

## 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)

SNA LUXURY RIDE 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)

None

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?** X NO      **Previous Authority?**    NO

**If YES, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**   Y   NO  
If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 0014723242  
(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).

NAME: NADEEM AKRAM

TITLE: Managing Member

Ownership: 100%

6. Mailing Address

619 Country Ln

Street Address

Morton, Pa 19070

City, State and Zip Code

Delaware

County

267-252-2462

Telephone Number

snaluxuryride@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 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  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 transport passengers in limousine service between points within the Commonwealth of Pennsylvania, including but not limited to Delaware, Chester, and Montgomery counties, and return.

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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.

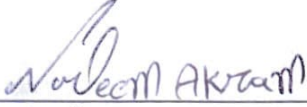
Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

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.

<u>Nadeem Akram</u> (Print Name)	<u>Managing Member</u> (Position)
<u></u> (Signature)	<u>01/21/26</u> (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).



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.

The applicant has over 26 years of professional driving experience, including 14 years holding a Commercial Driver License (CDL). The applicant has an accident-free driving history and extensive experience providing professional, customer-focused transportation services. This background ensures safe, reliable, and compliant limousine operations.

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.

The business operates from its principal address listed above. Records will be maintained electronically and in hard copy, including driver files, insurance, vehicle maintenance, and financial records, in compliance with PUC regulations. Customer requests will be received via phone and email. Dispatch and driver communication will be maintained through mobile phone communication at all times.

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.

Number of drivers: 2

This number is appropriate for the initial size of operations.

- a. Hiring standards: Valid PA driver's license, clean driving record
  - b. Background checks: State and national criminal background checks
  - c. Training: Vehicle safety, customer service, and PUC compliance
  - d. License checks: Annual license verification
  - e. Drug & alcohol: zero-tolerance policy
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.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2025	Chevrolet	Suburban high country	7	1GNS6GRL6SR108190	18,000

\*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.

Vehicle will follow manufacturer recommended maintenance schedules, regular inspections, and compliance with PA vehicle equipment standards. Vehicles exceeding mileage limits will be replaced promptly.

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

The applicant has obtained commercial insurance quotes and is financially capable of maintaining PUC -required coverage.

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.

Nadeem Akram  
(Signature)

01/21/26  
(Date)

Nadeem Akram, Managing Member  
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) 01/21/26

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$2,500	
Other Current Assets (specify)	\$0	
Total Current Assets		<u>\$2,500</u>
Tangible Assets		
Motor Vehicle Equipment	\$78,000	
Property (buildings, land, etc.)	\$0	
Office Equipment		<u>\$0</u>
TOTAL ASSETS		<u>\$80,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$31,000	
Credit cards/revolving credit	\$6,874	
Other Liabilities (Attach schedule)	\$5,000	
Total Current Liabilities		<u>\$43,074</u>
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan	\$38,720	
Other Liabilities (Attach Schedule)	\$38,720	
Total Long-Term Liabilities		<u>\$77,440</u>
TOTAL LIABILITIES		<u>\$120,514</u>