

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

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

Muse Moving & Logistics By J&D, 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)

N/A

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 Trucking" 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 Trucking" or "J. Doe Trucking" 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 _____ 15339658

(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).**

Eclectic Muse Atelier, LLC

6. **Mailing Address**

106 Todd Street

Street Address

Aliquippa, PA 15001

Beaver

City, State and Zip Code

County

412-654-4403

destinyelisehenry@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 no 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)

Sean A. Cote, Esq., 412-456-2818

Attorney's Name & Telephone Number for this Filing

600 Grant Street, 50th Floor, Pittsburgh, PA 15219

sac@muslaw.com

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 household goods in use between points in Pennsylvania.

Examples:

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

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 Household Goods in Use; 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.

Destiny Henry

(Print Name)



(Signature)

April 20, 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.

Legal Name of Applicant			
Muse Moving & Logistics by J&D, LLC			
Trade Name, if any			
106 Todd Street	Aliquippa	PA	15001
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.

Destiny Henry, Manager, 106 Todd Street, Aliquippa, PA 15001, 412-654-4403
The Manager is authorized by the Member of the LLC to speak for the business.

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

N/A

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

While the applicant has not operated a licensed household goods carrier business for two years, it has developed relevant experience through its Manager's business management, customer service, and operational coordination. The Manager has experience organizing and managing service-based operations, including coordinating schedules, handling client communications, and overseeing service delivery. Additionally, the application has conducted extensive research on industry standards, safety procedures, and regulatory requirements for household goods transportations. The applicant will also engage independent contractors with prior moving and labor experience to ensure services are performed safely and efficiently while maintaining full responsibility for oversight, dispatching, and quality control of 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 applicant will initially operate from a home-based office, located in Aliquippa, PA. The office will be used for administrative functions including scheduling, dispatching, customer service, and recordkeeping.

Office equipment will include a computer, mobile phone, printer, and internet access. All records will be maintained digitally using secure software systems and cloud-based storage. Records will include customer contracts, invoices, payment records, job details, and all documents required by the Pennsylvania Public Utility Commission.

See Addendum.

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.

The applicant intends to utilize approximately 2-6 drivers and laborers, depending on the size and demand of jobs within the service area.

a. Hiring Standards:

All drivers must possess a valid driver's license, demonstrate safe driving history, and have the ability to operate moving vehicles safely.

b. Background Checks:

Basic screening procedures will be conducted, including identity verification and review of any known criminal history relevant to job duties.

c. Training Program:

Drivers and laborers will receive training on proper lifting techniques, safe loading and unloading procedures, customer service expectations, and equipment handling.

d. Driver License Checks:

All drivers' licenses will be verified prior to assignment, and periodic checks will be conducted to ensure validity. See Addendum.

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>
N/A					

See Addendum.

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).

a. Maintenance Plan:

All vehicles used in operations, including rental vehicles, will be inspected prior to use to ensure they are in safe operating condition. Rental vehicles will be obtained from reputable providers that maintain their fleets according to safety standards.

b. Compliance with Standards:

The business will ensure that all vehicles used comply with applicable Pennsylvania vehicle equipment and safety standards. Drivers will be instructed to report any mechanical issues immediately, and any unsafe vehicle will be removed from service until properly addressed.

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

The applicant has researched insurance requirements for household goods carriers and is in the process of obtaining the necessary coverage, including commercial auto liability and cargo insurance.

The applicant is financially prepared to obtain and maintain the required insurance policies and will secure coverage prior to commencing operations in compliance with Pennsylvania Public Utility Commission requirements.

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.

See Addendum.

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)
Destiny Henry, Manager

(Name and Title, printed or typed)

April 20, 2026

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) April 15, 2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$50,000	
Other Current Assets (specify)	\$1,000	
Total Current Assets		<u>\$51,000</u>
Tangible Assets		
Motor Vehicle Equipment	\$5,000	
Property (buildings, land, etc.)	\$0	\$0
Office Equipment		<u>\$6,000</u>
	TOTAL ASSETS	<u>\$62,000</u>

LIABILITIES

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

4. Customer requests will be received through phone, email, social media platforms, and online booking systems. The applicant will personally manage scheduling and dispatching of drivers and crews.

Communication with drivers and contractors will be maintained through mobile phone communication and real-time updates to ensure efficient coordination and service completion.

The business will not maintain a physical storage warehouse at this time. All services will be conducted directly between pickup and delivery locations.

Business Hours:

Monday – Sunday: 8:00 AM – 8:00 PM (subject to expansion based on demand).

5. (e) Drug and Alcohol Policy:

The business maintains a strict zero-tolerance policy regarding alcohol and illegal drug use. Any driver or contractor suspected of being under the influence while performing services will be immediately removed from duty.

6. The business will initially utilize rental vehicles, such as U-Haul trucks, to perform moving services. The number and size of vehicles used will vary depending on the scope of each job.

The use of rental vehicles allows the business to maintain flexibility, ensure proper vehicle sizing for each move, and operate efficiently during the startup phase.

As the business grows, the applicant may acquire or transition to company-owned vehicles to support expanded operation.

10. The applicant has strong financial resources to initiate and sustain operations of the proposed household goods carrier business.

The applicant currently maintains approximately \$50,000 in available cash reserves, providing sufficient capital to cover startup costs, operating expenses, and required insurance coverage.

The business model is designed to operate efficiently with low initial overhead through the use of rental vehicles, allowing the applicant to maintain strong cash flow while scaling operations as demand increases.

The applicant is fully prepared to fund vehicle rentals, labor costs, fuel, insurance, and other operational expenses, and has the financial capacity to support the business during its startup and growth phases.

This financial position ensures the applicant can provide reliable, continuous service to the public in compliance with Pennsylvania Public Utility Commission requirements.