

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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.

A-2015-2471524			
PUC Application Docket No.			
Canyon Country Cabs, LLC			
Legal Name of Applicant			
N/A			
Trade Name, if any			
247 Tioga Street	Wellisboro, Pa	16901	1
Street Address (principal place of business)	City or Municipality	State	Zip Code

This document is 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Tammy J. Oldham, Applicant owner 51% owner

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

No Affiliation

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

Mrs. Oldham has operated Canyon Country Cabs, LLC since 2013, during which time Applicant has provided: Taxi-on demand, Para-transit, and airport services within Tioga County PA. Mrs. Oldham also holds a Masters in Public Administration, which she has worked within the public sector for 35 years including the transportation sector. Mrs. Oldham's husband James Oldham has a Bachelor's in Business Administration and has also ran the business for 2 years with 44% owner.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

Location is at 247 Tioga Street Wellsboro, Pa 16901. This

Building/Garage location includes an office with dispatcher & Office Area. Drivers area with computer, kitchenette and other equipment. This location also has 2 offices and a large garage area that can hold up to 3 cars. The outside of the building has security cameras on all sides to house the rest of vehicles. The garage area houses all equipment to maintain, repair and ensure proper maintenance of all Canyon Country Cabs, vehicles.

5. 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 continuous communication with drivers.

Requests can be received via computer reservation system, and through our phone dispatch systems, where individuals (dispatched) can answer and disperse taxi drivers for pick-ups. A smart phone app will be in effect Sept 15, 2015, where individuals can order a taxi/airport etc, this system is also attached to a cloud-based dispatched system that will be in place.

6. Please explain:

- a. Your hiring standards for drivers;

Must be 25 years or older, Have a valid drivers license in good standing. 11-15 passenger vehicles has a CDL driver with passenger endorsement in good standing and a current medical certification, which they carry at all times.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

PA Criminal Background check through the state e-patch system. before drivers are allowed to operate any vehicles owned by Canyon Country Cabs, LLC

- c. Your driver training program;

5 Day or more training program w/ current experienced and trained trainer. This is for Taxi, Airport, and Paratransit. 11-15 Passenger has an online training program and must pass a test. Also current CO L Trans individuals on backing up + parking - must pass medical certification

- d. Your system for ensuring that your drivers are properly licensed at all times;

Yearly checks are done starting on employees hiring dates, also periodic checks are done on Pa Site

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

Yearly, beginning on employees hired date.

- f. Your policies regarding alcohol and drug use by your drivers.

Zero tolerance. Canyon Country Cabs belong to a DOT Consortium we have pre-employment, post employment and random testing done through the calendar year. If Drugs/Alcohol are found CCC follows DOT Rules & Regulations.

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.

* Please Also See Attached list * Appendix A

	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
	2013	Dodge	Caravan	6	2C4RD6CG8DRS21069
	2013	Dodge	Caravan	6	2C4RD6CG9DR086449
	2012	Jeep	Patriot	5	1C4N5RBB6CD6175281
	2010	Chrysler	300 Touring	5	2C3CA5CV14H284081
	2014	Chery	Express 3500	15	1GA2G1FADE1201884

8. Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan;
 daily checks are completed daily by all drivers before starting and at ending of shifts. If any safety or mechanical issues are detected the vehicle is properly fixed before operation. Vehicle checks done every 90 days by certified mechanic.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;
- (1) Daily Driver Checks
 - (2) PA Certified inspection done quarterly and Annually.
 - (3) w/ Yearly Inspection Checks.

c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;
 Vehicles will be Retired at appropriate age & Condition of vehicle and newer vehicles purchased.

d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

N/A - Household Goods Authority
 11-15 passenger DOT Registered for in PA travel. Vehicles meet all DOT equipment requirements by quarterly and Yearly Inspections.

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?
 YES ___ NO ___

11. 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. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. 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.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) 9/1/2015

ASSETS

Current Assets

Cash

Other Current Assets (specify)

See Attached Form

Appendix B

Other Assets

Motor Vehicle Equipment

Building and Structures

Office Equipment

Investments and Funds (specify)

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

See Attached Form

Appendix B

TOTAL LIABILITIES

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

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.

Tammy J. Oldham
(Signature)

9/1/2015
(Date)

Tammy J. Oldham
(Name and Title, printed or typed)

SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A-

52 Pa. Code Section 41.14(a), states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated as needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and, 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

Appendix A

Canyon Country Cabs
Vehicle Information

	VIN	Seating Cap
#1	2013 Dodge Grand Caravan 2C4RDGCG8DR521069	6
#2	2013 Dodge Grand Caravan 2C4RDGCG9DR686449	6
#3	2012 Jeep Patriot 1C4NJRBB6CD617552	5
#4	2010 Chrysler 300 2C3CA5CV1AH284691	5
#5	2014 Chevy Express 15 Passenger 1GAZG1FA0E1201884	14

12:34 PM

09/01/15

Accrual Basis

Canyon Country Cabs, LLC

Balance Sheet

As of September 1, 2015

Appendix B

	<u>Sep 1, 15</u>
ASSETS	
Current Assets	\$ <u>27,000</u>
Checking/Savings	
Northwest Savings Bank	591.19
Payroll and Taxes	<u>1,255.69</u>
Total Checking/Savings	-664.50
Accounts Receivable	
Accounts Receivable	<u>123.44</u>
Total Accounts Receivable	123.44
Other Current Assets	
Driver Advances	25.00
Prepaid Insurance	300.00
Security Deposit	1,200.00
Undeposited Funds	<u>72.16</u>
Total Other Current Assets	<u>1,597.16</u>
Total Current Assets	1,056.10
Fixed Assets	
Accumulated Depr - Office Equip	-1,466.76
Accumulated Depr - Vehicle	-26,201.59
Office Equipment	2,051.41
Vehicles	<u>68,930.80</u>
Total Fixed Assets	<u>43,313.86</u>
TOTAL ASSETS	<u>44,369.96</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Loan from Partners	55,517.70
Loans Payable - Vehicle	<u>59,412.90</u>
Total Other Current Liabilities	<u>114,930.60</u>
Total Current Liabilities	<u>114,930.60</u>
Total Liabilities	114,930.60
Equity	
Member 1 Draws	-251.00
Member 1 Equity	37,584.80
Member 2 Equity	12,824.70
Retained Earnings	-69,556.11
Net Income	<u>-51,163.03</u>
Total Equity	<u>-70,560.64</u>
TOTAL LIABILITIES & EQUITY	<u>44,369.96</u>

Please print or type.

Sheila Ben Olney

Name of Supporter

621 South Main Street

Street Address

City or Municipality

Ulysses Pa 16948

State

Zip

Code

Canum County Cabs, LLC

Name of Applicant

- Describe the type of transportation service needed.

11-15 passengers Group & party - Potter County

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

monthly) Potter County NC transportation

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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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.

Sheila Olney

(Signature of Supporter)

8/5/2015

(Date)

Sheila Olney

(Supporter's Name, printed or typed)

Please print or type.

Wally Bartholomew

Name of Supporter

27 Poplar Avenue

Street Address

Galston

City or Municipality

PA 16922

State Zip
Code

Canyon Country Cabs

Name of Applicant

- Describe the type of transportation service needed.

11-15 passenger - Group

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

Galston Pa, Coudersport - Potter County

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

monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

NO

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Wally Bartholomew

(Signature of Supporter)

8/30/2015

(Date)

Wally Bartholomew

(Supporter's Name, printed or typed)

Please print or type.

Jason Davy
Name of Supporter

107 Coates St.
Street Address

Elkland
City or Municipality

PA 16920
State Zip
Code

Canyon Country Cabs, LLC
Name of Applicant

- Describe the type of transportation service needed.
11-15 Group and party
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Elkland, Westfield, Galeton, Coudersport
Hogo and Potter
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Jason Davy
(Signature of Supporter)

8/5/2015
(Date)

Jason Davy
(Supporter's Name, printed or typed)

Please print or type.

David Risser

Name of Supporter

2787 State Route 49 W

Street Address

Genesee

City or Municipality

PA

State

160923

Zip

Code

Canyon Country Cabs, LLC

Name of Applicant

- Describe the type of transportation service needed.

11-15 passenger

for tours and group events for small groups

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

Genesee, Ulysses, Harrison Valley, Galeton, Coudersport
Potter County

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

NO - Never

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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David Risser

(Signature of Supporter)

7/15/2015

(Date)

David Risser

(Supporter's Name, printed or typed)

Please print or type.

Phillip Lehman

Name of Supporter

1280 State Road
Street Address

Harrison Valley
City or Municipality

Pa
State

16927
Zip

Code

Canyon Country Cabs, LLC

Name of Applicant

- Describe the type of transportation service needed.

11-15 would be good for group activities with Church
Potter County

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

Harrison Valley all of Potter no transportation here -

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

a few times a year or more

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

NO

- Have you supported similar applications in the past? If so, who was the applicant?

NO

VERIFICATION OF STATEMENT

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Phillip Lehman

(Signature of Supporter)

8/27/2015

(Date)

Phillip Lehman

(Supporter's Name, printed or typed)

Please print or type.

Nicolaa Gray

Name of Supporter

Tioga Street
Street Address

Wellsboro
City or Municipality

Pa
State

16901
Zip Code

Canyon Country Cabs

Name of Applicant

- Describe the type of transportation service needed.
11-15 group + Party for wine tours
for smaller groups instead of a big bus.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Wellsboro, Middlebury all of Tioga County
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, who was the applicant?
N/A

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Nicolaa Gray
(Signature of Supporter)

8/25/2015
(Date)

Nicolaa Gray
(Supporter's Name, printed or 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.

Kayci Webster
Name of Supporter

20 Skyline Dr
Street Address

Wellshoro PA
City or Municipality

16901
State Zip Code

Canyon Country Cars
Name of Applicant

- Describe the type of transportation service needed.

11-15 Group & Party

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

Winery tours

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

Weekly

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

No other provider

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

N/A

VERIFICATION OF STATEMENT

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Kayci Webster
(Signature)
Kayci Webster
(Name, printed or typed)

6-25-13
(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.

Sherry PARSONS
Name of Supporter

1 Willard TERRACE Apt A PA. 16901
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.
11-15 Group & Party
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
TOWNS
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Weekly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
No
- Have you supported similar applications in the past? If so, please supply name and docket number.
No

VERIFICATION OF STATEMENT

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Sherry Parsons
(Signature)

Sherry PARSONS
(Name, printed or typed)

6/25/15
(Date)

Please print or type.

Jeffery S. Holt

Name of Supporter

113 east main St #1
Street Address

Mansfield
City or Municipality

PA
State

16933
Zip

Code

Canyon Country Cabs, LLC

Name of Applicant

- Describe the type of transportation service needed.
11-15 passenger Group + Party
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Mansfield, Wellsboro,
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
I would use it for tours.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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Jeffery Holt
(Signature of Supporter)

8/31/2015
(Date)

Jeffery S. Holt
(Supporter's Name, printed or 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.

Timothy Crane			
Name of Supporter			
20 Sky Line Dr.	Wellshoro	PA	16901
Street Address	City or Municipality	State	Zip Code
Canyon County Cabs			
Name of Applicant			

- Describe the type of transportation service needed.

11-15 Group & Party

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

This would help with tourism in the area bringing local income for businesses, weddings, ect.

- 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

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

No

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(Signature)

(Name, printed or typed)

(Date)