

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)

LOOK LIMO 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** 14928874  
(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).**

<u>Gulam Rasul 16.67%</u>	<u>K Mohaimanul Hasib 16.67%</u>
<u>Md Abdulla Ebna Masud 16.67%</u>	<u>MD Sayduzzaman 16.67%</u>
<u>M A Suman 16.67%</u>	
<u>Yakub Nobi 16.67%</u>	

6. **Mailing Address**

802 Garret Road                      2nd Floor  
Street Address

Upper Darby, PA 19082                      Delaware  
City, State and Zip Code                      County

484-478-2931                      rasul2881@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, Esq                      215-421-4391  
Attorney's Name & Telephone Number for this Filing

111 Buck Road, Bldg 500, Ste 1 Huntingdon 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?**

X 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 as a common carrier, 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.

Gulam Rasul	Managin Member
_____ (Print Name)	_____ (Position)
 _____ (Signature)	02-05-2026 _____ (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.

LOOK LIMO LLC

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Legal Name of Applicant

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Trade Name, if any

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802 Garrett Road Floor 2	Upper Darby	PA	19082
Street Address (principal place of business)	City or Municipality	State	Zip Code

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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.

See attached

- 4:02  
-14  
12:11  
6:32  
-18  
5:06  
11 4  
S, M.
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.

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

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)

Gulab Rasul Managing Member

(Name and Title, printed or typed)

02-05-2026

(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 1/27/26**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	41500	
Other Current Assets (specify)		
Total Current Assets		41500
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		41500

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

Look Limo LLC  
802 Garrett Road  
Upper Darby, PA 19082

1. Gulam Rasul  
802 Garrett Road  
Upper Darby PA 19082
2. Applicant has no affiliation with any other carrier.
3. The members of the Applicant have been directly involved in the provision of limousine service for the past three years. During their time in the limousine business each of the individual owners have developed experience as driver, dispatcher, mechanic and manager. Over those years, the members have developed their skills and experience in all facets of the business including but not limited to personnel, maintenance and risk management. These members will use their combined experience in the business to oversee all functions of the limousine operation daily.
4. The Applicant will maintain an office at 802 Garrett Road, Upper Darby, PA 19082. 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 five vehicles, one for each owner (less one) of the business. It is the intention of the Applicant to operate these vehicles and maximize the use of their individual vehicles. Beyond that the owners will 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). These criminal history checks will be conducted annually thereafter. 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

A more detailed itemization of the hiring process is detailed below

1. Pre Employment

- Valid drivers license/license review
- Medical qualification (DOT physical if required)
- Criminal background check
- USDOT National Sex Offender Review
- Drug and Alcohol screening
- Company hiring policies

2. Regulatory and Legal

- Review PUC regulations
- Review hours of service requirements
- Accident reporting requirements
- Passenger rights and nondiscrimination
- Recordkeeping requirements

3. Defensive Driving class

- Defensive driving techniques
- Hazard recognition/avoidance
- Weather driving
- Night driving
- Speed management
- Distracted and impaired driving

4. Vehicle specific training

- Orientation

Turning radius/clearance  
Backing and parking  
Passenger door operation  
On board features/weight limits  
Capacity

5. Passenger Safety

Boarding and exiting assistance  
Seat belt review  
ADA awareness  
Intoxicated patrons  
Confidentiality  
Dress code

6. Emergency Procedures

Accident procedures  
Emergency evacuations  
Fire extinguisher use  
Medical emergencies  
Breakdown procedures  
Communication with dispatch

7. Drug and Alcohol Awareness

Zero tolerance  
Testing procedures (random, reasonable suspicion, post  
accident)  
Sign of impairment  
Reporting obligations

8. On the Job Training

Ride along with trainer  
Minimum supervised driving hours  
Road test evaluation

Sign off by safety/operations manager

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. | 2020 GMC Yukon          | 8 passenger |
|    | 2023 Lincoln Navigator  | 6 passenger |
|    | 2023 Cadillac XT6       | 4 passenger |
|    | 2022 Cadillac Escalade  | 8 passenger |
|    | 2023 Chevrolet Suburban | 8 passenger |

These vehicles will be transferred to the company upon a successful application. The company will not incur any debt as a result of these vehicles being added to their assets.

7. All vehicles will be checked pre trip and post trip for any problems. A routine maintenance schedule is established for each vehicle every 3000 miles where in addition to regular oil changes the safety components of the vehicle are regularly checked. Repairs and general maintenance will be done on site if capable and all other repairs 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. All of the owners have been responsible for insurance acquisition of their vehicles prior to this application. They have reviewed the current market and has been in contact with local insurance providers who have assured them of available insurance that is within their budget established for insurance
9. No
10. See attached financials and bank statement



America's Most Convenient Bank®



T STATEMENT OF ACCOUNT

LOOK LIMO LLC  
802 GARRETT RD  
UPPER DARBY PA 19082

Page: 1 of 2  
Statement Period: Jan 27 2026-Jan 31 2026  
Cust Ref #: 4468256437-713-T-###  
Primary Account #: [REDACTED]

**TD Business Simple Checking**

LOOK LIMO LLC

Account # [REDACTED]

ACCOUNT SUMMARY

Beginning Balance	0.00	Average Collected Balance	37,720.00
Deposits	41,500.00	Interest Earned This Period	0.00
Ending Balance	41,500.00	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
		Days in Period	5

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

**Deposits**

POSTING DATE	DESCRIPTION	AMOUNT
01/27	DEPOSIT	22,500.00
01/27	DEPOSIT	19,000.00
	<b>Subtotal:</b>	<b>41,500.00</b>

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
01/27	0.00	01/27	41,500.00

# How to Balance your Account

**Begin by adjusting your account register as follows:**

- Subtract any services charges shown on this statement.
  - Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
  - Add any interest earned if you have an interest-bearing account.
  - Add any automatic deposit or overdraft line of credit.
  - Review all withdrawals shown on this statement and check them off in your account register.
  - Follow instructions 2-5 to verify your ending account balance.
- 1 Your ending balance shown on this statement is:
  - 2 List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
  - 3 Subtotal by adding lines 1 and 2.
  - 4 List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
  - 5 Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	<b>Ending Balance</b>		41,500.00
2	<b>Total Deposits</b>	+	
3	<b>Sub Total</b>		
4	<b>Total Withdrawals</b>	-	
5	<b>Adjusted Balance</b>		

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Deposits</b>		

4 WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		

**FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

**INTEREST NOTICE**

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

**FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY**

**In case of Errors or Questions About Your Bill:**

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

**FINANCE CHARGES:** Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.