223183

STATE OF SOUTH CAROLINA

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

Small Tyme Transportation Company, LRC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

RECEIVED
MAR 29 2010
ORS
T.T.W.W.

DOCKET NUMBER: 2010 - 130 - 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 dealt with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)
Submitted by: Robert Leon Small **Telephone:** (843) 618-6680 (C)

Address: 1306 Chandler Circle **Fax:**
Florence, S.C. 29505 **Other:** (843) 629-9084 (H)

Email: Leebirdtrucking@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- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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 please expedite
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

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

RECEIVED
APR 01 2010
PSC SC
CLERK'S OFFICE

JBS

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

RECEIVED Date: 29 MAR 2010

CLASS C - CHARTER

MAR-29 2010

ORS
TTWW

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.)

SMALLTYME TRANSPORTATION COMPANY, LLC

1306 Chandler Circle Florence, S.C. 29505
Street Address of Applicant

P.O. Box 13784 Florence, S.C. 29504
Mailing Address of Applicant if different from street address

(843) 618-6680
Phone

Fax

SMALLTYMETRANSPO@gmail.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.

Robert Smalls - 1306 Chandler Circle

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 MAR Year 2010

Assets:	
Cash	$1500.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	$1,500.00
Garage Equipment (Net)	$ 500.00
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepaids and Other Assets	0
Total Assets	$2,500.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	$1,600.00
Equipment Obligations	
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	$1,600.00
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	$1,600.00

Maximum Proposed Rates and Charges for Service are as follows:

$1.50 per mile

Counties to be Served:

Florence, Darlington, Marion, Horry, Georgetown, Williamsburg, Clarendon, Sumter, Lee, Marlboro, Chesterfield, Kershaw, Berkeley, Orangeburg, Dillon, Bamberg, Calhoun, Colleton, Barnwell, Aiken, Lexington, Richland, Saluda, Edgefield, Hampton, Jasper, Newberry, Fairfield and Beaufort Counties, McCormick

Maximum Number of Passengers per Vehicle:

7

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

$ 100.00 per hour

Counties to be Served:

~~Florence, Darlington, Chesterfield, Dillon, Marlboro, Williamsburg, Marion, Horry, Georgetown~~

See update

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
DODGE	2001 CARAVan SE	1B4GP25371B214415	3815	7

INSURANCE QUOTE

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

The following insurance quote is for:

Small Tyme Transportation Company, LLC
Name of Motor Carrier

1306 Chandler Circle Florence, SC 29505
Address of Motor Carrier

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

Liability Insurance $ 2900.00 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**

National Casualty Insurance Company
Name of Insurance Company

1245 Celebration Blvd
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.

3-29-10
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

Robert Leon Small
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 Charter 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 Charter 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 FLORENCE)

Robert Leon Small
Applicant's Signature

I, Robert Leon Small, OWNER
Name of Applicant's Representative, Title

of SmallTyme Transportation Company, LLC,
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.

Robert Leon Small
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 29 day of March, 2010

Notary Public
Commission Expires 8/11/2010

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:

SMALL TYME TRANSPORTATION COMPANY, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 1st, 2010, 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 Secretary of 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 section 33-44-809 of the South Carolina Code, 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 5th day of March, 2010.

Mark Hammond

Mark Hammond, Secretary of State

VERIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

0 1 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION

Limited Liability Company – Domestic
Filing Fee - $110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (**Company ending must be included in name***)

   SMALL TYME TRANSPORTATION COMPANY, LLC

   ***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

   1306 Chandler Cir.
   Street Address

   Florence — 29505
   City — Zip Code

3. The initial agent for service of process is

   Corporation Service Company — By: Michele L Abbott
   Name — Signature of Agent Michele L. Abbott, Asst. VP

   and the street address in South Carolina for this initial agent for service of process is

   1703 Laurel Street
   Street Address

   Columbia, SC 29201
   City — Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

   (a) Michele L. Abbott
   Name

   2711 Centerville Road, Suite 400
   Street Address

   Wilmington — DE — 19808
   City — State — Zip Code

   (b)
   Name

   Street Address

   City

100306-0036
SMALL TYME TRANSPORTATION COMPANY, LLC
FILED: 03/05/2010
Filing Fee: $110.00 ORIG

Mark Hammond
South Carolina Secretary of State

Name of Limited Liability Company SMALL TYME TRANSPORTATION COMPANY, LLC

5. [ ] Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. [ ] Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

_____
Street Address

_____
City State Zip Code

(b) _____
Name

_____
Street Address

_____
City State Zip Code

7. [ ] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

_____

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Michele L Abbott — 02-26-2010
Signature of Organizer — Date

_____ — _____
Signature of Organizer — Date

Form Revised by South Carolina
Secretary of State, December 2009