

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)

MJM Luxury Rides 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)

MJM Luxury Rides LLC

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

If YES, provide your PA Corporation Bureau Entity ID Number
(See checklist and indicate type of business entity registered)

State ID
0014455293

5. **Mailing Address**

29 Harrison Street Monhall PA 15120
Street Address

City, State and Zip Code

Allegheny
County

814 999 0719
Telephone Number

dancyma@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.

6. **Physical Address** (If different than mailing address. Do not use a post office box.)

SAME
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**.

7. **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.

8. **Does applicant hold interstate operating authority?**

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).

To transport person(s) from Allegheny County area to and from points in the area and across PA. Also to transport their baggage and goods.

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.

Milton T. Dancy Jr.
(Print Name)


(Signature)

5/5/26
(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.

PUC Application Docket No.			
Milton Thomas Dancy Jr.			
Legal Name of Applicant			
MJM Luxury Ridez			
Trade Name, if any			
29 Harrison Street	Minhall	PA	15120
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.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
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.

Uber 8 years

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized. 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. Finally, please state your intended business hours.

I will keep vehicles at my home address. I will communicate via email and phone. ~~I~~ have a home office with computer. I will keep vehicles maintained monthly and maintain a file of all maintenance records. Request will be received via phone and email. Hours will be 24/7.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving.

I will be the driver for all trips unless and until business needs more drivers. This has been sufficient for the last 8 years with Uber.

6. Licensed brokers are required to maintain a surety bond with a value of no less than \$10,000. While it is not necessary to obtain a surety bond at this time, please give the names of bonding companies you have contacted in preparation for obtaining a surety bond.

ERL Monroe and company
Wilson and associates
For the People Insurance Agency

7. Please describe your customer service standards. Within your description, please explain:
a. Your plan to inform customers of the procedures for filing complaints with the PUC;
b. Your intended customer complaint resolution procedure.

I will make customers aware with their contract.
I will also offer customers compensation or rebooking to resolve complaints

8. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

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).

I will do vehicle preop inspection daily prior to operating each vehicle. I will check, Fluid levels, tires, brakes monthly. ~~Any~~ I will perform regular preventative maintenance as well as handle maintenance issues

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

I have received quotes from multiple companies and will immediately obtain insurance upon approval by PUC

immediately by Licensed Mechanics.

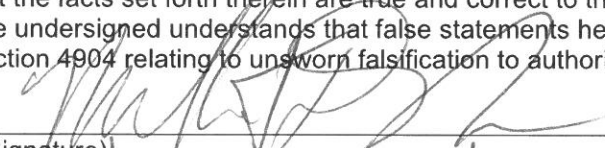
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.

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)
 Miller T. Dancy Jr.

 (Name and Title, printed or typed)

5/5/20

 (Date)

STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)
AS OF (DATE) 1/20/2026
(Must be less than 6 months old)

ASSETS

Current Assets

Cash

\$5,000

Other Current Assets (specify)

Total Current Assets

\$5,000

Tangible Assets

Motor Vehicle Equipment

\$15,000 2 Vehicles

Property (Buildings, land, etc.)

home \$130,000

Office Equipment

2 Computers \$500

Total Tangible Assets

\$145,000

TOTAL ASSETS

\$145,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

\$18,000 car loan

Credit Cards/revolving credit

none

Other Liabilities (attach schedule)

none

Total Current Liabilities

\$18,000

Long Term Liabilities (Due after one year of date)

Mortgage

\$124,000

Long Term commercial loan

0

Other Liabilities (Attach Schedule)

0

Total Long-Term Liabilities

\$124,000

TOTAL LIABILITIES

\$124,000

Keep this part for your records.

CP 575 G (Rev. 1-2013)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 G

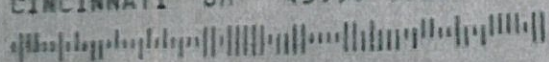
0509906900

Your Telephone Number Best Time to Call
() _____

DATE OF THIS NOTICE: 04-24-2019
EMPLOYER IDENTIFICATION NUMBER: 85-4475029
FORM: SS-4 NOBDD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

MILTON THOMAS DANCY JR
MJM LUXURY RIDEZ
527 VINE ST APT 313
JOHNSTOWN PA 15901





Overview

Ownership

Business info

🔄 LAST SYNCED JANUARY 13, 2026



ENTITY TYPE

LLC



STATE OF REGISTRATION

Pennsylvania



INDUSTRY

Transportation Services



FORMED ON

Jun 04, 2025



STATE ID

0014455293



EIN

83-4475029



ADDRESS

29 Harrison St Homestead PA 15120



Registered agent

NAME

United States Corporation Agents, Inc.



STATE

PA



ADDRESS

600 N. 2nd Street 4th Floor Harrisburg PA 17101

