

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)

Giorgi khatashvili

- 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 NO **Previous Authority?** No NO

If YES, at PUC No. A- No

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 _____

(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. **Mailing Address**

400 E Street Rd-APT72
Street Address

Feasterville-Trevose, PA 19053 Bucks
City, State and Zip Code County

9292908982 Flitlimolc@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.

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

Same as Mailing Address
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**.

8. **Attorney** (if applicable)

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

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

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

No No Yes, at No. _____

10. Describe the service area proposed by this application.

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

*Feasterville-Treose, Newtown, Doylestown, Richboro, New Hope
Willow Grove, Horsham, Lansdale, Ambler, King of Prussia, Norristown
Phoenixville, Malvern, Eagleview, Pottstown
Boyertown, Pennsburg*

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.

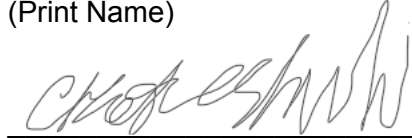
Verification of Application

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.

Giorgi khatashvili
(Print Name)

Individual Applicant
(Position)



(Signature)

October 7, 2025
(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.

Giorgi Khatashvili Legal Name of Applicant

Trade Name, if any

400 E Street Rd, Apt 72 Street Address (Principal place of business) Lehigh Valley City or Municipality PA State 19053 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.

My name is Giorgi Khatashvili, and I am filing this application as an individual owner and operator of a single vehicle providing prearranged limousine and chauffeur services under my own name.

My business is based at 400 E Street Rd, Feasterville-Trevose, PA 19053, and my contact number is (929) 290-8982.

I am fully responsible for all operations, safety compliance, maintenance, and service quality related to the limousine service.

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

I have no affiliation with any other limousine or transportation carrier.

I operate independently, using my own vehicle and insurance, and I am not employed by or in partnership with any other transportation company.

- 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.

I, Giorgi Khatashvili, have several years of professional driving experience, including providing premium prearranged transportation for private clients through platforms such as Uber Black, Uber SUV, and Lyft Lux.

I have strong knowledge of safe driving practices, customer service, and navigation throughout Pennsylvania. I personally handle all trip arrangements, client communication, and vehicle maintenance.

Although I am applying as an individual, I have the necessary experience and training to

operate a professional limousine service that meets all safety and service standards.

- 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.

My base of operation is my residence in Feasterville-Trevoze, PA 19053 (Bucks County).

I maintain all business and transportation records at this address, both in physical and electronic formats.

Records include trip logs, maintenance receipts, inspection reports, and communication records, which are securely stored and available for review upon request by the Pennsylvania Public Utility Commission (PUC).

All transportation requests are prearranged by phone or professional ride platforms.

- Please state the number of drivers you intend to use 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 continuous communication with passengers to ensure reliability and safety.

- Your hiring standards for drivers;
- Your system for conducting criminal background checks;
- Your driver training program;
- Your system for conducting driver license checks;
- Your policies regarding alcohol and drug use by your drivers.

I will be the only driver providing service under this application.

My standards and policies are as follows:

- I hold a valid Pennsylvania driver's license with a clean driving record.*
- A full criminal background check and driving history are completed and kept on file.*

- 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.)

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2024	Chevrolet	Suburban	7	1GNSKCKD3RR174527	50500

*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.

a. I perform regular maintenance and inspection on my vehicle every 5,000–6,000 miles, including oil changes, brake checks, tire rotation, and safety inspections.

b. My vehicle is always kept in full compliance with Pennsylvania vehicle equipment standards under 67 Pa. Code, Chapter 175. Any required inspections are completed at certified inspection stations.

c. If a vehicle ever reaches or exceeds mileage limits or fails to meet safety standards, it will be replaced immediately with a compliant and newer vehicle.

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

I have already contacted several licensed insurance providers in Pennsylvania that offer commercial auto insurance for limousine and chauffeur services. I have confirmed that I can obtain full coverage, including liability insurance with a \$1,000,000 policy limit.

I am financially able to pay all insurance premiums on time and maintain active coverage for continuous operation.

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 NO

I maintain sufficient personal savings and steady income from professional driving to ensure stable business operations. My vehicle is fully paid up to date, insured, and maintained, and I have enough funds to cover all expenses, including insurance, fuel, and maintenance, without interruption.

This ensures that my limousine service can provide safe and reliable transportation to the public at all times.

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.

(Signature)

(Date) *October 7, 2025*

(Name and Title, printed or typed)
Giorgi khatashvili

Statement of Financial Position (Balance Sheet)

As of (date) October 7, 2025
(Must be less than 6 months old)

ASSETS

Current Assets

Cash 5000 \$

Other Current Assets (specify) 3000 \$

Total Current Assets

8000 \$

Tangible Assets

Motor Vehicle Equipment 75000 \$

Property (buildings, land, etc.) 1000 \$

Office Equipment

TOTAL ASSETS

76000 \$

LIABILITIES

Current Liabilities (Due within one year of date)

Loans 0 \$

Credit cards/revolving credit 3700 \$

Other Liabilities (Attach schedule) 0 \$

Total Current Liabilities

3700 \$

Long Term Liabilities (Due after one year of date)

Mortgage N/A

Long term commercial loan 58000 \$

Other Liabilities (Attach Schedule) 0 \$

Total Long-Term Liabilities

TOTAL LIABILITIES

58000 \$