224565

**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:** 2010 - 229 - 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:** Charles Y. AGISHI **Telephone:** 803 665 5710

**Address:** 900 Mohegan Dr W/COLUMBIA **Fax:**

**Other:**

**Email:** Charles.Agishi@Yahoo.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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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
- [ ] 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
JUN 22 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

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**

Date: 06/10/10

**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.)

Charles Y. Agishi d/b/A
Miracle Taxi

900 Mohegan Trail W | Columbia 29169
Street Address of Applicant

Same as above
Mailing Address of Applicant if different from street address

803 665 5110
Phone Fax

Charles.Agishi@Yahoo.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)
   - [x] 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.

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 _____ Year _____

**Assets:**

| | |
|---|---|
| Cash | |
| Receivables | |
| Real Estate | |
| Buildings and Equipment (Net) | Crown Vic '96, Toyota Pick up, & Four Runner |
| Motor Vehicles (Net) | 2000.00 |
| Garage Equipment (Net) | |
| Machinery and Tools (Net) | |
| Supplies on Hand | |
| Prepaids and Other Assets | |
| **Total Assets** | 2000.00 |
| | |
| **Liabilities and Equity:** | |
| Accounts Payable | |
| Notes Payable | |
| Mortgages Payable | Yes 1200.00 |
| Equipment Obligations | |
| Accrued Salaries and Wages | |
| Other Accrued Obligations | |
| Other Liabilities | |
| **Total Liabilities** | 1200.00 |
| | |
| Capital Stock | X |
| Retained Earnings | X |
| **Total Equity** | X |
| **Total Liabilities and Equity** | X |

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

$ 1.80 Drop Charge
$ 2.00 Each Additional Mile
$ 0.50 Each Additional passenger over Two
$ 2.00 Trunk Space Charge

N/A

Counties to be Served:

LEXINGTON COUNTY
RICHALAND COUNTY

N/A

Maximum Number of Passengers per Vehicle:

7 PASS

# DESCRIPTION OF EQUIPMENT

| MAKE | YEAR & MODEL | VIN# | WEIGHT EMPTY | SEATING CAPACITY |
|---|---|---|---|---|
| HONDA | 2000 | 2HKRL1850YH546008 | 4233 | 7 |
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# INSURANCE QUOTE

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

The following insurance quote is for:

Charles Y. Agishi DBA Miracle Taxi
Name of Motor Carrier

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance $ 2,456.00

**Limits Quoted: (See Below)**

Limits 25/50/25

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** |

Starnet Insurance Company
Name of Insurance Company

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.

6-14-10
Date

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

CHARLES Y. AGISHI
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 LEXINGTON )

Applicant's Signature

I, Charles Y. Agsh, OWNER
Name of Applicant's Representative, Title
of MIRACLE TAXI Charles Y. Agsh,
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.

Signature of Applicant's Representative

SWORN TO BEFORE ME
This 14th day of June, 2010

Notary Public

Commission Expires 12-22-2018

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

A. L. Phelps
Driver Services, Deputy Director

# OFFICIAL 10 YEAR DRIVER RECORD

**Customer No.:** 30654737 **Driver**
**Name** : AGISHI, CHARLES Y
**Address** : 900 MOHEGAN TRL
**City** : WEST COLUMBIA **State:** SC **Zip:** 291696932
**County** : LEXINGTON
**DOB:** 04/22/1957 **Sex:** M **Driver Training:** N

**Status - DL:** NO SUSPENSION **CDL:** NO DISQUALIFICATION

## License Information

| Type | Class | Function | Issued | Expires | First Issued | Rest. | Endor. |
|---|---|---|---|---|---|---|---|
| **Current** | | | | | | | |
| DL | D | Duplicate | 07/01/2009 | 04/22/2019 | 07/26/2004 | N | N |
| **Prior** | | | | | | | |
| DL | D | Renewal | 02/09/2009 | 04/22/2019 | 07/26/2004 | N | N |
| DL | D | Original | 07/26/2004 | 04/22/2009 | 07/26/2004 | N | N |
| DL | D | Duplicate | 11/02/2006 | 04/22/2009 | 07/26/2004 | N | N |
| DL | D | Modify | 07/29/2008 | 04/22/2009 | 07/26/2004 | N | N |

## Address Change -
**Date Changed:** 10/31/2006
**Address:** 3016 1/2 RIVER DR
**City:** COLUMBIA **State:** SC **Zip:** 292011550

## Address Change -
**Date Changed:** 07/29/2008
**Address:** 4092 PLATT SPRINGS RD
**City:** WEST COLUMBIA **State:** SC **Zip:** 291701270

## Point Summary
**Total Current Points:** 0
**Driver Credit:** - 0
**Adjusted Current Points:** 0

**VIOL:** 421-Speeding 10-mph or less **Ticket#:** 21449ED
**Violation:** 01/10/2008 **Conviction:** 06/02/2008 **Recd:** 07/01/2008 **Post:** 07/08/2008
**ACD:** S51 **Conviction Loc Ref:** **Conviction Reference:**
**Conviction State:** SC **Court Type:** Municipal Court
**Violation Points:** 2 **Current Points:** 0

**ACC:** REPORTABLE
**Accident:** 12/23/2007 **Posted:** 01/03/2008
**Accident Case Number:** 7156669 **FR-10 Audit Number:** X-552689
**Accident Jurisdiction:** SC **Accident Loc Ref:** SCHDPT **History:** N
**Contributed:** N

**VIOL:** 421-Speeding 10-mph or less **Ticket#:** 81039DU
**Violation:** 04/01/2007 **Conviction:** 09/17/2007 **Recd:** 10/02/2007 **Post:** 10/08/2007
**ACD:** S51 **Conviction Loc Ref:** **Conviction Reference:**

# OFFICIAL 10 YEAR DRIVER RECORD

**Customer No.:** 30654737 **Driver Licen**
**Name:** AGISHI, CHARLES Y

**Conviction State:** SC

**Court Type:** Municipal Court
**Violation Points:** 2 **Current Points:** 0

**VIOL:** 424-Driving too fast for conditions - 10MPH or less **Ticket#:** 22673CY
**Violation:** 02/02/2005 **Conviction:** 02/02/2005 **Recd:** 02/17/2005 **Post:** 03/09/2005
**ACD:** S94 **Conviction Loc Ref:** **Conviction Reference:**
**Conviction State:** SC **Court Type:** Municipal Court
**Violation Points:** 2 **Current Points:** 0

**ACC:** REPORTABLE
**Accident:** 12/13/2004 **Posted:** 12/31/2004
**Accident Case Number:** 4147038 **FR-10 Audit Number:** R-643708
**Accident Jurisdiction:** SC **Accident Loc Ref:** SCHDPT **History:** N
**Contributed:** N

**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.

Driver Services, Deputy Director