

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## 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](http://www.philapark.org)

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

All Star Executive Transportation 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 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**      **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** 0014604228  
(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).**

Michael Chereisky, Managing Member                      100%  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

49 Terry Drive  
Street Address  
Festerville-Trevoze, PA 19053                      Bucks  
City, State and Zip Code                      County  
215-801-1084                      922Boss@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)

\_\_\_\_\_  
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)

David Temple                      215-421-4391  
Attorney's Name & Telephone Number for this Filing  
111 Buck Rd, Bldg 500, Ste 1 Hutingdon Valley, PA 19006                      dave@templelaw.org  
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).

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To transform as a common carrier persons, by motor vehicle, persons in limousine service between points in the Commonwealth of Pennsylvania

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*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.

Michael Chereisky	Managing Member
(Print Name)	(Position)
	1/7/2026
(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.

All Star Executive Transportation LLC

Legal Name of Applicant

Trade Name, if any

49 Terry Drive	Festerville-Trevoze	PA	19053
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.

See attached

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

See attached

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.

See attached

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.

See attached

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.

See attached

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. (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>

\*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 vehicle equipment standards (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.

See attached

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

See attached

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

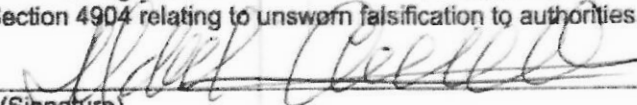
See attached criminal history check

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.

See attached

### 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)

1/07/2026  
\_\_\_\_\_  
(Date)

Michael Chereisky, Managing Member  
\_\_\_\_\_  
(Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 12/1/25**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	37025	
Other Current Assets (specify)		
Total Current Assets		37025
Tangible Assets		
Motor Vehicle Equipment	8185	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		45210

LIABILITIES

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

All Star Executive Transportation LLC  
49 Terry Drive  
Feasterville-Treose, PA 19053

1. Michael Chereisky  
49 Terry Drive  
Feasterville-Treose, PA 19053
2. Applicant has no affiliation with any other carrier.
3. The Applicant's owner has been directly involved in the provision of limousine service for over thirty (30) years. During their time in the limousine business the owner has developed experience as driver, dispatcher, mechanic and manager. Over those years, he has developed his skills and experience in all facets of the business including but not limited to personnel, maintenance and risk management. As the only owner of the company he will be directly involved in these matters on a daily basis, overseeing all functions of the operation.
4. The Applicant will maintain an office at 49 Terry Drive, Feasterville-Treose, PA 19053. The business office will be complete with computer, telephones and fax machines. All records of the business whether required by the PUC or not, including logs, complaints, driver and maintenance records shall be maintained at this office. All records shall be retained as long as required under the appropriate statute or regulation. All calls shall be taken from the dedicated phone number maintained at this office. Fax and internet calls shall be taken at the office as well. All owners and drivers maintain company cell phones from which the assigned dispatcher shall have direct connection service. The business shall operate 24 hours per day, 365 days per year and vehicles shall be scheduled as demand requires.
5. The Applicant intends to begin service with one vehicle and one driver. It is the intention of the Applicant to operate this vehicle and then make a determination of the required demand. As demand increases both drivers and vehicles shall be added.

The Applicant will employ standards for hiring drivers as required by the PUC and/or the PPA. For a driver to be hired he shall be interviewed by one of the members or someone directly appointed to report to him. The Applicant shall comply with 52 Pa. Code 29.503 by not hiring any drivers under the age of 21, which is also something that their insurance carrier would like to see. All drivers must have a

clean driving history as acceptable by the PUC under 52 Pa Code 29.504 for at least the last three years from any state they resided during that time. The Applicant shall also conduct at minimum annual checks on their drivers records and maintain those driving records for at least two years. The Applicant shall also obtain a local and National criminal history for any new driver as required by 52 Pa Code 29.505 from any state that the driver resided in the past 12 months. With this criminal background check the company will also review the US Department of Justice National Sex Offender public website and disqualify all drivers that were convicted under the matters enumerated in 52 Pa Code 29.505 (b). All of these records shall be kept for a minimum of three years as required by the PUC and longer, if so required by the PPA

All drivers are required to notify the company of any change in their driving record and it is run annually to check the status. In addition to the annual run of licenses, spot checks of license validity are conducted. Possession, use or abuse of alcohol or drugs is cause for immediate dismissal

6. 2013 Ford Expedition Limited 7 passenger
7. All vehicles will be checked pre trip and post trip for any problems. A routine maintenance schedule is established for each vehicle where in addition to regular oil changes the safety components of the vehicle are regularly checked. Repairs and general maintenance will be done at local garages licensed through the Commonwealth. The Applicant is familiar with the regulations required of the PUC under 52 Pa. Code 29.403 and shall strictly adhere to the requirements.
8. Applicant has already procured insurance for his vehicle at a cost of \$7000 per unit with First Chicago Insurance Company. He maintains contact with local insurance providers that specialize in commercial transportation, including limousines and who have assured them of continued availability of insurance at current rate which is well within their that is within their budget established for insurance. An E Form can be filed promptly upon receipt of authority
9. No
10. See attached financials

# Pennsylvania State Police

1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

## Response for Criminal Record Check

TEMPLE LAW LLC  
627 WHITNEY STREET  
PHILADELPHIA PA 19116

TELEPHONE (215) 421-4391

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Cherisky, Michael  
Date of Birth: [REDACTED]  
Social Security #: [REDACTED]  
Sex: M  
Race: Unknown  
Date of Request: 03/29/2025  
01:18 PM  
Purpose of Request: Other

Maiden Name and/or Alias (1) (3)  
(2) (4)  
(5)

\*\*\* RECORD FOR CONTROL #R32776183 \*\*\*

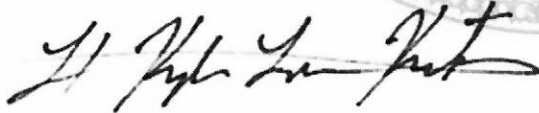
THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

DISSEMINATED ON: 04/01/2025 07:39 AM



Lt. Kyle Kutz

Director, Criminal Records and Identification Division  
Pennsylvania State Police

SP4-137B

COMPILED: 2025/04/01  
NCJ RAP

PAGE: 1 of 2

PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY  
1800 ELMERTON AVENUE  
HARRISBURG, PENNSYLVANIA 17110  
(888)783-7972

IDENTIFICATION

NAME: CHEREISKY,MIKHAIL  
 SID: 207-42-52-6  
 SEX: MALE RAC: WHITE DOB: ██████████ SOC: ██████████  
 HGT: 5'10" WGT: 170 HAI: BROWN EYE: BROWN  
 POB: US CITIZEN: YES  
 COUNTRY OF CITIZENSHIP:

CRIMINAL HISTORY

NAME: CHEREISKY,MIKHAIL OTN: E371913-3  
 ARRESTED: 1994/07/07 PA0090900 MIDDLETOWN TWP PD  
 OCA: CA13508  
 DISPO DATE: 1995/01/04 COMMON PLEAS DOCKET: CP-4759-1994  
 DISTRICT JUSTICE DOCKET NUMBER: 94475900001807

\*\*\* COURT DATA \*\*\*

OFFENSE DATE	CHARGE	COUNT	GRADE	DISPOSITION
1994/01/31	CC3922A1 THEFT BY DECEPTION	12	F	PLEAD GUILTY/ COUNTY PROBATION/ 004 YRS/ COSTS/ RESTITUTION
1994/01/31	CC4105A1 BAD CHECKS	6	M	PLEAD GUILTY/ COUNTY PROBATION/ 004 YRS/ COSTS
1994/01/31	CC4105A1 BAD CHECKS	6	M	PLEAD GUILTY/ COUNTY PROBATION/ 004 YRS/ COSTS/ RESTITUTION

FOR MORE INFORMATION, CONTACT THE APPROPRIATE COURT OF RECORD

PROBATION/PAROLE INFORMATION

AGENCY	OCA	START DATE	END DATE	PAR/PRO	LIFE CODE
PA009023G BUCKS CO	079563136	1995/01/04	1999/01/04	PROBATION	

ADULT PROBATION  
 APPLIES TO OTN: E371913-3

ADDITIONAL IDENTIFIERS

AKAs: CHEREISKY,MICHAEL  
 DOBs:  
 SOCs:

SP4-137B

CRIMINAL HISTORY RECORD - CONTINUATION FOR \*\*\* 207-42-52-6 \*\*\*  
 COMPILED: 2025/04/01

PAGE: 2 of 2

MNU:s

F=FELONY, M=MISDEMEANOR, S=SUMMARY AND THE NUMERIC=DEGREE  
 ARREST(S) SUPPORTED BY FINGERPRINT CARD(S) ON FILE

RESPONSE BASED ON COMPARISON OF REQUESTER FURNISHED INFORMATION AND/OR FINGERPRINTS AGAINST A NAME INDEX AND/OR FINGERPRINTS CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY, AND DOES NOT PRECLUDE THE EXISTENCE OF OTHER CRIMINAL RECORDS WHICH MAY BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE PENNSYLVANIA STATE POLICE IS IN THE PROCESS OF SWITCHING FROM SCN CHARGE  
CODES TO THE PURDON'S FORMAT. RAP RESPONSES MAY SHOW BOTH SCN AND PURDON'S  
FORMATTED CHARGES.

\*\*\*\*\* END OF RAP SHEET \*\*\*\*\*



118 Mill Street  
Bristol, PA 19007-0032

215-788-1234  
PennCommunityBank.com

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RETURN SERVICE REQUESTED

ALL STAR EXECUTIVE TRANSPORTATION LLC  
49 TERRY DR  
FEASTERVILLE TREVOSSE PA 19053-6517

<b>Account Number</b>	[REDACTED]
<b>Statement Period</b>	
From	11/01/25
Through	11/30/25

<i>FINANCIAL SUMMARY</i>		
<b>Account Number</b>	<b>Account Type</b>	<b>Balance</b>
[REDACTED]	Basic Business Checking	\$37,024.98
<b>TOTAL OF ALL ACCOUNTS</b>		<b>\$37,024.98</b>