

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

Mark Parks, 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)

Shore Shuttle (DBA)

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 Transport" 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 Transport" or "J. Doe Transport" 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? YES
If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number 0013845653
(See checklist and indicate type of business entity registered)



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

May 25, 2024

Shore Shuttle
1271 DUFFIELD ST
PITTSBURGH, PA 15206

Entity Name: Shore Shuttle
Entity File Date: May 11, 2024
Entity Number: 0013845653
Filing Type: Fictitious Name

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

Jeffrey Bouvy Jr. - CEO + Driver
Kelly Harrah - CFO

6. Mailing Address

1271 Duffield Street
Street Address

Pgh PA 15206
City, State and Zip Code

Allegheny
County

(412) 441-0586
Telephone Number

shoreshuttleride@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 than Mailing Address. Do not use a PO 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**

8. Attorney (if applicable)

Stephanie Cervone - Cervone Law
Attorney's Name & Telephone Number for this Filing

Cervonelaw@verizon.net
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).

-
- City of Pittsburgh + surrounding areas
 - North Shore - Allegh. Co.
 - Downtown

To transport people from these points above as needed.

Examples:

- To transport people from points in Lancaster County to points in PA, and return.
- To transport people between points in Allegheny, Washington, and Beaver Counties.

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 Group and Party Service in Vehicles Seating 11 to 15, Including the Driver; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

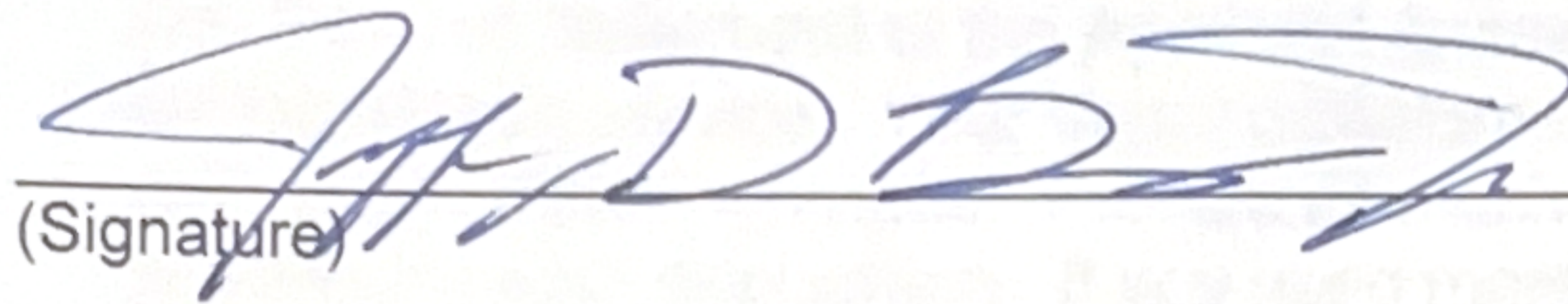
Verification of Application

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. § 4904 relating to unsworn falsification to authorities.

JEFFREY DAVID Bouvy JR

(Print Name)



(Signature)

5-14-26

(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).

BUSINESS PLAN/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.

Jeffrey David Bouvy Jr.
Legal Name of Applicant

Shore Shuttle (DBA)
Trade Name, if any

1271 Duffield St Pgh PA 15206
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.

Jeff Bouvy Jr. - owner
Kelly Harrah - co-owner
1271 Duffield St Pgh PA 15206
(412) 760-5075

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

Applicant is owner of company @ 50%
entity. CEO + driver.
Kelly Harrah is owner of company @ 50%.
Kelly Harrah is CFO.

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.

24 years of experience driving class
A + Class B commercial vehicles
Driver/owner holds all endorsements
~~Is~~ a career professional driver no
incidents or accidents
Started career in US Air Force as fuel truck
driver and has attended and completed
driver training course

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.

- Mark Parks LLC is ran out our home office at 1271 Duffield St Pgh PA 15206 by Kelly Harran CFO of company.
- Shuttle is housed in locked facility "STORExpress Self Storage" 400 Butler St Pgh PA 15223.
- We operate through shreshuttlepgh.com on line submissions for business requests and have web company

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:

- Your hiring standards for drivers.
- Your system for conducting criminal background checks.
- Your driver training program.
- Your system for conducting driver license checks.
- Your policies regarding alcohol and drug use by your drivers.

"Teddy B Ventures LLC" handle website.

Kelly Harran handles all submissions that come in w/in timely manner with high importance on customer service + record keeping

Plan on hiring 1-2 drivers. Owner operates solely on his own / primary driver.

Hiring standards - must have clean driving record through state, passenger endorsement when needed, ability to show/demonstrate during driving test that they can handle equipment with safety 1st and in all circumstances with great customer care. Drivers will have license ran, PA Doc check and sign contract on rules against drug/alcohol use.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2004	Ford	E-450	13-14 w/driver	1FDXE45S44HA91620	173,592

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).

Up to date with all inspection + maintenance -
 Inspected April 2026 + Cleared @ Shultz Ford Harmer
 New tires + brakes + routinely changed when
 needed. Any other item gets serviced immediately
 when needed.

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

Covered by Forge Insurance - PO Box 15032 Worcester MA 01615
 Policy #: 01-CA-000006590-00 Mark Parks LLC, DBA
 Shore Shuttle

Able to pay premiums with incoming work as
 well as capital dispersment from past business.

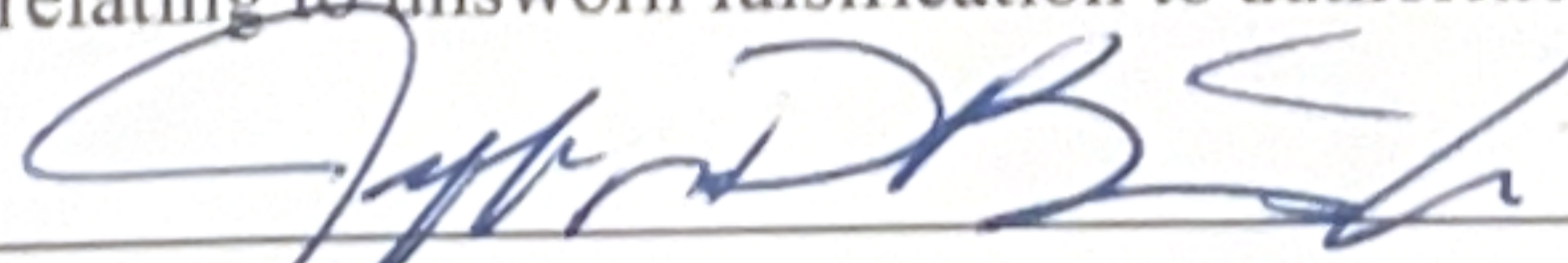
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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. § 4904 relating to unsworn falsification to authorities.


 (Signature)
 Jeffrey D Bouvy Jr. / owner.
 (Name and Title, printed or typed)

5-14-26
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 5/14/2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>\$25,000</u>	
Other Current Assets (specify)		
Total Current Assets		<u>\$25,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$15,000</u>	
Property (buildings, land, etc.)		
Office Equipment		
	TOTAL ASSETS	<u>\$15,000</u>

LIABILITIES

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