222288

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

APPLICATION FOR: Class C Taxi Certificate from Yellow-Deluxe Cab Co. LLC

OFFICE OF REGULATORY STAFF
RECEIVED
MAR 03 2010

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2010 - 93 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lydia W. Jewell **Telephone:** 864-583-2724

Address: Yellow-Deluxe Cab Co. LLC **Fax:** 864-583-2220

149 Hall Street **Other:** 864-921-8592

Spartanburg, SC 29302 **Email:** yellowdeluxecab@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- [ ] Application - Class A/A Restricted
- [x] Application - Class C Taxi
- [ ] Application - Class C Charter
- [ ] Application - Class C Charter Bus
- [ ] Application - Class C Non-Emergency
- [ ] Application - Class C Stretcher Van
- [ ] Application - Class E Household Goods
- [ ] Application - Class E Hazardous Waste
- [ ] Application
- [ ] Request for Extension to Comply with Order
- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- [ ] Request for Cancellation of Certificate
- [ ] Request for Suspension
- [ ] Request for Reinstatement

CHEK
Posted: tcd
Dept: S.A.
Date: 3/4/10
Time: 10:10

- [ ] Request for Name Change on Certificate
- [ ] Request to Amend Scope of Authority
- [ ] Request to Amend Tariff (rate increase, etc.)
- [ ] Request to Amend Passenger Limit
- [ ] Request
- [ ] Exhibit
- [ ] Late-Filed Exhibit
- [ ] Letter
- [ ] Proposed Order
- [ ] Publisher's Affidavit
- [ ] Reservation Letter
- [ ] Response
- [ ] Return to Petition
- [ ] Other: _____

RECEIVED
MAR 03 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form Reset Form

gbs

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED
MAR 3 2010
ORS
T.T.W.W/W

Date: February 25, 2010

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Yellow-Deluxe Cab Co. LLC

149 Hall Street, Spartanburg, SC 29302
Street Address of Applicant

Mailing Address of Applicant if different from street address

864-583-2724
Phone

864-583-2220
Fax

yellowdeluxecab@aol.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and address of all person having an interest in the business.
   - ☒ Corporation - List names and addresses of two principal officers.

LLC, one principal - Lydia W. Jewell - President

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month 12 Year 2009

Assets:	
Cash	**2,000**
Receivables	**6,658**
Real Estate	**225,000**
Buildings and Equipment (Net)	**0**
Motor Vehicles (Net)	**64,500**
Garage Equipment (Net)	**0**
Machinery and Tools (Net)	**0**
Supplies on Hand	**200**
Prepaids and Other Assets	**139,515**
Total Assets	**437,873**
Liabilities and Equity:	
Accounts Payable	**2,475**
Notes Payable	**93,367**
Mortgages Payable	**108,000**
Equipment Obligations	**3,300**
Accrued Salaries and Wages	**0**
Other Accrued Obligations	
Other Liabilities	**14,253**
Total Liabilities	**221,395**
Capital Stock	**2,000**
Retained Earnings	**11,679**
Total Equity	**214,478**
Total Liabilities and Equity	**437,873**

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

$3.90 / Load $1.30 per mile City Limits ($4.90 / Load $1.30 per mile after 9:00 pm)

Counties to be Served:

All counties in South Carolina

Maximum Number of Passengers per Vehicle:

5

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Lincoln	1998 Town Car	1LNFM83W9WY716866	4000	6
Lincoln	1997 Town Car	1LNLM81W3VY669225	3800	6

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.**

The following insurance quote is for:

Yellow-Deluxe Cab Co. LLC
Name of Motor Carrier

149 Hall Street, Spartanburg, SC 29302
Address of Motor Carrier

Amount of Premium: **Limits Quoted: (See Below)**

Liability Insurance $ 5,408.00 Limits $25,000 / $50,000 / $25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	**$ 25,000/50,000/25,000**
8-15 Passengers	**$ 25,000/100,000/25,000**

Markel Insurance - Kimbrell Insurance Company
Name of Insurance Company

1300 Indian Wells Court Murrells Inlet, SC 29576
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/1/2010
Date

Rera M Thomas
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Yellow-Deluxe Cab Co. LLC
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ◉ No

   If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ◉ Yes ○ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◉ Yes ○ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

   ⦿ Yes ○ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

   ⦿ Yes ○ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

   ⦿ Yes ○ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

   ⦿ Yes ○ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ⦿ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

Lydia W. Jewell
Applicant's Signature

I, Lydia W. Jewell (Name of Applicant's Representative), President / Owner (Title)

of Yellow-Deluxe Cab Co. LLC (Applicant),

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lydia W. Jewell
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 2nd day of March, 2010

Cheryl W. Rissinger
Notary Public

Commission Expires 5-21-14

The State of South Carolina

Copy

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

YELLOW-DELUXE CAB CO. LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 18th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of February, 2010.

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ... OFFICE

FEB 18 2010

SECRETARY OF STATE

Copy

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - $110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company **(Company ending must be included in name*)**

   Yellow-Deluxe Cab Co. LLC

   ***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

   149 Hall Street
   Street Address

   Spartanburg — SC — 29302
   City — Zip Code

3. The initial agent for service of process is

   Lydia W. Jewell — Lydia W. Jewell
   Name — Signature of Agent

   and the street address in South Carolina for this initial agent for service of process is

   2345 Pecan Drive
   Street Address

   Spartanburg — SC — 29307
   City — Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

   (a) Lydia W. Jewell
   Name

   2345 Pecan Drive
   Street Address

   Spartanburg — SC — 29307
   City — State — Zip Code

   (b)
   Name

   Street Address

   City — Zip Code

100223-0031 FILED: 02/18/2010
YELLOW-DELUXE CAB CO. LLC
Filing Fee: $110.00 ORIG

Form Revised by South Carolina Secretary of State, December 2009

Mark Hammond South Carolina Secretary of State

Name of Limited Liability Company Yellow-Deluxe Cab Co. LLC

5. [ ] Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. [ ] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

_____
Street Address

_____
City State Zip Code

(b) _____
Name

_____
Street Address

_____
City State Zip Code

7. [ ] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

_____

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Lyndia W. Jewell — 2-12-2010
Signature of Organizer — Date

_____ — _____
Signature of Organizer — Date

Form Revised by South Carolina
Secretary of State, December 2009