224158
224159

STATE OF SOUTH CAROLINA

(Caption of Case)

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

Request for Reinstatement Of Class C Charter Certificate

Leisure Tours, Inc.

RECEIVED BY REGULATORY STAFF
RECEIVED
MAY 24 2010

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2010-102-T **1998** - **415** - **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: Rees Jones

Address: P.O. Box 49997
Greenwood, SC 29649

Telephone: * 864-229-0228

Fax: * 864-229-2164

Other:

Email: * rjones@lti-tour.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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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
- [x] 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

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

[redacted] [redacted]

CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

* DATE: 5/21/10

RECEIVED
MAY 24 2010
ORS
T,T,W,W/W

Please consider this an application for Reinstatement of my:

- [ ] Taxi Certificate Number _____
- [x] Charter Certificate Number 6644
- [ ] Charter Bus Certificate Number _____
- [ ] Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 5-18-10 (DATE) because of failure to submit Decal fee for the First Half Year 2010 enforcement period.

* I am seeking reinstatement because I failed to pay for semi-annual Decal.

* Leisure Tours, Inc. (Name of Company) DBA _____ (if applicable)

* 605 Lodge Dr (Street Address)

* PO Box 49997 (29604 (Mailing Address if different from Street Address)

* Greer, SC 29650 (City, State, Zip Code)

* [signature] (Signature)

* 864-229-0238 (Telephone Number)

* President (Title) Owner, President, etc.

ORS Revised 2-22-10

STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

The Law requires that you secure licenses on or before January 1, 2010. Enforcement for the period January 1, 2010 through June 30, 2010 will begin January 1, 2010.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JANUARY 1, 2010, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD REBULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your First-Half Year 2010 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card. Please destroy old decal(s) once you have secured the decal(s) for the new period.

License decals may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff. All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before December 15, 2009.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 MAIN STREET, SUITE 900
COLUMBIA, S.C. 29201
(803) 737-0800

First Half Year 2010

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. Business and/or personal checks, cash, money order, certified, or cashier's check must be payable to the Office of Regulatory Staff.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal issuance.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. You are REQUIRED to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.
6. You must be in compliance with all PSC/ORS requirements before any decal(s) will be issued.

RECEIVED MAY 24 2010 OFFICE OF REGULATORY STAFF

CLASS C Charter

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for licenses for the motor vehicle described in the following for the period ending June 30, 2010

Certificate Holder: Leisure Tours, Inc (Exact Name of Certificate Holder)

PO Box 49097 (Mailing Address) Greenwood, SC 29649 (City, State and Zip Code)

must have 605 Lodge Drive (Street Address if Different From Mailing Address) Greenwood, SC 29646 (City, State and Zip Code) (Telephone No.)

6 (*) Owner of Vehicle Leisure Tours Inc (Name as Listed on the Title or Registration)

VEHICLE IDENTIFICATION

Make of Vehicle: Lincoln — Seating Capacity: 8

Body Type: 4DR Sedan — License Plate #: LS 1151

VIN Number: 825574 (Last 6 digits) — Empty Weight: 3860

Year Model: 2000 — FEE $ 17.50

must have (*) or decal sticker will not be issued

---- FARES OR CHARGES (List maximum rates only; mandatory to receive decal) $100/hr

APPLICANT'S SIGNATURE: * ← sign (REV. 10/08)

ENTERED MAY 25 2010 TRANS DEPT.

LEISURE TOURS, INC
P O BOX 49997
GREENWOOD, SC 29649

2041
67-209/532

DATE 5-21-10

PAY TO THE ORDER OF Office of Regulatory Staff $ 17.50

Seventeen & 50/00 DOLLARS

CapitalBank
www.capitalbanksc.com

FOR

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