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(Revised 3/12)

2013 APR -3 AM 10: 57

Harrisburg, PA 17105-3265 (717) 787-1227

PA.P.U.C. SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons in Group and Party Service

Exclusively using vehicles with a seating capacity of 16 or more passengers, including the driver.

Please complete all parts of the following application. For questions, please call the Commission at 717-787-1227.

| NORTH | POCONO | Bus | COMPA | WY_ | INC. |
|----------------------------|---------------------------------------|--------------|----------------|-----------|------------------|
| Trade Name (if | using a fictitious tra | ade name, it | must be regist | ered with | the Dept. of Sta |
| - | | | | | |
| Fictitious name | e and Registrat | ion numb | er (if applica | able) | |
| Physical Addre | ess (do not use PC |) Box) | | | |
| 1050 S Street Address | TATE ROL | ITE 5 | 02 | | |
| SPRING City, State and Zip | BROOK | Tow | NSHIP | PA | 1844 |
| 570-842 Telephone Numbe | - 27 <i>13</i> | | LAC | KAWA | NNA |
| Mailing Addres | ss (if different from | Physical Ad | dress) | • | |
| • | | | | | |
| Street Address | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | 1. | • | |
| City, State and Zip | | | | | |

| Attor | ney's Name & Telephone Number for th | is Filing | | | |
|--------------|---|--|--|--|--|
| Attor | ney's Address | | | | |
| | | as ever held PA PUC authority? | | | |
| If yes | s; enter current docket number A- <u>00</u> | 0114161 | | | |
| | olicant will be operating vehicle | | | | |
| [] | 16 to 28 passengers including the driver (Requires carrier to maintain a minimum of \$1 million in liability insurance coverage Checking this box will limit authority to providing service in vehicles having a seating capacity of no more that 28 passengers including the driver) | | | | |
| [] | More than 28 passengers including the driver (Requires carrier to maintain a minimum of \$5 million in liability insurance coverage) | | | | |
| Are | you one of the following? If ye | s, check below. | | | |
| [] | Individual | , . | | | |
| [] | Partnership | | | | |
| | • • | of business that applies to this Application en to you by the PA Department of State: | | | |
| [] | Limited Partnership | Corporation Bureau Entity ID Number | | | |
| [] | Limited Liability Partnership | Corporation Bureau Entity ID Number | | | |
| [] | Limited Liability Company | Corporation Bureau Entity ID Number | | | |
| M | Corporation – For Profit | 2728455 Corporation Burgou Entity ID Number | | | |
| [] | Corporation - Nonprofit | Corporation Bureau Entity ID Number | | | |
| | O, contact the PA Department of iness in PA: | State and apply according to how you will | | | |
| PA (Prof | Corporations (Profit or Non fit) | File for Articles of Incorporation | | | |
| Fore | eign Corporations , - | File for a Certificate of Authority | | | |
| | Limited Partnerships Limited - | File for an Application of Registration | | | |

Liability Partnerships, Limited Liability Companies

Fictitious Name Registration

File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

| Individual: | [] | Certified Check, money order, or check from attorney Copy of Current Safety Rating (if available) | |
|-----------------------------------|-------------------|--|--|
| Partnership: | [] [] [] | Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available) | |
| Limited | [] | Corporation Bureau Entity Number as entered above in #8 | |
| Partnership: | [] | Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available) | |
| Limited Liability Partnership: | į j | Corporation Bureau Entity Number as entered above in #8 | |
| r artifersing. | [] | Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available) | |
| Limited Liability Company: | .[] | Corporation Bureau Entity Number as entered above in #8 | |
| O(mpany. | [] | Certified Check, money order, or check from attorney List of names and addresses of ALL Members and Title of each Member (even if only one member) | |
| | [] | Copy of Current Safety Rating (if available) | |
| Corporation – For Profit: | [] | Corporation Bureau Entity Number as entered above in #8 | |
| , or round | [] | Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares | |
| | [] | Copy of Current Safety Rating (if available) | |
| | | · . | |
| Corporation – Non-Profit: | [] | Corporation Bureau Entity Number as entered above in #8 | |
| NON-CIORE | [] | Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles and those serving on Board of Directors | |

[] Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property 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 Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

Applicant must sign the following Verification of Application.

Verification of Application

The Verification of Application must be completed by the applicant appearing on Line 1 of the application: the named individual, all partners (if a partnership), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

PRESIDENT / OWNER

(Print-Name)

(Signature)

(Date)

CORPORATE OFFICERS: PAUL R WIDDAM OWNER, PRESIDENT PATRICIA WIDDAM EXECUTIVE SECRETARY.

NORTH POCONO BUS COMPANY 1050 STATE ROUTE 502 SPRINGBROOK TWP.PA 18444

"Transporting America's most precious resource"





Rosemary Chiavetta, Secretary PA PUBLIC UTILITY COMMISSION PO BOX 3265 HARRISBURG PA 17105-3265

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