

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)

H&S CARE 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 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 39- 26701657

(See checklist and indicate type of business entity registered)

14487117 ydd/sec 9/10/2025

DATE OF DEPOSIT,

AUG 27 2025

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 persons, by motor vehicle, in Paratransit service, from points in (DAUPHIN, PERRY, CUMBERLAND, ADAMS, YORK, LANCASTER, LEBANON, BERKS, SCHUYLKILL, NORTHUMBERLAND, COLUMBIA, MONTOUR, UNION, SNYDER, JUNIATA, MIFFLIN, CHESTER, MONTGOMERY, BUCKS, LEHIGH, NORTHAMPTON, CARBON, MONROE, LUZERNE, LYCOMING, CLINTON, CENTRE, HUNTINGTON, FRANFLIN, FULTON, BEDFORD, BLAIR, SOMERSET, CAMBRIA, CLEARFIELD), to points in Pennsylvania, and return.

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.

H&S CARE LLC

MEMBER 1: LOUKA GERGES KAMEL YOUNAN

(Print Name)

Louka Younan

Louk Younan

08/11/2025

(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).

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.

H&S CARE LLC

Legal Name of Applicant

Trade Name, if any

524 NORHTSTAR DR	HARRISBURG	PA	17112-8964
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.

LOUKA GERGES KAMEL YOUNAN, OWNER
524 NORTHSTAR DR
HARRISBURG, PA 177112-8964

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

N/A

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.

THE APPLICANTS HAS MULTIPLE YEARS OF EXPERIANCE IS TRANSPORTATION SERTVICESWITHCDL EXPERIANCE.

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.

A household goods carrier maintains an office at [524 NORTHSTAR DR, HARRISBURG, PA 17112] with necessary equipment and internet access for administrative tasks. The carrier also has a secure vehicle storage facility at [524 NORTHSTAR DR, HARRISBURG, PA 17112] and access to third-party storage when needed. Record maintenance follows PUC regulations, with secure storage of physical and digital copies, and meticulous general business record-keeping with a focus on data security. Communication with customers and drivers is maintained through a company phone line, email, mobile phones, and potentially, advanced tracking software.

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.

The carrier plans to employ [2] drivers initially, deeming it sufficient for covering the projected workload across the Indiana and surrounding states territory while allowing for flexibility and future growth. Driver hiring standards are rigorous, requiring valid Driving license with appropriate endorsements, clean driving records verified through MVR checks. Criminal background checks are conducted through a third-party provider, aligning with and potentially exceeding FMCSA mandates. A comprehensive driver training program based on ELDT requirements includes safety protocols, vehicle maintenance, load securement, technology use (like ELDs), and customer service skills, emphasizing whistleblower protection and driver wellness. Driver's licenses are initially verified and checked annually via MVRs, and the company maintains a strict zero-tolerance drug and alcohol policy, implementing pre-employment, random, reasonable suspicion, post-accident, and return-to-duty testing in compliance with FMCSA regulations and the Drug and Alcohol Clearinghouse.

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
2024	Toyota		7	5TDDSKFC9RS13157	8456
2008	BMW		4	WBAVA375X8NL53461	286653
2019	HONDA		4	5FNRL6H73KB076710	127769

*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).

The carrier prioritizes vehicle safety through a proactive maintenance program and adherence to Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175). This includes routine driver-conducted pre-trip and post-trip inspections using DVIRs to document and report defects, along with scheduled preventative maintenance based on mileage and time, encompassing oil changes, brake checks, and tire rotations, with meticulous record-keeping for all inspections and maintenance activities. Continuous compliance with Pennsylvania standards is ensured through these routine inspections, placing out-of-service any non-compliant vehicles, and mandating annual safety inspections by certified mechanics at PennDOT Inspection Stations, alongside staying informed about regulations, maintaining detailed documentation of inspections and repairs, and training drivers to identify and report equipment deficiencies promptly.

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

The carrier has meticulously investigated obtaining insurance and ensuring the payment of required premiums in Pennsylvania, focusing on specific mandates for intrastate household goods movers. This includes confirming the necessity of securing a PA PUC number, which requires a minimum of \$300,000 in liability coverage and \$5,000 in cargo insurance. The carrier has also identified that all registered vehicles must have liability insurance per Pennsylvania's Motor Vehicle Financial Responsibility Law (75 PA C.S. §§1701 - 1798), with minimums of \$15,000 per person and \$30,000 per accident for bodily injury, \$5,000 for property damage. To further ensure compliance and driver well-being, the carrier is obtaining insurance that provides first-party coverage for the driver of certificated vehicles, including \$25,000 in first-party medical benefits and \$10,000 in first-party wage loss benefits, meeting the requirements of 75 PA C.S. §1711. Furthermore, as mandated by Pennsylvania law, workers' compensation insurance will be secured for all employees, irrespective of employment duration or status, according to the Commonwealth of Pennsylvania (.gov). Consultations with specialized Pennsylvania insurance agents are underway, and quotes are being compared to find the optimal and most competitive coverage. To guarantee financial viability, the insurance costs have been integrated into the business plan, with factors such as driver experience, safety protocols, cargo type, and potential discounts being evaluated, ultimately aiming to secure comprehensive and affordable insurance that meets all regulatory requirements and provides peace of mind to customers regarding the protection of their belongings.

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.

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.

<p><u><i>Louka Younan</i></u> <u><i>Louka Younan</i></u></p> <p>(Signature)</p> <p>LOUKA GERGES KAMEL YOUNAN</p> <p>(Name and Title, printed or typed)</p>	<p>8/11/2025</p> <p>(Date)</p>
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Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)


ASSETS

Current Assets		
Cash	5000.00	
Other Current Assets (specify)	_____	
Total Current Assets		5000.00
Tangible Assets		
Motor Vehicle Equipment	10000.00	
Property (buildings, land, etc.)	_____	
Office Equipment		10000.00

	TOTAL ASSETS	15000.00

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	0

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

Date of this notice: 06-13-2025

Employer Identification Number:
39-2670657

Form: SS-4

Number of this notice: CP 575 B

H&S CARE LLC
LOUKA GERGES KAMEL YOUNAN MBR
524 NORTHSTAR DR
HARRISBURG, PA 17112

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

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 39-2670657. 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

03/15/2026

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.



0014487117

B0861-8390 06/16/2025 11:56 AM 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
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0014487117
 Date Filed: 6/16/2025

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type

Filing type Domestic Limited Liability Company
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name

Entity name H&S CARE LLC

Effective Date

The filing shall be effective when filed with the Department of State

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is
 DAUPHIN
 524 NORTHSTAR DR
 HARRISBURG, PA 17112-8964

Organizers

Name of individual or organization	Address
LOUKA GERGES KAMEL YOUNAN	524 NORTHSTAR DR HARRISBURG, PA 17112-8964
SAAD RADY DANIAL SAAD	6441 JONESTOWN RD HARRISBURG, PA 17112-2614

Additional provisions, if any

Additional provisions

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

LOUKA YOUNAN

06/16/2025

LOUKA GERGES KAMEL YOUNAN

Date

SAAD SAAD

06/16/2025

SAAD RADY DANIAL SAAD

Date



MEMBERS 1st
FEDERAL CREDIT UNION

Account Statement

**H&S CARE LLC
LOUKA YOUNAN
SAAD RADY DANIA SAAD
LOUKA YOUNAN
SAAD RADY DANIA SAAD
524 NORTHSTAR DR
HARRISBURG, PA 17112**

For Account: XXXXXXXX372

Reporting Period: 7/1/2025 to 7/10/2025

0000 BUSINESS SAVINGS

Post Date	Transaction Description	Amount	New Balance
07/07/25	Deposit	\$5.00	\$5.00

0007 BUSINESS CHECKING

Post Date	Transaction Description	Amount	New Balance
07/10/25	Deposit Transfer From VIENNA TRANSPOR	\$5,000.00	\$5,000.00

USA Georges Kamel Younan
524 Northstar DR
Harrisburg, PA 17112

 UNITED STATES POSTAL SERVICE.		Retail
P	US POSTAGE PAID	Origin: 46032 08/27/25 1712760814-44
	\$10.90	
PRIORITY MAIL®		
EXPECTED DELIVERY DAY: 08/30/25		0 Lb 3.40 Oz RDC 03
SHIP TO:		C000
	FL 2 400 NORTH ST HARRISBURG PA 17120-0202	
USPS TRACKING® #		
		
9505 5134 6019 5239 9517 52		
		

Secretary PA Public utility Comm
400 North street, 2nd floor
Harrisburg, PA 17120

RECEIVED

SEP 02 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU