on: 04/01/2025 16:32 EST

Generated: 04/01/2025 16:33 EST

Year: 2025

Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	04/01/2025	Bracket 1 [2 veh.]	\$46.00	\$1.37	\$47.37

Bracket: 0 to 2 vehicles [2 vehicle(s)]

USDOT #: 4386778

Classifications: Motor Carrier

Legal Name: LOVABLE HELPING HANDS FOUNDATION

Base State: Pennsylvania

Principal: 905 LINE ST STE B
EASTON, PA 18042-7379
US

Payor: LOVABLE HELPING HANDS FOUNDATION

*** Expires: 12/31/2025 ***

Lovable Helping Hands Foundation For All Nation

905 Line Street Suit B
Easton, PA 18042
Tel:(484)649-1605
Fax:(610)514.4262

Currently do not have anyone that are not salaried.

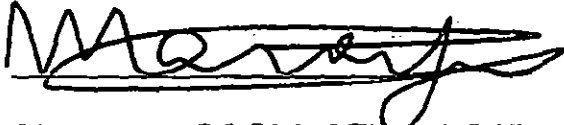
The offices are:

Marian Yarteh Director not salaried and address is 2812 W Livingston Street
Allentown, PA 18104

Ibrahima Camara Finance not paid living at 1144 Union Blvd Allentown, PA
18109

Mahima Camara Secretary not salaried address is 2812 W Livingston Street
Allentown, PA 18104

Alfred Camara Activity Manager not salaried address is 2812 W Livingston
Street Allentown, PA 18104



Signature Of Chief Fiscal Officer

Marian Yarteh

Print Name Of Chief Fiscal Officer



Signature Of Other Chief Fiscal Officer

Ibrahima Camara

Print Name Of Other Chief Fiscal Officer

able Helping Hands
Foundation
05 Line Street
Suite B
Lancaster PA 17602



Retail
U.S. POSTAGE PAID
FCM LG ENV
BETHLEHEM, PA 18018
APR 02, 2025
\$7.16
S2324P502968-1
RDC 99

Secretary PA Public
Utility Commission
400 North Street
2nd Floor
Harrisburg PA 17120

TO: PUC MASTER
Agency: PUC
Floor:
External Carrier:
717-705-1952
4/7/2025 8:43:34 AM
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