Estate Brokerage Services 7102 Frankford Ave. Phila PA 19135 215-624-7100; Fax 215-624-0414 <u>meichert@aol.com</u>

February 23rd, 2014

Secretary Chiavetta PA Public Utility commission PO Box 3265 Harrisburg, PA 17105

RE: Application of IWillDriveU.com LLC Application for Limousine Authority

Dear Secretary Chiavetta:

I am pleased to present the attached application for limousine authority on behalf of my above captioned client.

As I have assisted in the completion of this application, should any additional information be needed please request the examiner to contact me and I will promptly provide it. His criminal history and member information are attached. Thank you.

Respectfully submitted,

MichaelFrehert

Michael Eichert

RECEIVED

FEB 2 3 2015

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Attached: 1.Application & 2 copies : 2.Bank check for application fee No 4310825

Cert Mail: 7011 3500 0001 6337 9822

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FEB 23 2015

Secretary Pennsylvania Public Utility Commission 400 North Street, Second Floor Harrisburg, PA 17120 (717) 772-7777 www.puc.pa.gov

Revised 12/1/13

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at <u>www.philapark.org</u>

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

IWillDriveU.com 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 <u>exactly as it appears on the registration papers from the Corporation</u> <u>Bureau of the Pennsylvania Department of State</u>.
- 2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

None

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 Trucking" 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 Trucking" or "J. Doe Trucking" 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)

(see checklist and indicate type of business entity registered)

5. Physical Address (do not use PO Box)

155 Jennifer Lane

Street Address

Bala Cynwyd, PA 19004

City, State and Zip Code

866 487 0059 Telephone Number

Montgomery

County

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.

6. Mailing Address (if different from Physical Address)

Same

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

None

Attorney's Name & Telephone Number for this Filing

Attorney's 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.

8. Does applicant hold interstate operating authority?

XX No

Yes, at No. _____

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

To transport passengers in limousine service between points in Bucks, Chester, Delaware, and Montgomery counties and to points in Pennsylvania and return.

Examples:

- To transport people in limousine service between points in the counties of Erie and Crawford.
- To transport people in limousine service from points in Washington County to points in PA, and return.

10. 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 Limousine Service; 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. Section 4904 relating to unsworn falsification to authorities.

P. Gardner Elliott

(Print Name

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).

Pennsylvania State Police

1800 Elmerton Avenue Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

ESTATE BROKERAGE SERVICES 7102 FRANKFORD AVENUE

TELEPHONE (215) 624-7100

PHILADELPHIA PA 19135

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Gardner, Elliot P. Date of Birth: 04/04/1944

Social Security #

Sex

Race

Date of Request.

Purpose of Request:

Maiden Name and/or Alias (1)

*** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITION ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN https://epatch.state.pa.us/RCStatusSearch.jsp)AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST GAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A MO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972)

Certified by:

Lieutenant Kevin J. Deskiewicz, Director Criminal Records and Identification Division DISSEMINATED BY: SYSTEM 02/23/2015 03:07 PM

NAME OF APPLICANT

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IWillDriveU.Com LLC PA Entity 4038745

ADDRESS OF APPLICANT

155 Jennifer Lane Bala Cynwyd, PA 19004

OFFICERS/MEMBERS

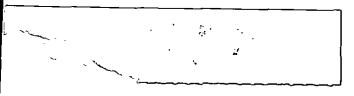
MANAGING MEMBER	DOB	SOCIAL SECURITY No.	INT	EREST
Elliot P Gardner, MM,	04/04/194	, 4,		100%
ADDRESS				
155 Jennifer Lane, Bala Cynw	yd, PA 1900	4		
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PHONE	EN	IAIL		
973-222-5481	info	@iwilldriveu.com		

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Mr. Michael Eichert 7102 Frankford Ave Philadelphia, PA 19135







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PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Secretary Chravetta PA PUCI POBOX 3265 Harrisburg PA 17105