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STATE OF SOUTH CAROLINA

(Caption of Case)

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

Application for A CLASS "C" CHARTER CERTIFICATE FROM PAPCWAP, LLC DBA ELITE CAR SERVICE.

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: RICHARD REDMOND

Address: 1204 OLD WANDO DR
MOUNT PLEASANT, SC 29464

Telephone: 843-276-7311

Fax:

Other:

Email: ELITECARSERVICESCHS@gmail.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- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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
FEB 10 2022
PSC SC
MAIL / DMS

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

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

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

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

Date: 1/31/2022

CLASS C - CHARTER

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.

PapCorp, LLC

1. PAPCORP, LLC DBA ELITE CAR SERVICE
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1204 OLD WANUS DRIVE, MOUNT PLEASANT, SC 29464
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843.276.7311 — Phone
N/A — Fax

ELITECARSERVICECHS@Gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

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

Jason Pop 1204 Old Wanus Dr, Mount Pleasant SC 29464
Richard Redmond 120 NE 4th St. Apt 1109, Fort Lauderdale, FL 33301

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

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate	Ø	Mortgage/Loan on Real Estate	Ø
Value of Motor Vehicles	$250,000	Loans Owed on Motor Vehicles	~~$~~$96,000
Cash on Hand	Ø	Business/Other Loans Owed	~~$84,000~~
Cash in Bank	$43,000	Other Liabilities or Debts	$65,000
Value of Other Assets and Equipment	Ø	**Total Liabilities**	$161,000
Total Assets	$293,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

$600/HR

Clean up Fee $300

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☒ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- [x] 1-7 Passengers, including driver
- [ ] 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
MERCEDES	2021 S580	W1K6G7GB4MA023132	4658

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**
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. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Kitchen Car Service
Name of Applicant

1204 old wando drive, Mount pleasant, SC 29464
Address of Applicant

Amount of Premium:

Liability Insurance $ ~~[illegible]~~ 6,559 Annual

Limits Quoted: (See Below)

Limits $300,000 liability
$100,000/100,000 - uninsured motorist

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**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

PROGRESSIVE
Name of Insurance Company

3506 W MONTAGUE # 300 CHARLESTON, SC 29418
Home Office Address of Company

I, the Applicant, 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.

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

RICHARD A. J. REDMOND

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

   ○ Yes ● No

   If Yes, list judgements here:

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

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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 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 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

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

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 (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

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.

Applicant's Signature

PRESIDENT
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 08 day of February, 2022

Ashley Vargas
Notary Public

Commission Expires 03/02/2030

ASHLEY VARGAS
COMM. EXP.
NOTARY
PUBLIC
03-02-2030
SOUTH CAROLINA

Print Application

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The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

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

PapCorp, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 13th, 2021, 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 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 S.C. Code Ann. §33-44-809, 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 27th day of January, 2022.

Mark Hammond

Mark Hammond, Secretary of State

OFFICIAL 3 YEAR DRIVER RECORD

Customer No: 33175314 **Driver License No:**
Name:
Address: 511
City: **State:** SC
County:
DOB: 11/26/1990 **Sex:** M **Driver Training:** N

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier (ACN / DDN)
Current								
DL (R)	D	Duplicate	04/19/2019	11/26/2026	07/22/2013	N	N	1000600302258788681
Prior								
DL (R)	D	Renewal	04/02/2018	11/26/2026	07/22/2013	N	N	1000930102238512581
DL	D	Modify	01/10/2018	11/26/2023	07/22/2013	N	N	1011713600036156
BP	M	Returned	11/04/2013	11/04/2014	11/04/2013	N	N	1011315600018569
BP	M	Original	11/04/2013	11/04/2014	11/04/2013	N	N	1011315600018569
DL	D	Original	07/22/2013	11/26/2023	07/22/2013	N	N	1011307500038070
DL	D	Modify	01/20/2015	11/26/2023	07/22/2013	N	N	1011328000058132
DL	D	Modify	07/10/2014	11/26/2023	07/22/2013	N	N	1011329700068049
DL	D	Modify	06/09/2015	11/26/2023	07/22/2013	N	N	1011425900058645

Point Summary

Total Current Points: 0
Driver Credit: -0
Adjusted Current Points: 0

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

S. H. Rivers
Driver Services, Director

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SLED CATCH
Citizens Access to Criminal Histories

Results

NO ARREST DATA
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S.C. Law Enforcement Division
WWW

Name
DOB
Gender **Male**
Maiden Name
SSN *******2335**
Transaction **131151859U**
Date of Check **January 31, 2022 at 15:19**

To Whom it May Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of January 31, 2022 at 15:19 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,

Chief Mark Keel
South Carolina Law Enforcement Division

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AI INS SERVICES
3506 W MONTAGUE #300
CHARLESTON, SC 29418

PROGRESSIVE COMMERCIAL

Underwritten by:
Progressive Northern Insurance Co
July 28, 2021
Policy Period: Jul 28, 2021 - Jul 28, 2022

Papcorp, LLC
1204 OLD WANUS DR
MOUNT PLEASANT, SC 29464

Dear Papcorp, LLC,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive.

With the #1 Commercial Auto insurer, you can rest assured that we're here for you and your business anytime with the specialized service you deserve. We'll get your hard-working vehicles back on the road fast following an accident. Our 100% in house commercial claims adjusters personally handle your claim from beginning to end to get you back in business fast, saving you time and money when it really matters. They're ready to assist you any time; just call 1-800-274-4499. You can also make payments, check billing activity, print policy documents, update your policy or check the status of a claim at progressiveagent.com.

What we have for you:
Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Required initial payment for the policy

Based on the payment options we discussed, a minimum initial payment is required. Coverage does not begin until your minimum initial payment, signed application and signed policy documents have been received in my office. To save money, ask about a paid in full discount. Or, save time and money by using Electronic Funds Transfer to make your payments.

If you have any questions, please call me at 1-843-266-1411.

Form WELCOMELTR (02/16)

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PROGRESSIVE COMMERCIAL

Application for Insurance

Please review, sign where indicated, and return

Policy and premium information

Insurance company:	Progressive Northern Insurance Co PO Box 94739 Cleveland, OH 44101
Agent:	KRYSTI M FARRELL AI INS SERVICES 3506 W MONTAGUE #300 CHARLESTON, SC 29418 19712 1-843-266-1411
Named Insured:	Papcorp, LLC 1204 Old wanus Dr Mount Pleasant, SC 29464 Primary e-mail address: jasonpap@yahoo.com Primary Phone Number: 1-843-647-8112
Financial responsibility vendor:	Experian 1-888-397-3742

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium:	$6,559.00
Initial payment required:	$598.04
Payment plan:	11 Pay, 9.09% DP, Mthly

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Driver's License number	State	Points	Additional information
Jason Pap			SC	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$1,930
Bodily Injury and Property Damage Liability	$300,000 combined single limit		
Uninsured Motorist			280
Bodily Injury	$100,000 combined single limit		
Property Damage	(included in combined single limit)	$200	
Underinsured Motorist			301
Bodily Injury	$100,000 combined single limit		

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Property Damage	(included in combined single limit)	$0	
Medical Payments	Rejected		--
Comprehensive See Auto Coverage Schedule	Limit of liability less deductible		912
Collision See Auto Coverage Schedule	Limit of liability less deductible		3,065
Rental Reimbursement See Auto Coverage Schedule			63
Roadside Assistance See Auto Coverage Schedule			6
Subtotal policy premium			**$6,557**
UM Fund Fee			2
Total 12 month policy premium and fees			**$6,559**

Auto coverage schedule

1. **2021 MERCEDES-BENZ S** Stated Amount: * $75,000 (including Permanently Attached Equip)
VIN: **W1K6G7GB4MA023132** Garaging Zip Code: 29464 Radius: 100 miles
Personal use: N Body type: Car - Passenger

Liability Premium	Liability Premium	UM Premium	UIM Premium		
	$1930	$280	$301		
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	$1,000/$0	$912	$1,000	$3065	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	$50 per day Max $1,500	$63	Selected	$6	**$6,557**

Vehicle questions

Is this vehicle used for business, personal or both? Business

*A vehide's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Financial responsibility information

Name	Age	Date of birth
Home address		
	32	

Is Jason Pap involved in the daily operation of the business? Yes

Business information

Business	Other Business
Airport Taxi	
Business Structure	Employer ID Number (EIN)
Corporation	[redacted]

Do you have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

Do you currently have other coverages for your business? NONE