

DATE OF DEPOSIT

DEC 24 2025

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

Sunil Senior Transport 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)

Penn Village Express

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?** ^{YES!} NO

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

If YES, provide your PA Corporation Bureau Entity ID Number 0014968792

(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).

Neil Kaneria (CEO)

Suraj Kaneria (CFO)

Ranak Patel (Principal)

6. **Mailing Address**

443 W. Girard Ave, Suite 3B,

Street Address
Philadelphia, PA, 19123-1454

City, State and Zip Code Philadelphia
County
215-925-2906

Telephone Number neil.kaneria@gmail.com
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 post office box.)

200-220 W. Chelton Ave, Space 5536B, Floor 2

Street Address
Philadelphia, PA, 19144

City, State and Zip Code Philadelphia
County
267-437-2898

Telephone Number neil.kaneria@gmail.com
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).

To transport people with disabilities (including those that use wheelchairs) to and from points located within Philadelphia county. We aim to operate as a non-emergency medical transportation provider. We aim to primarily service clients of Penn Village Adult Daycare, but will be able to transport any clients in Philadelphia.

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.

Neil Kaneria

(Print Name)



(Signature)

12/22/2025

(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.

Sunil Senior Transport LLC			
Legal Name of Applicant			
Penn Village Express			
Trade Name, if any			
200-220 W. Chelton Ave, Space 5536B, Floor 2	Philadelphia	PA	19144
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.

Neil Kaneria
CEO
443 W. Girard Ave, Suite B, Philadelphia, 19123-1454
215-925-2906

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.

Business Experience:

1. Current owner/operator of Penn Village Adult Daycare. Currently servicing 36 clients and expanding regularly. Contracted with the VA, OLTL, and PA department of aging as well as all 3 major MCOs.

We are looking to add transportation services for our program and to help those with disabilities with their transportation issues in the Philadelphia region. We aim to primarily service clients of Penn Village Adult Daycare, but will be able to transport any clients in Philadelphia. I have noticed that transportation is a major hurdle for several of our clients getting to their medical appointments. This could be as simple as missing a routine doctor's visit or missing a major procedure. As a direct provider, we aim to help those with disabilities in the Philadelphia region with a **TIMELY, SAFE, COMFORTABLE, and RELIABLE** 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.

We are using three parking spaces at Penn Village Adult Daycare (our business address) as our permanent parking facility. Our vans will be stored in these spaces. All spaces are owned by Penn Village Adult Daycare and are not public spaces. Our business office is located at 443 W. Girard Ave, Suite 3B, Philadelphia, PA, 19123 and serves as a communication hub for our business. We will utilize phones, voicemail, email, text messaging, computers, fax machines, and NEMT software to ensure that our billing, scheduling, fleet management, pre-shift vehicle inspection, route management, real time driver tracking, real time communication between driver, rider, and dispatch are all done efficiently, promptly, and accurately.

We will receive customer requests via phone, text, fax, or email. We will utilize Bambi NEMT software to schedule the ride and create the route. We will then notify the customer and associated driver the details of the trip. We will maintain continuous communication with our drivers via Bambi's integrated app and using cell phones as backup to Bambi.

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:
- 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.

We intend on starting with 2 drivers and expanding as need is demonstrated.

- Drivers will be trained via a valid driver's license, a clean driving record for the past 3-5 years, and be at least 18 years old. You must also pass a criminal background check, pre-employment drug screening, and medical exam, and have certifications like CPR, first aid, and defensive driving training.
- We will use PATCH to verify driving eligibility prior to any hiring. PATCH will be used on a yearly basis thereafter for each driver.
- Training: CPR, first aid, defensive driving, passenger assistance for individuals with disabilities, and wheelchair securement.
- Driver Licenses shall be checked prior to employment and every six months after via DOT website.
- Drug and alcohol use by any driver will result in immediate termination and will not be tolerated.

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

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

We intend on starting with 2 vehicles and expanding our fleet as necessary. We foresee the need to have 2 vehicles as Penn Village Adult Daycare will be providing participants ASAP. We intend on using Ford T350 with wheelchair lift attachments and accessibility or a similar vehicle with wheelchair lift and compatibility.

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).

Vehicles will be inspected by each driver prior to shift to ensure maximum safety. It starts with a **walk-around**: look for any visible damage to the body, mirrors, and doors. **Test all lights**: headlights, brake lights, turn signals, and hazard flashers. Inspect tires for proper inflation and any signs of uneven wear. Check mirrors and make sure the fuel tank is securely mounted and not leaking. **Interior and accessibility check**: test the wheelchair lift or ramp and ensure it operates smoothly. **Safety equipment**: check seat belts, fire extinguishers, and first aid kits. **Passenger areas**: Ensure seats, flooring, and handrails are in good condition. **Mechanical check**: test brakes in parking lot to confirm they feel firm. **Fluids**: Check engine fluids to ensure they are at the correct levels. Record results in Bambi App. Any issues found with vehicle will be referred to dealer for rectifying. Vehicle will have semi-annual inspections.

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

We have contacted the insurance agent that currently insures our adult daycare. We have obtained formal notice from our insurer indicating that they are willing to insure Penn Village Express at the required levels. We also have \$200,000 starting capital which will allow us to pay the required insurance premiums.

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.



 (Signature)
 Neil Kaneria - CEO

 (Name and Title, printed or typed)

12/22/2025

 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) 12/22/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	200,000 - starting capital	
Other Current Assets (specify)	<u>0</u>	
Total Current Assets		<u>200,000</u>
Tangible Assets		
Motor Vehicle Equipment	vehicles not purchased yet	
Property (buildings, land, etc.)	0 - parking spaces leased	
Office Equipment		<u>2,500</u>
TOTAL ASSETS		<u>202,500</u>

LIABILITIES

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

Partnership and LLC Information for Sunil Senior Transport LLC DBA Penn Village Express

Please note the following:

1. Our application is being filed by a limited liability company (LLC). All partners names and addresses are listed below along with our PA Corporation Entity ID number

<u>Partner Information for Sunil Senior Transport LLC DBA Penn Village Express (PA Corporation Entity ID Number: 0014968792)</u>	
Name	Address
Neil Kaneria	443 W. Girard Ave, Suite 3B, Philadelphia, PA, 19123
Suraj Kaneria	443 W. Girard Ave, Suite 3B, Philadelphia, PA, 19123
Ranak Patel	443 W. Girard Ave, Suite 3B, Philadelphia, PA, 19123

2. We are filing as a Corporation For Profit. All corporate officers, titles, names, distribution, and PA Corporation Entity ID number are listed below:

<u>Corporation For Profit Information for Sunil Senior Transport LLC DBA Penn Village Express (PA Corporation Entity ID Number: 0014968792)</u>		
Name	Title	Distribution
Neil Kaneria	CEO	25%
Suraj Kaneria	CFO	25%
Ranak Patel	Principal	50%



0014968908



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 #: 0014968908
 Date Filed: 11/3/2025

B0956-7550 11/03/2025 4:22 PM 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 **PENN VILLAGE EXPRESS**
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: **SHUTTLE SERVICES FOR SENIORS**

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 **SURAJ KANERIA
 443 W GIRARD AVE
 STE 3B
 PHILADELPHIA, PA 19123-1454
 PHILADELPHIA**

Individuals interested in the business

Full Name	Address
SURAJ I KANERIA	443 W GIRARD AVE STE 3B PHILADELPHIA, PA 19123-1454
NEIL KANERIA	443 W GIRARD AVE STE 3B PHILADELPHIA, PA 19123-1454
RANAK SUBHASH PATEL	443 W GIRARD AVE STE 3B PHILADELPHIA, PA 19123-1454

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
SUNIL SENIOR TRANSPORT LLC Domestic Limited Liability Company Registered Office Address 443 W GIRARD AVE, STE 3B, PHILADELPHIA, PA 19123-1454 State or Country of Origin PENNSYLVANIA			None	None

Agents	
Full Name	
SURAJ KANERIA	
Additional provisions, if any	
<input type="checkbox"/> 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.	
SURAJ KANERIA	11/03/2025
SURAJ I KANERIA	Date
NEIL KANERIA	11/03/2025
NEIL KANERIA	Date
RANAK S PATEL	11/03/2025
RANAK SUBHASH PATEL	Date
SURAJ KANERIA	11/03/2025
SUNIL SENIOR TRANSPORT LLC	Date

Date of this notice: 11-03-2025

Employer Identification Number:
41-2364849

Form: SS-4

Number of this notice: CP 575 A

SUNIL SENIOR TRANSPORT LLC
PENN VILLAGE EXPRESS
† SURAJ KANERIA MBR
443 WEST GIRARD AVENUE
PHILADELPHIA, PA 19123

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 41-2364849. 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
Form 940	01/31/2027
Form 941	07/31/2026

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, 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.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION: If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

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.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/efbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is SUNI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

November 3, 2025

SUNIL SENIOR TRANSPORT LLC
443 W GIRARD AVE
STE 3B
PHILADELPHIA, PA 19123-1454

Entity Name: SUNIL SENIOR TRANSPORT LLC
Entity File Date: November 3, 2025
Entity Number: 0014968792
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.

IL SENIOR TRANSPORT LLC
W. GIRARD AVE. SUITE 38
ADELPHIA, PA 19123



SECRETARY PA PUBLIC UTILITY COMMISSION
400 NORTH STREET, 2ND FLOOR
HARRISBURG, PA 17120

Retail

RDC 99

17120

\$12.14

U.S. POSTAGE PAID
FCM LG ENV
NEW YORK, NY 10011
DEC 24, 2025

S2324H503414-2

CMPC
717-705-1952

To: PUC MASTER

Agency: PUC
Floor:
External Carrier:

12/30/2025 7:40:03 AM

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