(FORM 1)

STATE OF SOUTH CAROLINA

(Caption of Case)
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

Tonya R. Johnson

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

196760

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2009 13 - 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:

Address: 1015 W Darlington St
Florence, SC 29501

Telephone: 704-458-6123

Fax:

Other:

Email: TonyaRenee31@Hotmail.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)

- [x] Application – Class C Taxi
- [ ] Application – Class C Charter
- [ ] Application – Class C Charter Bus
- [ ] Application – Class C Non-Emergency
- [ ] 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- [ ] Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- [ ] Request for Cancellation of Certificate
- [ ] Request for Suspension
- [ ] Request for Reinstatement
- [ ] 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
JAN 05 2009
PSC SC
DOCKETING DEPT.

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

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(FORM C-AC)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI DATE 1-5, 20 09

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

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.)

Tonya Johnson

2. (a) Street Address of Applicant 1015 W Darlington, SC 29501

(b) Mailing address, if different from street address

(c) Telephone Number 843-662-1085 Fed. ID # [redacted]

3. If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. 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: 1-09 **Year:** 2009

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	3000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	3000
Liabilities and Equity:	
Accounts Payable	3000
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	0

8. 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 _____

I, Jerry Poston (Name of Applicant's Representative) Insurance Agent (Title) of Commercial Insurance Services (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.

SWORN TO BEFORE ME

At _____

This the 7th day of 05 2009

(Notary Public)

Commission Expires: _____

(Signature of Applicant's Representative)

EXHIBIT C

CLASS C - TAXI X

CHARTER _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant TONYA Johnson

For the transportation of passengers as follows:

Area to be served: Florence City, Florence County

Number of passengers: 6

Fares : 3.75

Date 1-5-2009

TONYA Johnson
By

Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
1996	Plym VW	1P4GP44RSTB223238	3600	6

* Seats if passenger carrier.

Tonya Johnson
(Applicant)

Terry Poston
(Applicant's Representative)

Date: 1-5-08

Insurance Agent
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Tonya Johnson
(Name of Motor Carrier)

1015 W Darlington St Florence, SC 29501
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 8000

The above quoted premium is for a term of 6 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	**25,000/50,000/25,000**
8 – 15 passengers	-	**25,000/100,000/25,000**

Commercial Insurance Company - CANAL - WR Timmons
(Insurance Company Name)

2120 Jody Rd Florence, SC. 29501
(Home Office Address of Company)

is 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.

JAN 5, 2009
Date

(Authorized Insurance Company Representative)

Rev 5/07