

To Whom It May Concern,

I submitted a request for a PAPUC several months ago. I needed an extension and sent in the items but I found out today that the documents were lost.

I am submitting items today under DOCKET # A-2026-3061102. Please attach this to my docket.

I also submitted the additional information today, 6/8/2026 at 2:56 PM with additional details that were also requested.

Please attach this info to DOCKET A-2026-3061102 and you should also have additional information under e-filing confirmation # 3069581.

Please forward asap as my filing through USPS priority mail says it was delivered to your office April 29, 2026 and despite conversations with your office that it was there and just not scanned I found out 6/8/26 that indeed you DID NOT have my packet and was asked to E-file.

Please process all filings for this docket asap.

Thanks

Cloressa Gracie

Bobby Gees

A-2026-3061102

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Group and Party Service in Vehicles Seating 11 to 15, Including the Driver.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation to groups and/or parties in vehicles seating 11 to 15 people, including the driver. **Important note: Service originating or terminating in Philadelphia is under jurisdiction of the Philadelphia Parking Authority, and an application must be filed with that agency to operate there.**
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance. This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must exactly match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com). You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

15 passengers or less:

- (a) \$35,000 to cover liability for bodily injury, death or property damage - *we have \$500,000 limits* incurred in an accident (BIPD).
- (b) \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). ✓
- (c) First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).

*We also carry Compl/oll on All vehicles  
Uninsured/Underinsured  
Stacked \$500,000 CSL  
5 vehicles on policy.*

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 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)

Bobby Gees Foundation

- 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 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?** \_\_\_\_\_

**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** 7024180  
(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).

Bobby Grace  
Jordan Grace  
Cloressa Grace  
Bill Brenneisen  
Wendy Brenneisen

6. Mailing Address

103 Beechwood Circle  
Street Address  
Cranberry Twp PA 16006  
City, State and Zip Code  
412-279-9889  
Telephone Number  
Butler  
County  
bobbygees.inc@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.)

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)

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. 4535813

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).

---

Butler, Allegheny, Beaver, Westmoreland, Washington, Mercer, Lawrence  
Venango, Armstrong, Clarion Counties is where we plan to  
stay to run buses.

---

*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.

Bobby Filicic  
(Print Name)

[Signature]  
(Signature)

6/8/26  
(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.

Bobby Grees Foundation

Legal Name of Applicant

103 Beechwood Circle

Street Address (principal place of business)

Trade Name, if any

Cranberry Twp PA

City or Municipality

State

16066  
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.

Robert "Bobby" Gracie - Owner

103 Beechwood Circle; Cranberry Twp PA 16066  
412-279-9889 Personal Cell: 412-418-1697

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

Not affiliated with other carriers

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.

1998 - Started tanning Salon - sold  
2002 - small business owner w/ friend taping Reality Show - Disaffiliated

2011 - Bought Screen printing Shop -> Still operating

2016 - opened Donut Shop w/ family

2020 - Added food trucks to business

↳ This is when experience of driving/towing started the Most. Drives\* operates food trucks. Moved to 2 food trailers 10x16. Hooked up towed food trailers to All events from 2020 - Current.

Experience with driving since 15 years old (Now 52 & 51)

Driven cars, trucks, Motorcycle license. Plenty of driving experience through daily driving & then 2020 accelerated w/ food trucks/trailers Experience Backlog? Setty up in all types of situations/places.

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.

Office is in the home @ 103 Beechwood. There is a level of the home strictly for Business operations. Contains Computer, Scanner. All documents are hand written & then entered into the Computer. All items are saved to External drive & Cloud.  
 Bus locations 9021 Marshall Rd, Cranberry Twp. We are paying to store behind Building in a Secure lot with Video Surveillance.

Customer Requests: Text, Call, Email, IG Messages FB Messages (Social Media) Website Contact Forms as well. Family business only: husband wife Cell Comm. upon Employees added providing Business Cell phones to Comm. with

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. - Interview, MVR, Drug test, driving test
- b. Your system for conducting criminal background checks. PATCH
- c. Your driver training program.
- d. Your system for conducting driver license checks. - MVR through PA SOV
- e. Your policies regarding alcohol and drug use by your drivers. - No tolerance

Business Shared calendar to Schedule

We aren't planning on hiring BUT if we would happen to need to in the future we would put feelers out for known parties 1st through friends & family. If we can't find anyone we would use service like Indeed to advertise. Conduct extensive interview regarding the party. Drug & alcohol tests through a local entity. We have a site that finds location close to work for the employee through National drug screening.com. We will send them prior to employing them. Screens every year unless there seems to be a reason to send someone federal. Bobby will also make the person do a drug interview behind the wheel with him. An employee would be drafted if hired as well.

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
2005	FORD	Econoline	12 plus dr.	FDWE35L55H1A78231	140,991

\* We may be adding 2009 Chevy Cutaway But Not currently until we get some business under us then we will add.

- 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).

We look at vehicle post Run. Times, fluids, lights etc. We note any issues & will sign initials that we did the Run through post drop offs. We have a mechanic that is DOT approved already. Has been our Mechanic for over 10 years. we will continue to use him. Besides yearly inspections, we intend to check brakes, tires with him every 4-6 months in addition unless we notice problems in between. we also plan to inspect, replace windshield wipers every 6 months unless needed. price.

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

We currently have businesses in Ford trucks so we've opened policy with them & added these vehicles. Commercial insurance cannot be cancelled in the year so we will stay with them until renewal in Jan 2027. we are exploring other options through Berkshire Hathaway and Forge. Because their specialty is this type of bus premiums are a bit lower. We will re-evaluate that end of 2026 in preparation for 2027. Currently had \$500,000 liability. All are in order. In fact we exceed all limits required in PA.


- 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)  
Emily Glacie - owner  
 (Name and Title, printed or typed)

6/8/20  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
 As of (date) 4/28/26  
 (Must be less than 6 months old)

ASSETS

Current Assets  
 Cash  
 Other Current Assets (specify)  
 Total Current Assets

Tangible Assets  
 Motor Vehicle Equipment  
 Property (buildings, land, etc.)  
 Office Equipment

TOTAL ASSETS

Assets:  
 Food trailers ~~not~~  
 Bused / Cars (we own out personal) 5,625.63  
~~71,000~~  
 No busby) land 71,000  
 \$12,200 → office + screenshot equip.  
\$88,825.63  
 No tires on any

LIABILITIES

Current Liabilities (Due within one year of date)  
 Loans  
 Credit cards/revolving credit  
 Other Liabilities (Attach schedule)  
 Total Current Liabilities

Long Term Liabilities (Due after one year of date)  
 Mortgage  
 Long term commercial loan  
 Other Liabilities (Attach Schedule)  
 Total Long-Term Liabilities

TOTAL LIABILITIES

0  
\$ 7,605 personal name → to be paid down on letter, will be \$3,605 soon  
0  
0  
0  
\$ 7,605



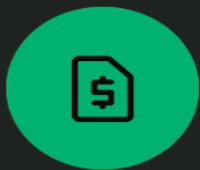
Bobby Gees Foundation

Available balance ?

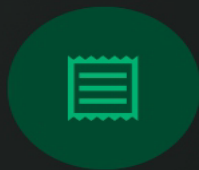
\$5,625.63

Current balance ?

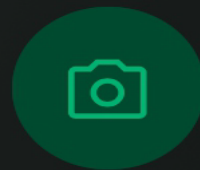
\$5,625.63



Pay bills



Digital invoicing



Deposit

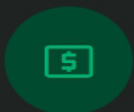


Account details



Manage account

Transactions ?

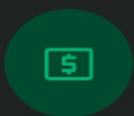


DDA CREDIT

Apr 21

\$5,200.00 >

\$5,625.63



TO CHECKING

Apr 20

-\$100.00 >

\$425.63



TO CHECKING

Apr 20

-\$100.00 >

\$525.63



TO CHECKING

-\$100.00 >

# FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 992016117

NAIC Number: 11770

Effective Date: 01/21/2026

Expiration Date: 01/21/2027

Policy Type: Commercial

**NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE.**

Insurer: United Financial Casualty Company 1-800-444-4487

PO Box 94739 Cleveland, OH 44101

Named Insured(s):

Bobby Gees Foundation

Bobby Gees

103 Beechwood Cir

Cranberry Township, PA 16066

**Year Make**

**Model**

**VIN**

2005 FORD

ECONOLINE

1FDWE35L55HA78231

FOLD FOLD

**Your Agent:**

0611AA BOLEKY KATHER 1-412-458-4298

**This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.**

**WARNING:** Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

**NOTE: THIS CARD IS REQUIRED WHEN:**

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

**You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.**

MV-4ST (5-25)

Pennsylvania Department of Transportation www.pa.gov/dmv

VEHICLE SALES AND USE TAX RETURN APPLICATION FOR REGISTRATION Attach PA Title - Type or Print • Make check payable to Commonwealth of PA Bureau of Motor Vehicles • P.O. Box 68593 • Harrisburg, PA 17106-8593

No. J07752

<b>MV-4ST (5-25)</b>		PA Title Number (as Shown on Attached Title) 72932607304		Make of Vehicle Ford	Model Year 2005	Purchase Price (See Note on Reverse.)		
VEHICLE PURCHASED		Vehicle Identification Number 1FDWE35L55HA78231		Condition <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		Less Trade-In		
SELLER		Last Name (or Full Business Name) GIGOE		First Name Robert	Middle Name Louis	Taxable Amount		
1ST PURCHASER		Last Name (or Full Business Name) Bobby Grees Foundation		First Name	Middle Name	1. Sales Tax Due X 6% (.06), X 7% (.07) OR X 8% (.08) * (See Note on Reverse.)		
2ND ASSIGNMENT		Co-Purchaser Last Name		First Name	Middle Name	1A. Exemption Reason Code (Must Be a Number From 1 To 23 Or 0)	#6	
2ND PURCHASER		Street 103 Beechwood Circle		City Cranberry TWP, PA 16006	State PA	1B. First Assignment Exemption No.		
		Zip Code 16006		Date Acquired/Purchased 4/20/26	COUNTY CODE 10	2. Title Fee	72	
		City		State	Zip Code	3. Lien Fee		
		Date Acquired/Purchased		Refer to County Codes Listing on Reverse Side of Yellow Copy		4. Registration or Processing Fee	278	
VEHICLE TRADED		Make of Vehicle		Vehicle Identification Number		5. County Fee * (See Note on Reverse.)	5	
		Model Year		Body Type (CP, TK, etc.)		6. Duplicate Reg. Fee No. of Dup. Reg. Cards		
		Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR				7. Transfer Fee		
						8. Increase Fee		
						9. Replacement Fee		
						10. Total Paid (Add 1 Thru 9)	355	11.
						12. Grand Total (Add 10 & 11)		Send One Check in This Amount →
APPLICATION FOR REGISTRATION		<input type="checkbox"/> Registration plate to be issued by Department (Proof of insurance must be attached.)		<input type="checkbox"/> Transfer of Previously Issued Registration Plate		Reason for Replacement <input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED (Lost in Mail)		
		<input type="checkbox"/> Exchange registration plate to be issued by Department		<input type="checkbox"/> Transfer & Renewal of Registration Plate		NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.		
		<input checked="" type="checkbox"/> Temporary registration plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)		<input type="checkbox"/> Transfer & Replacement of Registration Plate		Registration Plate No. VCR8605		
		Expires Month Year		VIN		Relationship To Applicant		
		Transferred from Title No.		Signature of person from whom registration plate is being transferred (if other than applicant)		Temp. Registration Plate No.		
		Vehicle Purchased Weight Information (If Applicable)		Unladen Weight		Req. Reg. Gross Comb. Wt. (If Applicable)		
		GVWR		10,700		Policy Effective Date		
		Insurance Company Name		Policy No. (Or Attach Binder)		Policy Expiration Date		
		I certify that on month 4 day 20 year 26		CRANBERRY MESSENGER SERVICE		Agent No.		
		I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and department regulations.		Issuing Agent Signature		Telephone No.		
						7247720480		
ADDITIONAL TITLE INFORMATION		NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants with Rights of Survivorship" (on death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/>						
		NOTE: If the vehicle is to be used as a daily rental or leased vehicle, CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.						
CERTIFICATION		I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.						
1st ASSIGNMENT		Signature of First Purchaser or Authorized Signer					Telephone No.	
		Signature of Co-Purchaser/Title of Authorized Signer					412 219 9889	
2nd ASSIGNMENT		Signature of Second Purchaser or Authorized Signer					Telephone No.	
		Signature of Co-Purchaser/Title of Authorized Signer						

MESSANGER NO.

APPLICANTS COPY / TEMPORARY REGISTRATION (VALID FOR 90 DAYS)