



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

May 11, 2026

A-6428924
A-2026-3062311

MJM LUXURY RIDEZ LLC
29 HARRISON STREET
MUNHALL PA 15120

RE: APPLICATION OF MJM LUXURY RIDEZ LLC

To Whom It May Concern:

On May 7, 2026, the application of *MJM Luxury Ridez LLC*, at A-2026-3062311, as a motor carrier was accepted for filing and docketed with the Public Utility Commission (PUC). For the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by mail.

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 Riders 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 Riders 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)

SLIP
0014455293

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

Milton T. Dancy Jr. _____

6. **Mailing Address**

29 Harrison Street
Street Address
Munhall, PA 15120
City, State and Zip Code County
814 999 0719 Telephone Number dancym2@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 post office box.)

29 Harrison Street
Street Address
Munhall, PA 15120
City, State and Zip Code County
814 999 0719 Telephone Number dancym2@gmail.com 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. X

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) by motor vehicle in Paratransit Service from points in Allegheny, Butler, Westmoreland, Beaver, Washington, and Armstrong counties to points in Pennsylvania and return

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.

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

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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)

83-4475029

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)

(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.

Milton Thomas Dancy Jr
Legal Name of Applicant

MSM Luxury Rides LLC
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 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.

Milton Dancy owner/driver MSM Luxury Rides LLC.
 29 Harrison Street Minhall, PA 15120

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

I, Milton Dancy Jr owner, ^{MSM Luxury Rides LLC} have no affiliation with any other carrier. MSM Luxury Rides has no affiliation with any other carrier(s)

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 providing safe and efficient passenger and personal goods transport services while maintaining high customer satisfaction rating. Also, provided safe and efficient delivery services. This requires strong communication, navigation, + time management.

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.

Vehicles will be parked at 29 Harrison Street Monhall, PA 15120. I will maintain a file of all maintenance and other business records at this address. I will receive ride requests via phone or email. I will dispatch vehicles via phone. I will maintain constant contact with drivers via phone.

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.

In the beginning, likely the first year I will be the only driver. As I scale drivers hired will be at least 21 years of age. Due to the business being new (1) driver is appropriate to build the business. I will likely add driver(s) in year two. (a) Drivers must have a valid driver's license, a clean driving record and relevant professional experience. (b) Criminal background checks will be performed on all drivers through a third party service. (Continued on Page marked (6 continued))

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
2013	Chvy	Equinox	Driver + 4	36NAXSEV8SL10 ⁹⁸⁰⁴	108,500
2014	Chrysler	BOC	Driver + 4	2C3CCAAG9E1H326957	179,681

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

I will be using two vehicles. That is appropriate so that a back up is always available.

Continued from page 6

5 (c) Drivers will complete training on transporting person(s) with medical needs, customer service, and safe driving.

(d) Checks will be conducted annually to ensure driver(s) maintain valid driver's license.

(e) M2M Luxury Rides LLC has a strict zero-tolerance policy for alcohol and drug usage. Any violations of the policy or positive test results will result in immediate termination of employment.

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).

a. *At M Luxury Ridez LLC will maintain the highest safety standards by conducting regular inspections, preventative and other required maintenance. Daily preop inspections will be performed prior to beginning operations. Vehicles will undergo inspections every 3000 miles or 3 months whichever comes first. A certified mechanic will perform all maintenance and inspections.*

Continued on attached sheet.

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

I have contacted multiple insurance companies and obtained quotes. I will be able to secure and maintain coverage once operations begin.

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.

Milton T. Dancy Jr.

 (Signature)
 Milton T. Dancy Jr. Owner

 (Name and Title, printed or typed)

5/26/24

 (Date)

Continued from Page 17

7(b) MSM Luxury ride LLC will ensure continuous compliance with PA's Equipment standards (67 PA Code, Chapter 135). This will be accomplished by conducting Pre-trip inspections as well as post-op inspections. These inspections will check that all equipment is functioning properly and that there are no safety concerns.

Annual vehicle inspections will be performed by certified inspection stations in accordance with PA Law. Any necessary repairs will be conducted by properly certified mechanics promptly.

All drivers will be trained to report any safety or mechanical concerns immediately. Vehicles will be taken out of service for repairs if safety concerns arise.

Statement of Financial Position (Balance Sheet)
 As of (date) 5/26/26
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		<u>0</u>	
Other Current Assets (specify)		<u>0</u>	
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment		\$5,000	Chrysler 300
Property (buildings, land, etc.)		\$10,000	Equinox
Office Equipment		\$500	\$15,500
		<u>TOTAL ASSETS</u>	<u>\$15,500</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)		<u>0</u>	
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>0</u>	
Long term commercial loan		<u>0</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
Total Long-Term Liabilities			<u>\$0</u>
		<u>TOTAL LIABILITIES</u>	<u>\$0</u>

I will use my two current paid off vehicles to transport Non-emergency ambulatory patients. Vehicles are in good running condition. I have stable income every month with a \$10,000 Emergency fund (personal savings) that will cover startup, operational costs, and unforeseen events. The company has no liabilities and the ability to begin immediately providing safe and reliable para transit services.

I, Milton Darcy, hereby state that the facts set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature  Date 5/26/20

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

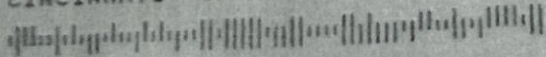
Your Telephone Number
() -

Best Time to Call

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

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

