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May 30, 2013

Re: Kirk Livery, Inc.  
Docket No. A-2012-2334206  
Docket No. A-00109668  
Our File 3723-27

Ms. Rosemary Chiavetta  
Secretary  
Pennsylvania Public Utility Commission  
400 North Street  
Harrisburg, PA 17120

**MAILED WITH U.S. POSTAL SERVICE**  
**CERTIFICATE OF MAILING FORM 3817**

Dear Ms. Chiavetta:

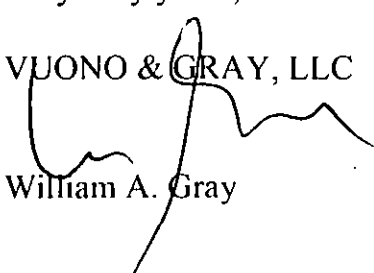
We enclose for filing the signed original of the Applicant's Verified Statements in connection with the above captioned case.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray



as/125260

Enclosures

cc: Kirk Livery, Inc.  
Deirdre R. Farley (by facsimile)

**RECEIVED**  
**2013 JUN -3 AM 11:30**  
**P.A.P.U.C.**  
**SECRETARY'S BUREAU**

Before the  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

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DOCKET NO. A-2012-2334206

KIRK LIVERY, INC.

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APPLICANT'S VERIFIED STATEMENTS

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STATEMENT OF THE CASE

By application published in the Pennsylvania Bulletin on April 13, 2013, Kirk Livery, Inc. (Kirk or applicant) seeks the following authority to operate as a common carrier:

Persons in group and party service in vehicles seating 11-15 passengers, including the driver, from points in Allegheny County to points in Allegheny County and return.

No protests were filed to this application. Applicant now submits its verified statements in support of the application.

RECEIVED  
2013 JUN -3 AM 11:30  
PA.P.U.C.  
SECRETARY'S BUREAU

## 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.

Kirk Livery, Inc.

Legal Name of Applicant

Trade Name, if any

126 McClellan Drive

Pittsburgh

PA

15236

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.

**The person filing this verified statement is John E. Kirk, III, who is the President of the applicant. Mr. Kirk's business address is 126 McClellan Drive, Pittsburgh, PA 15236. The telephone number of the applicant is 412-920-4500. The applicant is a Pennsylvania corporation. Mr. Kirk is authorized to present this statement on behalf of the applicant.**

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

**The applicant is not affiliated with any other carrier licensed by the Public Utility Commission.**

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

**The officers of the applicant are John E. Kirk, III (President) and Diane L. Kirk (Vice President and Secretary-Treasurer). Mr. Kirk has been involved in the passenger transportation business since 1979. He is experienced in all phases of the passenger transportation business.**

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, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

**The applicant's offices are located at 126 McClellan Drive, Pittsburgh, PA 15236. The applicant domiciles its vehicles at 401 Neptune Street, Pittsburgh, PA 15220 from which it dispatches its vehicles. The applicant's facility at 401 Neptune Street, Pittsburgh, PA consists of approximately 2,000 square feet of space, all of which is used for its transportation business. The applicant maintains contact with its drivers through cell phone communications. The applicant's service is available 24 hours a day, seven days a week. The applicant receives customer requests for service by telephone at its offices at 401 Neptune Street, Pittsburgh, PA 15220. Insofar as the applicant's "record maintenance plan" is concerned, the applicant's records are maintained at the offices at 401 Neptune Street, Pittsburgh, PA 15220. The length of time the records are maintained depends upon the particular record and also on the record retention requirements of the DOT and PUC. Once records are no longer required in the ordinary course of business, they will be boxed according to the type of record and the boxes will be maintained in a safe place at the applicant's office.**

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. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

**The applicant presently has 40 employees, including 35 drivers, three office employees and two bus washers.**

6. 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 geographical territory you will be serving. In addition, please explain:

**The applicant will utilize the same drivers that it is presently utilizing. If the applicant hires any other drivers, it will make sure that those drivers are properly trained and are knowledgeable concerning safety procedures and regulations.**

- a. **Your hiring standards for drivers; The minimum age for a driver being eligible for hire is 21 years of age. Commercial driving experience is preferred. A Motor Vehicle Report is secured and reviewed carefully for each prospective new hire.**
- b. **Your system to ensure prospective drivers will be subject to a criminal background check: No driver is hired until he has had a criminal background check.**
- c. **Your driver training program; All new drivers will be trained prior to the time they begin driving by going through a driver training program, which involves training in all aspects of operating one of our vehicles.**
- d. **Your system for ensuring that your drivers are properly licensed at all times; To insure that our drivers have valid licenses, we periodically check their drivers' licenses and order a Motor Vehicle Report for each driver at least once a year.**
- e. **Your system to ensure that all drivers will be subject to a criminal background check every two years; We review each driver's file periodically and order a criminal background check for each driver every two years.**
- f. **Your policies regarding alcohol and drug use by your drivers. Insofar as our "policy" for drug and alcohol use is concerned, we comply with the testing requirements of the DOT and PUC, including pre-employment testing, post-accident testing, random testing and reasonable suspicion testing. We distribute a drug and alcohol policy to all employees, which provides that no driver shall be on**

duty and possess, be under the influence of, or use, a narcotic drug or any other substance which renders him/her incapable of safely driving and that no one shall drink any liquor, regardless of its alcoholic content, or be under the influence of liquor within four hours before going on duty or driving, nor be on duty or drive while in the possession of liquor.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

See Attached.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan; **The applicant does preventative maintenance on its vehicles every 3,000 miles. It makes every effort to keep these vehicles in top operating condition. The applicant services its vehicles through an outside garage. The applicant maintains records at its facility to insure that maintenance is provided when required. The applicant also insures compliance with the annual inspection and registration requirements and makes sure that all vehicles are cleaned regularly and will do both a pre-trip and post-trip inspection on the vehicles used to provide the service sought by this application for each trip.**
  - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business; **All vehicles are annually inspected pursuant to Pennsylvania law and, in addition, are regularly inspected by the applicant to ensure compliance with Chapter 175.**
  - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only); **The applicant periodically checks its vehicles to make sure that its vehicles are in compliance with all of the requirements at Section 29.403.**
  - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines); **Not Applicable.**
  - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines); **Not Applicable.**
  - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants). **Not Applicable.**
9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

**The applicant presently has insurance coverage in the amounts required by the Commission and will utilize the same insurance coverage to provide the service sought by this application. The applicant's insurance company has made the required insurance filings with the Commission.**

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC; **The applicant maintains a customer complaint resolution procedure to insure that customer complaints made to the applicant are promptly investigated and resolved. The applicant realizes that customer satisfaction is imperative in the passenger transportation business.**
  - Your intended customer complaint resolution procedure. **See a. above.**

11. 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     X  NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

See Attached.

### 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.

John E. Kirk III

(Signature)

John E. Kirk, III, President

(Name and Title, printed or typed)

May 4 2013

(Date)

Re: Kirk Livery, Inc.  
Docket No. A-2012-2334206

SUPPLEMENT TO PARAGRAPH 7

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2012	Mercedes Benz	Sprinter	14	WD3PE8CC6C5698023

/125302

12:55 PM  
 05/30/13  
 Cash Basis

**Kirk Livery, Inc.**  
**Balance Sheet**  
 As of December 31, 2011

	Dec 31, 11
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Cash	
General Cash Account	35,225.43
Payroll Account	43,976.41
Car Account	33,463.82
#4 Account	20,187.89
<b>Total Cash</b>	132,853.55
<b>Total Checking/Savings</b>	132,853.55
<b>Total Current Assets</b>	132,853.55
<b>Fixed Assets</b>	
Vehicles	1,365,933.46
Equipment	33,113.02
Furniture & Fixtures	25,176.23
Land Improvements	10,260.00
Leasehold Improvements	39,214.37
Accumulated Depreciation	-654,687.00
<b>Total Fixed Assets</b>	819,010.08
<b>Other Assets</b>	
Intangible Assets	
Website	1,900.00
Organization Cost	829.00
Noncompete Agreement	12,500.00
PUC License	5,000.00
<b>Total Intangible Assets</b>	20,229.00
Accumulated Amortization	-15,229.00
<b>Total Other Assets</b>	5,000.00
<b>TOTAL ASSETS</b>	<b>956,863.63</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
PA SCDU (Phil Dillard)	31.39
Payroll Taxes	
Local Tax	341.35
<b>Total Payroll Taxes</b>	341.35
Sales Tax Payable	5,082.88
PTAF Payable	2,820.00
<b>Total Other Current Liabilities</b>	8,275.62
<b>Total Current Liabilities</b>	8,275.62
<b>Long Term Liabilities</b>	
First National	
600149 (44733685)	27,117.39
600154 (44745075)	30,082.09
600390 (44745090)	32,985.01
600363 (44745070)	27,141.68
600146 (44733710)	26,071.52
600144 (44730245)	26,424.80
600157 (44745080)	29,268.85
763253 (44716010)	32,882.75
550449 (44656245)	31,675.03
500279 (44616370)	27,826.48
550222 (44626635)	35,598.73
500350 (44617040)	26,572.93
550353 (44636420)	31,560.00
500283 (44603550)	28,411.55



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05/30/13  
Cash Basis

**Kirk Livery, Inc.**  
**Balance Sheet**  
As of December 31, 2011

	<u>Dec 31, 11</u>
500349 (44603540)	28,397.00
500286 (44594225)	26,598.15
500346 (44594005)	26,007.47
753234 (44570560)	23,168.76
634511 (44396045)	9,680.15
500154 (44409525)	1,166.19
500156 (44415130)	16,948.22
600039 (44439210)	13,780.58
500341 (44448750)	17,204.69
500400 (44476005)	17,605.31
550268 (44476660)	1,242.75
750286 (44480105)	27,375.39
500412 (44490630)	18,950.22
500399 (44493960)	17,639.92
752112 (44519095)	18,579.86
500443 (44519100)	17,467.31
500424 (44522030)	67,245.59
500442 (44522020)	64,498.67
500503 (4457935)	20,480.26
751257 (44537955)	22,326.23
125078 (44542710)	12,856.48
500164 (44389565)	1,166.01
500160 (44389560)	1,166.01
500032 (44378995)	1,165.41
550092 (44208720)	1,084.26
550227 (44280715)	1,084.26
500142 (44205235)	1,195.38
<b>Total First National</b>	<u>889,699.34</u>
<b>Total Long Term Liabilities</b>	<u>889,699.34</u>
<b>Total Liabilities</b>	<u>897,974.96</u>
<b>Equity</b>	
<b>Capital Stock</b>	51,000.00
<b>Retained Earnings</b>	142,847.01
<b>Shareholder Distributions</b>	-136,937.78
<b>Net Income</b>	1,979.44
<b>Total Equity</b>	<u>58,888.67</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>956,863.63</u></u>

**Kirk Livery, Inc.**  
**Profit & Loss**  
 January through December 2011

	Jan - Dec 11
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Service Income	1,392,041.71
<b>Total Income</b>	1,392,041.71
<b>Expense</b>	
Advertising	15,752.07
Answering Service	3,235.45
Bank Service Charges	300.84
Car Repair and Maintenance	
Supplies	180.46
Oil Changes	1,116.24
Parts	4,298.97
Repairs	55,290.00
Tires	1,930.63
<b>Total Car Repair and Maintenance</b>	62,816.30
Car Washes	34,151.50
Contributions	1,835.00
Depreciation Expense	474,491.00
Driver Expense	
Beaver Transfer	10,029.00
Drivers - Other	5,072.00
<b>Total Driver Expense</b>	15,101.00
Dues and Subscriptions	1,003.95
Equipment Rental	73,626.68
Equipment Repairs	2,691.91
Exterminator	474.01
Garage Expenses	
Cleaning	205.00
Repairs & Maintenance	5,752.80
Supplies	3,187.29
<b>Total Garage Expenses</b>	9,145.09
Garbage Disposal	1,272.54
Gasoline	98,120.27
Insurance	80,664.00
Interest Expense	43,607.53
Internet Expense	1,458.31
Licenses and Permits	4,720.00
Office Supplies	5,674.01
Parking and Tolls	1,506.49
Payroll Tax Expense	
Pgh Payroll Expense Tax	1,117.56
FICA & Medicare	29,150.80
State Unemployment	10,152.49
Federal Unemployment	1,542.43
<b>Total Payroll Tax Expense</b>	41,963.28
Penalties	301.95
Postage and Delivery	1,115.93
Processing Fees	
Credit Card	3,165.50
Payroll	3,571.09
<b>Total Processing Fees</b>	6,736.59
Professional Fees	
Accounting	10,870.00
Legal Fees	20,301.79
<b>Total Professional Fees</b>	31,171.79
Rent	33,540.00
Supplies	4,364.38

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Cash Basis

**Kirk Livery, Inc.**  
**Profit & Loss**  
January through December 2011

	<u>Jan - Dec 11</u>
<b>Taxes</b>	
Business Privlidge	5,296.68
PUC Tax	8,193.05
<b>Total Taxes</b>	<u>13,489.73</u>
<b>Telephone</b>	13,542.19
<b>Travel &amp; Ent</b>	
Employee Parties/Gifts	6,757.31
Meals & Entertainment	1,195.78
Travel	3,048.51
<b>Total Travel &amp; Ent</b>	<u>11,001.60</u>
<b>Utilities</b>	
Gas and Electric	10,529.92
Water	3,552.34
<b>Total Utilities</b>	<u>14,082.26</u>
<b>Wages</b>	
Employee	378,253.90
<b>Total Wages</b>	<u>378,253.90</u>
<b>Total Expense</b>	<u>1,481,211.55</u>
<b>Net Ordinary Income</b>	-89,169.84
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Gain (Loss) on Sale of Equip	90,570.00
Sales/PTAF Discounts	579.28
<b>Total Other Income</b>	<u>91,149.28</u>
<b>Net Other Income</b>	<u>91,149.28</u>
<b>Net Income</b>	<u><u>1,979.44</u></u>

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

ÉVÈNEMENT			
Name of Supporter			
<hr/>			
438 S. Main Street	Pittsburgh	PA	15220
Street Address	City or Municipality	State	Zip Code
<hr/>			
Kirk Livery, Inc.			
Name of Applicant			

- Describe the type of transportation service needed.

### **Group and Party service in vehicles seating 11 to 15 passengers**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. **ÉVÈNEMENT is an event planning boutique located in Pittsburgh. We require service between points in Pittsburgh and from Pittsburgh to other points in Allegheny County and vice versa.**
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Several times a year.
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Kirk Livery rather than any other company.**

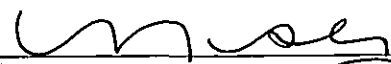
- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

## **VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

  
(Signature)  
Yvonne Rose  
(Name, printed or typed)

5.6.13  
(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Dukes Rib House & Grille			
Name of Supporter			
1910 Cochran Road,	Scott Township	PA	15220
Street Address	City or Municipality	State	Zip Code

**Kirk Livery, Inc.**

---

Name of Applicant

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Between the restaurant and various points in Allegheny County.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Two times a month.

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Kirk Livery rather than any other company.**

- Have you supported similar applications in the past? If so, please supply name and docket number.

No.

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa.C. S. Section 4904 relating to unsworn falsification to authorities.

*Lisa Layne*  
 \_\_\_\_\_  
 (Signature)  
 LISA Layne  
 \_\_\_\_\_  
 (Name, printed or typed)

5/9/13  
 \_\_\_\_\_  
 (Date)



**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

The Carlton Restaurant  
Name of Supporter  
One BNY Mellon Ctr, 500 Grant St P. Htsburg PA 15219  
Street Address City or Municipality State Zip Code  
Kirk Livery, Inc.  
Name of Applicant

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Ross St Pgh - to Cultural District  
↑ Consol Center
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? DAILY
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Kirk Livery rather than any other company.**

- Have you supported similar applications in the past? If so, please supply name and docket number.

No.

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Kevin J. Joyce  
(Signature)

5/15/13  
(Date)

Kevin Joyce  
(Name, printed of typed)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Ralph Schugar Chapel, Inc.			
Name of Supporter			
5509 Centre Avenue	Pittsburgh	PA	15232
Street Address	City or Municipality	State	Zip Code

Kirk Livery, Inc.			
Name of Applicant			

- Describe the type of transportation service needed.

**Group and Party service in vehicles seating 11 to 15 passengers**

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
From funeral home to local cemetery.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Daily.
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

**No. We prefer to use Kirk Livery rather than any other company.**

- Have you supported similar applications in the past? If so, please supply name and docket number.

**No.**

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Gail Ryane, President  
 (Signature)  
GAIL RYANE  
 (Name, printed or typed)

5-17-13  
 (Date)



CONCLUSION

For all of the reasons submitted in support of the application, Kirk Livery, Inc. respectfully requests that the Commission grant this application in its entirety.

Respectfully submitted,

VUONO & GRAY, LLC

By: 

William A. Gray, Esq.  
Attorney for Applicant

VUONO & GRAY, LLC  
310 Grant Street, Suite 2310  
Pittsburgh, PA 15219  
(412) 471-1800

Due Date: May 30, 2013

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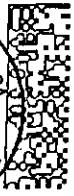
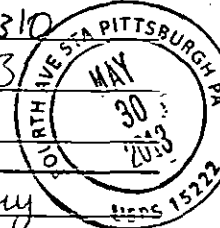
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