DANIELS

www.danielscompany.com

220189

November 4th, 2009

2009 464 T

Re: Application for Class C Charter Bus Application (RUSH)

Addressed To:
Docketing Department (Attn: Janice)

Janice:

Per our conversation, I have attached a copy of the completed application for processing. Per your request, I am submitting this letter as a form of request to rush this application. I was referred to your office by Carol in the Office of Regulatory.

My company has recently been getting a number in inquiries on doing charter business within the State of South Carolina. Most recently, I have been awarded as the most competitive bidder for a bid within Ft. Jackson, South Carolina, which starts the middle of December. Thus my reasoning for the rush request.

I am attempting to pursue all permits to ensure that I am in compliance with the State of South Carolina.

Thank you for your time and attention with processing this request. Should you have additional questions and/or need additional information from me, my direct number is (919) 810-9200.

Sincerely,

Euran Daniels

Euran S. Daniels
President
Daniels Tours LLC

RECEIVED

PSC SC
DOCKETING DEPT

3301 Market Street
Wilmington, NC 28402
(910) 763-6070 * Office
(910) 763-0114 * Fax

www.danielscompany.com
Toll Free 1(888) 763-6070
info@danielscompany.com

8311 Brier Creek Parkway
Suite 105-79
Raleigh, NC 27617
(919) 449-2999 * Office
(919) 449-0279 * Fax

gbs

STATE OF SOUTH CAROLINA

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

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: _____ - _____ - _____

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: Euran S. Daniels
Address: 7220 Janston Drive
Raleigh, North Carolina 27613
Telephone: 919-449-2999
Fax: 919-449-0279
Other:
Email: euran@danielscompany.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
- ☐ 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
- ☐ 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
PSC SC
DOCKETING DEPT

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

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 CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: November 4, 2009

Application is hereby made for a Class C - Charter Bus Certificate.

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

DANIELS TOURS LLC

7220 JANSTON DRIVE, RALEIGH, NORTH CAROLINA 27613
Street Address of Applicant

7220 Janston Drive, Raleigh, North Carolina 27613
Mailing Address of Applicant if different from street address

(919) 449-2999 Phone

(919) 449-0279 FAX

euran@danielscompany.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.

U.S. Department
of Transportation
**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

DANIELS TOURS LLC
501 EDGEWATER CLUB ROAD
WILMINGTON NC 28411

November 4, 2002

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

USDOT 1067786

The USDOT number needs to be marked on your commercial motor vehicle as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an MC or MX number as of July 3, 2000, must display a USDOT number by July 3, 2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor carrier.

For-hire motor carriers requiring operating authority may obtain an application by calling 1-800-832-5660 (from Mexico: 001-800-832-5660). U.S. and Canada carriers may file online by accessing the following Internet website:

http://diy.dot.gov

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

http://www.fmcsa.dot.gov

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
310 NEW BERN AVENUE, ROOM 468
RALEIGH, NC 27601
Telephone No.: 919-856-4378

Please be aware that failure to comply with the FMCSR could result in additional roadside Inspections of your company's equipment and a compliance review by one of our Safety Investigators.

(Over)

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

August 10, 2005

In reply refer to:
Your USDOT No.: 1067786
Review No.: 402021/CR

EURAN DANIELS
PRESIDENT
DANIELS TOURS LLC
DANIELS TOURS
7220 JANSTON DRIVE
RALEIGH NC 27613

Dear EURAN DANIELS:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on August 2, 2005. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact your local Federal Motor Carrier Safety Administration office listed below:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
310 NEW BERN AVENUE, ROOM 468
RALEIGH, NC 27601
Telephone No.: 919-856-4378

Charles A. Horan, III
Director, Office of Enforcement and Compliance

SOSID: 644782
Date Filed: 9/9/2002 11:47 AM
Elaine F. Marshall
North Carolina Secretary of State

22 247 9058

State of North Carolina
Department of the Secretary of State

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: **Daniels Tours, LLC**

2. If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: *(If no date for dissolution is specified, there shall be no limit on the duration of the limited liability company.)*_____

3. The name and address of each person executing these articles of organization is as follows: *(State whether each person is executing these articles of organization in the capacity of a member, organizer or both).*

   Euran Daniels, Organizer
   501 Edgewater Club Road
   Wilmington, North Carolina 28411

4. The street address and county of the initial registered office of the limited liability company is:

Number and Street	501 Edgewater Club Road
City, State, Zip Code	Wilmington, North Carolina, 28411
County	New Hanover

5. The mailing address, ***if different from the street address,*** of the initial registered office is:

6. The name of the initial registered agent is: Euran Daniels

7. Principal office information: *(Select either a or b.)*

   a. XX The limited liability company has a principal office.

   The street address and county of the principal office of the limited liability company is:

Number and Street	501 Edgewater Club Road
City, State, Zip Code	Wilmington, North Carolina 28411
County	New Hanover

The mailing address, ***if different from the street address***, of the principal office of the corporation is: _____

b. ☐ The limited liability company does not have a principal office.

8. Check one of the following:

_____(i) ***Member-managed LLC***: all members by virtue of their status as members shall be managers of this limited liability company.

__X__(ii) ***Manager-managed LLC***: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

9. Any other provisions which the limited liability company elects to include are attached.

10. These articles will be effective upon filing, unless a date and/or time is specified:

_____

This is the 3rd day of September, 2002.

Euran S Daniels

Signature

Euran S. Daniels, Organizer

NOTES:

1. **Filing fee is $125. This document must be filed with the Secretary of State.**

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
See Attachment				

Vehicle Inventory

Bus #	Year	Type	Make	Vehicle ID #	Weight Empty	Seating Capacity
101	1998	Bus	Prevost H-45	2PCH33490W1012280	55000	56
102	1998	Bus	Prevost H-45	2PCH33490W1012103	55000	56
9706	1996	Bus	Van Hool T-845	YE2TC74B3T2028463	55000	57
179	1998	Bus	Van Hool T-2145	YE2TC61B6W2043140	55000	55
182	1998	Bus	Van Hool T-2140	YE2TA61B7W2040091	55000	49
2273	1993	Bus	MCI MC-12	1M8RCM7AOPP045854	55000	47
2258	1993	Bus	MCI MC-12	1M8RCM7AOPP045835	55000	47
183	1985	Bus	MCI 96-A3	1MBFDM7A4FP040605	55000	47
422	2001	Bus	MCI E4500 REN	1M8TRMPA91P061608	55000	56
2001	2007	Van	Ford E-350	1FBSS31L67DA55329	25000	15
2002	2007	Van	Ford E-350	1FBSS31L17DA55271	25000	15

DANIELS TOURS
7220 Janston Drive
Raleigh, North Carolina 27613

INSURANCE QUOTE

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

The following insurance quote is for:

DANIELS TOURS LLC
Name of Motor Carrier

7220 JANSTON DRIVE, RALEIGH, NORTH CAROLINA 27613
Address of Motor Carrier

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

Liability Insurance $ 49,566 Limits 5,000,000

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

Minimum Limits - Intrastate Only:

16 or More Passengers **$ 25,000/300,000/25,000**

RLI TRANSPORTATION COMPANY
Name of Insurance Company

9025 NORTH LINDBERGH DRIVE, PEORIA IL 61615
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.

11-4-2009
Date

TIMOTHY L. O'BRYAN
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.

INSURANCE QUOTE

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

The following insurance quote is for:

Daniels Taxis LLC

Name of Motor Carrier

7220 Janston Drive Raleigh NC 27613

Address of Motor Carrier

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

Liability Insurance $ 49,516 Limits 5,000,000

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

Minimum Limits - Intrastate Only:

16 or More Passengers **$ 25,000/300,000/25,000**

RLI Transportation

Name of Insurance Company

9025 North Lindbersh Drive Peoria IL 61615

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.

11/4/09

Date

Timothy L. O'Bryan

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

DANIELS TOURS LLC
Name

1067786
U.S.D.O.T No.

MC 440922
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ◉ Yes ○ No ○ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ◉ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
   ○ Yes ◉ No

3. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ◉ No
   If Yes, indicate nature of judgement(s) against applicant.

   N/A

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?
   ◉ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◉ 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 RICHLAND

EURAN S. DANIELS
Applicant's Signature

I, EURAN S DANIELS (Name of Applicant's Representative), PRESIDENT (Title)

of DANIELS TOURS LLC (Applicant),

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

EURAN S. DANIELS
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 5 day of November, 2009

Notary Public

Commission Expires My Commission Expires July 23, 2017

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

EURAN S DANIELS// DANIELS TOURS LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

(●) Yes ( ) Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

(●) Yes ( ) Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, EURAN S. DANIELS, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

EURAN S DANIELS
Applicant's Signature

SWORN TO BEFORE ME
This 5 day of November, 2009

Notary Public

Commission Expires: My Commission Expires July 23, 2017