

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)

Golden Tie Chauffeur 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)

none

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^X **Previous Authority?**
___NO

If YES, at PUC No. A- _____

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 __0014484390
(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).

6. Anthony Lantigua, member Juan Collado Managing member

7. Mailing Address

2003 S Easton Road

Street Address

Doylestown, PA 18901

Bucks

City, State and Zip Code

County

267 991 5025

goldentiechauffeur@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.

Physical Address (if different from Mailing Address. Do not use a PO Box)

same

Street Address

City, State and Zip Code

Telephone Number

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**.

Attorney (if applicable)

none

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.

8. **Does applicant have a USDOT Number?**

No Yes, at No. _____

9. **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 limousine service between points in Bucks, Chester, Delaware & Montgomery Counties and to points in the Commonwealth of Pennsylvania and return.

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.*

10. **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.

Anthony Lantigua
(Print Name) _____ (Position)

Anthony Lantigua M.
(Signature) _____ 08/28/25
(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.

Golden Tie Chauffeur LLC

Legal Name of Applicant

Trade Name, if any

2003 S Easton Road

Doylestown

PA

18901

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.

Juan Collado, Managing Member
2003 S Easton Rd
Doylestown, PA 18901

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

NONE

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.

The managing member has been driving as an independent contract driver for both Uber & Lyft for the past six and half years and has a thorough understanding of how to serve the riding public as well as a great knowledge of the intended service area.

The associate member has been driving for Uber for four and a half years and has two years' experience driving for Voyage Limousin Company, an authorized PUC and PPA limousine company and has successfully completed and currently holds a valid PPA driver's certification. He also has a thorough understanding of how to service the riding public and understanding of the intended territory which is being applied for.

Both have received excellent reviews from the public which they have served.

3. 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.

1. The office is located at 2003 S. Easton Rd., Doylestown, PA 18901
2. The office is equipped with two desks, two four drawer filing cabinets, a combination printer scanner, two lap top computers one used by the managing member and one used by the associate member.
3. Business documents, including PA PUC records, vehicle records, driver records, and other business-related materials, such as tax documents will be securely stored in the filing cabinets at the address listed above.
4. Clientele will continue to grow by utilizing limousine dispatch network companies and social media including an advertisement in the Yellow Page directory as well as a web site which shall be developed upon approval..
5. All dispatching will be done on a prearranged basis, we request a minimum of two hours notice
6. An activity log will be maintained
7. Communication will be maintained with drivers using cell phones and email which drivers will be required to have.
8. In addition to our web site on which bookings can be made, the office will have a dedicated phone line to take requests. All messages will be responded to within twenty-four hours.
9. The office shall have formal hours from 8 AM to 6 PM daily Monday through Saturday but closed Sunday. Sunday and after hours shall receive phone messaging or email requests which shall be answered within 24 hours.

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.
- A. Drivers must be a minimum of 25 years of age and not older than 68 without a medical clearance
Drivers must have a minimum of three years driving experience.
Drivers must have a clean driving record with no moving violations within the preceding three years.
 - B. A Criminal History must be presented before hiring which must show no criminal activity. Thereafter, an annual criminal history will be required at the anniversary of the company's insurance policy.
 - C. Drivers will be instructed on the etiquette of being a chauffeur. A test will be given as to evaluate a potential hire's driving skill including driver etiquette. They are expected to wear a sport coat, white shirt and a golden tie.
 - D. A driving record indicating a three-year driving period must be presented before a driver will be permitted to drive. A new driving record will be ordered annually at the anniversary of the company's insurance policy and will be presented with the new criminal history.
 - E. The company has a zero tolerance for drug and alcohol use and it will be the grounds for immediate dismissal

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.

We each own SUV's currently in our personal names and are under finance agreement. These vehicles shall be leased to the company. My partner and myself will be handling all calls. It is expected the Business will grow due to our advertising. We will add vehicles and drivers accordingly.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2021	Chevrolet	Suburban	7	1GNSKCKD2MR178750	268,000
2022	Chevrolet	Suburban	6	1GNSKFKD3NR203867	156,000

*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:

- a. Your periodic vehicle maintenance plan
- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania standards of 67 Pa. Code, Chapter 175

- A. Vehicles will be inspected daily for routine maintenance making sure lights, stop lights, are in working order and fluid levels are per manufacturer's specifications. Vehicles shall be inspected at the conclusion of each job for check for damages and cleanliness. Vehicles will be cleaned before each job.
 - B. Vehicles will have a schedule for routine maintenance which will also include the record of when the vehicles' state and emission inspections are due ninety days before the expiration of the due date. These inspections will be conducted annually by the respective vehicle's manufacturer's sponsored inspections stations. Vehicles will be required to have monthly oil changes and brake inspections.
 - C. Vehicles will be replaced prior to the PUC's mileage limit of 350,000 or ten years of duty whichever comes first.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

We have already obtained three quotes with Lancer, First Chicago and progressive insurance company and know the amount of money required for deposit and what our installments will be. We currently have sufficient amount in our account for the deposit and for registration fees (please see Statement of Financial Position attached) including sufficient amount for the lease which shall cover both the finance charges and the insurance.

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.

XXX

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.

Anthony A. Santoro M.
(Signature)

08/28/25
(Date)

Anthony Lantigua
(Name and Title, printed or typed)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) August 27, 2025
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash	8825	<hr/>	
Other Current Assets (specify)		<hr/>	<hr/>
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment		<hr/>	
	3875	<hr/>	<hr/>
Property (buildings, land, etc.)		<hr/>	<hr/>
Office Equipment		<hr/>	<hr/>
	TOTAL ASSETS		

LIABILITIES

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



Printed from Chase for Business

[Overview](#) / Account: BUS COMPLETE CHK (...9202)

BUS COMPLETE CHK (...9202)

GOLDEN TIE CHAUFFEUR LLC

\$8,290.00

Available balance

\$8,290.00

Present balance

\$0.00

Available credit

\$8,290.00

Available plus credit

Uncollected funds

Transactions

Showing

All transactions



Date	Description	Type	Amount	Balance
Aug 13, 2025	Online Transfer from CHK ...2082 transaction#: 25840555909	Account transfer	\$1,500.00	\$8,290.00
	Online Transfer from CHK ...5858 transaction#: 25839235860	Account transfer	\$1,500.00	\$6,790.00
Aug 11, 2025	Payment to Chase card ending in 4508 08/11	Loan payment	-\$40.00	\$5,290.00
Aug 06, 2025	Online Transfer from CHK ...5858 transaction#: 25757546330	Account transfer	\$875.00	\$5,330.00

Date	Description	Type	Amount	Balance
	Online Transfer from CHK ...2082 transaction#: 25757495776	Account transfer	\$965.00	\$4,455.00
Jul 23, 2025	Online Transfer from CHK ...5858 transaction#: 25579024946	Account transfer	\$670.00	\$3,490.00
	Online Transfer from CHK ...2082 transaction#: 25579931135	Account transfer	\$820.00	\$2,820.00
Jun 20, 2025	Online Transfer from CHK ...2782 transaction#: 25183874257	Account transfer	\$1,000.00	\$2,000.00
	Online Transfer from CHK ...2082 transaction#: 25183852244	Account transfer	\$1,000.00	\$1,000.00

If you have other transactions that aren't shown in your account activity, review your [monthly statements](#).

You've reached the end of your account activity.

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

ESTATE BROKERAGE SERVICES
7102 FRANKFORD AVENUE
PHILADELPHIA PA 19135

TELEPHONE (215) 624-7100

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Collado, Juan
Jose
Date of Birth: 06/13/1989
Social Security #: xxx-xx-9760
Sex: M
Race: White
Date of Request: 08/29/2025
10:43 AM
Purpose of Request: EMPLOYMENT

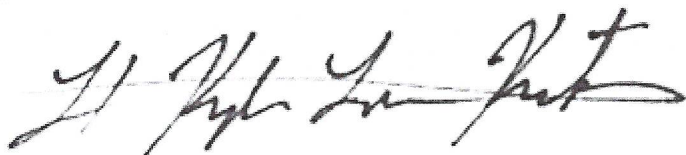
Maiden Name (3)
and/or Alias (1) (4)
(2) (5)

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R33694813 *****

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE. QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

DISSEMINATED ON: 08/29/2025
10:43 AM



Lt. Kyle Kutz

Director, Criminal Records and Identification
Division
Pennsylvania State Police

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

ESTATE BROKERAGE SERVICES
7102 FRANKFORD AVENUE
PHILADELPHIA PA 19135

TELEPHONE (215) 624-7100

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Lantigua-
Martinez,Anthony
Date of Birth: 07/18/1989
Social Security #: xxx-xx-6483
Sex: M
Race: White
Date of Request: 08/29/2025 11:21
AM
Purpose of Request: EMPLOYMENT

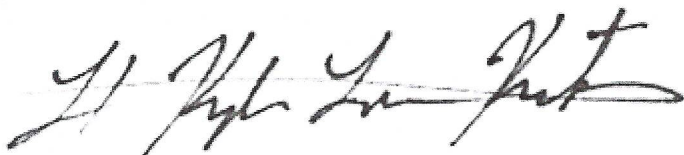
Maiden Name (3)
and/or Alias (1) (4)
(2) (5)

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R33695357 *****

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE. QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

DISSEMINATED ON: 08/29/2025
11:22 AM



Lt. Kyle Kutz

Director, Criminal Records and Identification
Division
Pennsylvania State Police