



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEYSTONE BUILDING  
400 NORTH STREET  
HARRISBURG, PENNSYLVANIA 17120  
<http://www.puc.pa.gov>

September 9, 2025

Docket No. A-2025-3057240

GOLDEN TIE CHAUFFEUR LLC  
2003 S EASTON RD  
DOYLESTOWN PA 18901

RE: Application of Golden Tie Chauffeur LLC, 2003 S. Easton Rd., Doylestown, Bucks County, PA 18901. 267-991-5025

To Whom It May Concern:

On September 3, 2025, the applicant of GOLDEN TIE CHAUFFEUR LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile:**  
<https://www.puc.state.pa.us/>

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, Juan Collado, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Juan e 9/25/25  
The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2025-3057240  
GOLDEN TIE CHAUFFEUR LLC  
Data Request

1. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** and to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.
  - a. In reference to Question #5
    - i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of compliant plan for drivers which completely addresses the following:**
      - § 29.504. Driver history (schedule and record retention)
    - ii. You have failed to indicate the number of drivers you intend to hire and to explain why this number is sufficient to reasonably service your proposed territory. Provide a response.
2. Question #6 contains multiple parts; each of which is essential to determine your fitness to operate. **Answer each portion of the question in its entirety.** *Please review the question again and make sure you have responded to each portion of the question.*
3. What is your projected annual cost for commercial paratransit coverage?
4. Please review the below criteria and submit a revised compliant Statement of Financial Position and the evidence to support it:
  - a. The statement presented must be **DATED** and comprised of information **which is less than 6 months old.**
  - b. The submission **MUST** be comprised of information which is **accurate as of the date provided.**
  - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.** Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc).

Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).

- d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**). *For example, your submitted bank statement indicates a loan payment on a Chase card, but this is not accounted for on the balance sheet.*
- e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (GOLDEN TIE CHAUFFEUR LLC), and not the individual member(s).** Any property and accounts listed **MUST be registered or titled to the corporation. Bank accounts must be in the name of GOLDEN TIE CHAUFFEUR LLC. Vehicles must be registered to GOLDEN TIE CHAUFFEUR LLC. Property must be titled to GOLDEN TIE CHAUFFEUR LLC. If these items are not in the name of GOLDEN TIE CHAUFFEUR LLC, should NOT be included on the balance sheet.**

as of today  
no loans  
or leases  
vehicles  
will be registered  
one authority  
is obtained

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness,** please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). *Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, etc.*

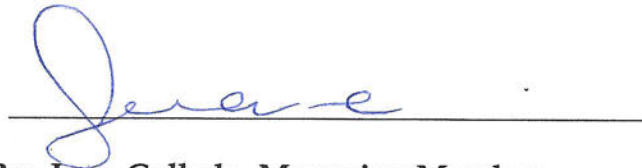
**You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.**

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

**That**, I, Juan Collado, Managing Member of Golden Tie Chauffeur LLC., located at 2003 S Easton Rd, Doylestown PA 18901, Grantor, do by these presents hereby make constitute and appoint: Michael Eichert, of 7102 Frankford Ave, Philadelphia, PA 19135, with my power to sign my name in my stead, receive and execute any documents during my absence or unavailability, relating to: the application for limousine authority with the Pennsylvania Public Utility Authority. This Power of Attorney shall remain in force unless rescinded by myself.

In Witness Whereof, I have hereunto set hand on this 24<sup>th</sup> day of September, 2025.

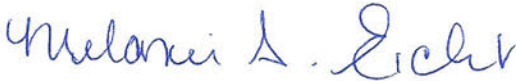


By: **Juan Collado, Managing Member**

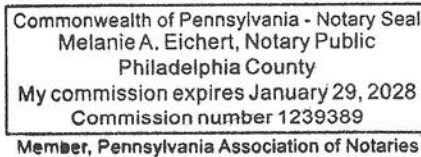
Sworn to & subscribed

Before me this 24<sup>th</sup>

Day of September, 2025



Notary Public



I, Michael Eichert, accept this Power of Attorney.

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

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Legal Name of Applicant

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Trade Name, if any

2003 S Easton Road

Doylestown

PA

18901

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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 with a clean record.
  - B. A Criminal History and a driver's 5 yr history must be presented before hiring which must show no criminal activity & no driver violations. Thereafter, an annual criminal history & driver history will be required at the anniversary of the company's insurance policy. These records shall be maintained in our filing cabinet along with the driver's application to drive
  - 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
  - F. We will be using two drivers to start until our business increases. We currently have clientele for whom two drivers and two cars will be sufficient. We hope to expand another vehicle in one year.

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. This number shall be sufficient for our first year as it is sufficient now for the clientele we have developed with Uber & Lyft. Once we gain our own authority, we will advertise social media & yellow book and anticipate growth.

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<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>

\*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
  - c. Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.
  - 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 will probably accept the quotation from First Chicago as the offer the best plan financial;y (Quote attached). 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.

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.

Richard POA

(Signature)

9/25/25

(Date)

Michael Eichert POA

(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 (in account)		8825	
Other Current Assets (specify Income)		_____	
		_____	
Total Current Assets			_____
Tangible Assets			
Motor Vehicle Equipment		_____	
Property (buildings, land, etc.)		_____	
			_____
Office Equipment		3875	
TOTAL ASSETS			\$12,700
(Current earnings are \$6,000 month)			

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		_____	
Credit cards/revolving credit		_____	
			_____
Other Liabilities (Attach schedule)			
Anticipated lease is \$2298.13 for three years.			
Will not go into effect until the company _____ gained authority			
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			
TOTAL LIABILITIES			



Quote Number: LV 000091209

## First Chicago Insurance Company

First Chicago Insurance Company is an established Midwest regional insurer that has been providing dependable service to its policyholders since 1920. Over the years, the company has gained a reputation of providing excellent service to their policyholders. Customer Service: (708) 552-4400 x4209

### Producer Information

<b>Name</b>	Melanie Eichert
<b>Email Address</b>	Melanie@ebsins.com
<b>Phone Number</b>	(215) 624-7100

### Named Insured

<b>Named Insured</b>	Golden Tie Chauffeur LLC
<b>DBA/AKA</b>	
<b>Business Address</b>	2003 S Easton Road DOYLESTOWN, PA 18901

### Additional Insureds

No Additional Insured

### Quote Coverages

<b>Total Premium</b>	\$9,293.00
<b>Policy Fee*</b>	\$55.00
<b>Term</b>	Annual
<b>Combined Single Limit Premium</b>	\$5,724.00
<b>Uninsured Bodily Injury Premium</b>	\$54.00
<b>Underinsured Bodily Injury Premium</b>	\$44.00
<b>Medical Expense Premium</b>	\$218.00
<b>Work Loss Premium</b>	\$28.00
<b>Comprehensive Premium</b>	\$549.00
<b>Collision Premium</b>	\$2,676.00

### Quote Information

<b>Quote Number</b>	LV 000091209
<b>Policy Type</b>	Annual
<b>Quote Date</b>	08/07/2025
<b>Effective Date</b>	08/08/2025
<b>Expiration Date</b>	08/08/2026
<b>Territory</b>	159
<b>Proof of Prior Insurance</b>	No
<b>Is Filing</b>	No
<b>Main Operations</b>	18039
<b>Owner Operator</b>	No

## Driver Insured by Policy

2 Driver(s)

**Anthony Lantigua**

Driver 1

Date of Birth	[REDACTED]
Driver ever held a license in any other country?	No
Driver License Type	50 US States
State Licensed	Pennsylvania
Driver's License	[REDACTED]
Violation Count	0

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## Juan Collado

Driver 2

Date of Birth	[REDACTED]
Driver ever held a license in any other country?	No
Driver License Type	50 US States
State Licensed	Pennsylvania
Driver's License	[REDACTED]
Violation Count	0

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# Vehicle Insured by Policy

2 Vehicle(s)

## 2021 CHEVROLET

Suburban 1500 Lt

Vehicle 1

Coverages			Details	
<b>Total</b>	\$4,371.00	per Term	<b>VIN</b>	1GNSKCKD2MR178750
<b>Combined Single Limit</b>	1000000 CSL	\$2,862.00	<b>Unit Type</b>	Limo - Seating 8 or Fewer
<b>Uninsured Motorists BI</b>	35000 CSL	\$27.00	<b>Cost New</b>	\$60,000.00
<b>Underinsured Motorist BI</b>	35000 CSL	\$22.00	<b>Engine Type</b>	Conventional Gas
<b>Medical Expense</b>	25000	\$109.00	<b>Medallion / Plate Number</b>	
<b>Work Loss</b>	1000 \ 10000	\$14.00	<b>Radius</b>	Local
<b>Comprehensive</b>	\$1000	\$254.00	<b>Has a Lift/Ramp</b>	No
<b>Collision</b>	\$1000	\$1,083.00	<b>Seating Capacity</b>	1-8

## 2022 CHEVROLET

Suburban 1500 Pre

Vehicle 2

Coverages			Details	
<b>Total</b>	\$4,922.00	per Term	<b>VIN</b>	1GNSKFKD3NR203867
<b>Combined Single Limit</b>	1000000 CSL	\$2,862.00	<b>Unit Type</b>	Limo - Seating 8 or Fewer
<b>Uninsured Motorists BI</b>	35000 CSL	\$27.00	<b>Cost New</b>	\$66,300.00
<b>Underinsured Motorist BI</b>	35000 CSL	\$22.00	<b>Engine Type</b>	Conventional Gas
<b>Medical Expense</b>	25000	\$109.00	<b>Medallion / Plate Number</b>	
<b>Work Loss</b>	1000 \ 10000	\$14.00	<b>Radius</b>	Local
<b>Comprehensive</b>	\$1000	\$295.00	<b>Has a Lift/Ramp</b>	No
<b>Collision</b>	\$1000	\$1,593.00	<b>Seating Capacity</b>	1-8

\*Policy fee has been added to the total premium

This quotation for automobile insurance is provided solely for informational purposes. The actual premium cost and coverage for this insurance is subject to further review by the insurance company and may differ from this quotation. This quotation is neither a policy of insurance or an insurance binder and does not obligate the company to enter into such insurance policy or binder. This quote is based on an annual premium.

An additional charge of \$50 can be added for any new additional insured. This charge will not apply to any additional insured which is added solely due to state or local government requirement or for a taxi Association/Affiliation.