

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

MPJP 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)

GOGGU LUXURY LIMOUSINE

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 Transport" 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 Transport" or "J. Doe Transport" 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?** YES

If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number 4287041

(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).**

PRABHPAL SINGH

6. **Mailing Address**

217 FOULKE LANE
Street Address

SPRINGFIELD PA 19064 DELAWARE
City, State and Zip Code County

347-972-1113 MPJPLLC@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 than Mailing Address. Do not use a PO Box.)

Street Address

City, State and Zip Code County

Telephone Number E-Mail Address

The address entered here should reflect 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 **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

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 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).
-

DELAWARE COUNTY
CHESTER COUNTY

Examples:

- *To transport people from points in Lancaster County to points in PA, and return.*
- *To transport people between points in Allegheny, Washington, and Beaver Counties.*

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 Group and Party Service in Vehicles Seating 11 to 15, Including the Driver; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

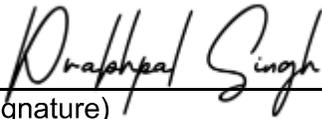
Verification of Application

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. § 4904 relating to unsworn falsification to authorities.

PRABHPAL SINGH

(Print Name)


(Signature)

11/13/2025

(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).

BUSINESS PLAN/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.

MPJP LLC

Legal Name of Applicant

GOGGU LUXURY LIMOUSINE

Trade Name, if any

217 FOULKE LANE

Street Address (principal place of business)

SPRINGFIELD

City or Municipality

PA

State

19064

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.

PRABHPAL SINGH PRESIDENT
217 FOULKE LANE SPRINGFIELD PA
19064

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

NO OTHER AFFILIATIONS

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.

- Employed by Atlantis Limousine from 2013 to 2015, providing luxury transportation services with a focus on punctuality, customer satisfaction, and safety.

- Worked with Gegen LLC, operating as Uber Black, from 2014 to 2020, delivering high-end chauffeur services to clients across the region.

- Held various part-time chauffeur and limousine driver roles with multiple transportation companies, consistently maintaining high standards of professionalism and service.

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.

Our office is equipped with essential machines such as computers, printers, and scanners, and includes secure parking for our vehicle fleet. If household goods storage is needed, we offer a climate-controlled facility with proper security.

We maintain all PUC-required and business records digitally and physically, using secure systems with regular backups.

Customer transportation requests are received via phone, email, and our website. Dispatching is managed through centralized software, and drivers stay connected through mobile devices for real-time updates and coordination.

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.

We intend to employ 4 to 6 professional drivers to serve Chester and Delaware County. This number is appropriate for the size and demand of the territory, allowing us to m reliable coverage, flexible scheduling, and prompt service while ensuring operational efficiency.

****a. Hiring Standards:****

Drivers must possess a valid Pennsylvania driver's license with a clean driving record, demonstrate professional conduct, and have prior experience in passenger or goods tra We prioritize candidates with strong customer service skills and familiarity with local routes.

****b. Criminal Background Checks:****

All applicants undergo comprehensive criminal background checks through accredited third-party screening services to ensure compliance with safety and regulatory stand

****c. Driver Training Program:****

Our training program includes orientation on company policies, defensive driving techniques, customer service protocols, and safety procedures. Drivers are also trained on handling of household goods, if applicable.

****d. Driver License Checks:****

We verify all licenses at the time of hire and conduct periodic checks through the Pennsylvania Department of Transportation to ensure continued compliance.

****e. Alcohol and Drug Policy:****

We enforce a strict zero-tolerance policy regarding alcohol and drug use. All drivers are subject to pre-employment drug screening and random testing thereafter. Any violat immediate disciplinary action, up to and including termination.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2025	MERCEDES BENZ	SPRINTER	14	W1Z4NGHY6ST212528	4299

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).

Our vehicle safety program is designed to ensure the consistent reliability, safety, and compliance of our fleet in accordance with Pennsylvania regulations.

****a. Periodic Vehicle Maintenance Plan:****

We follow a structured maintenance schedule that includes daily pre-trip inspections, weekly vehicle condition checks, and comprehensive monthly servicing by certified mechanics. Maintenance covers critical systems such as brakes, tires, lights, steering, and fluid levels. All maintenance activities are documented and reviewed regularly to ensure accountability and performance.

****b. Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175):****

We conduct routine inspections to verify that all vehicles meet the equipment standards outlined in Chapter 175. This includes ensuring proper functioning of safety features, lighting, emissions systems, and structural integrity. Vehicles undergo annual state inspections at authorized facilities, and any deficiencies are addressed immediately. Our team stays informed of regulatory updates to maintain continuous compliance.

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

To ensure compliance with Pennsylvania Public Utility Commission (PUC) requirements, we have proactively contacted licensed insurance providers specializing in commercial transportation coverage. We have obtained preliminary quotes for liability, cargo, and vehicle insurance, confirming that coverage is available for our business operations.

Additionally, we have conducted a financial assessment to verify our ability to meet ongoing premium obligations. This includes budgeting for insurance costs within our operating expenses and maintaining a reserve fund to ensure uninterrupted coverage. Our financial planning reflects a commitment to safety, regulatory compliance, and responsible business management.

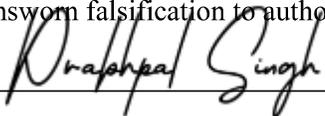
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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. § 4904 relating to unsworn falsification to authorities.



 (Signature)
PRABHPAL SINGH PRESIDENT

 (Name and Title, printed or typed)

11/13/2025

 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 11/13/2025
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		71000.00	
Other Current Assets (specify)		<u>165000.00</u>	
Total Current Assets			<u>236000.00</u>
Tangible Assets			
Motor Vehicle Equipment		85000.00	
Property (buildings, land, etc.)		<u>645000.00</u>	
Office Equipment			
	TOTAL ASSETS		<u>966000.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		0	
Credit cards/revolving credit		<u>5000.00</u>	
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>572000.00</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		512000.00	
Long term commercial loan		<u>210000.00</u>	
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			<u>722000.00</u>
	TOTAL LIABILITIES		<u> </u>



0014984215



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State

-FILED-

File #: 0014984215
Date Filed: 11/14/2025

B0960-2654 11/14/2025 9:54 AM Received by Pennsylvania Department of State

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name

Fictitious name **GOGGU LUXURY LIMOUSINE**

Additional Information

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: **TRANSPORTATION SERVICE**

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address **PRABHPAL SINGH
217 FOULKE LN
SPRINGFIELD, PA 19064-1106

DELAWARE**

Individuals interested in the business

Full Name	Address
PRABHPAL SINGH	217 FOULKE LN SPRINGFIELD, PA 19064-1106

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
MPJP LLC Domestic Limited Liability Company Registered Office Address 233 Rocklyn Rd, Upper Darby, PA 19082 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
PRABHPAL SINGH

Additional provisions, if any

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

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

PRABHPAL SINGH

11/14/2025

PRABHPAL SINGH

Date

PRABHPAL SINGH

11/14/2025

MPJP LLC

Date