

267881

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: 2016 - 402 - 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.

Submitted by: Rodney Ward Telephone: 843 810 1365
Address: 3310-Perchview Pl, Johns Island SC 29455 Fax:
Other:
Email: j7780@aol.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
[X] 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Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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:

COPY
Filed: tod
Dept:
Date: 12/7/16
Time: 10:41

RECEIVED
DEC 08 2016
PSC SC MAIL / DMS

RECEIVED
DEC 08 2016
PSC SC OFFICE
CLERK'S OFFICE

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

ji

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

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

Date: 12/5/16

**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.

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

A KIawah - SEABROOK Transportation, LLC / dba COASTAL CONNECTION  
3310 PORCHVIEW PL JOHN'S ISLAND SC 29455  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843 810 1365  
Phone

Fax

7780 @ aol.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.

PATRICK WARD Rodney WARD  
3310 PORCHVIEW PL  
JOHNS ISLAND, SC 29455

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:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	2	Mortgage/Loan on Real Estate	-
Value of Motor Vehicles	45,000	Loans Owed on Motor Vehicles	40,000
Cash on Hand	15,000	Business/Other Loans Owed	-
Cash in Bank	5,000	Other Liabilities or Debts	-
Value of Other Assets and Equipment	1,200	<b>Total Liabilities</b>	40,000
<b>Total Assets</b>	66,200		

**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.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

375/mi      40/hr

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.

- |  |  |                                     |                                     |   |
|--|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee            | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input checked="" type="checkbox"/> Aiken      | <input type="checkbox"/> Chester             | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield        | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon           | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg               | <input checked="" type="checkbox"/> Colleton | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington          | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input checked="" type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon              | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input checked="" type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester          | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield           | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield           | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



## INSURANCE QUOTE

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

A Kiawah-Seabrook Transportation, LLC / *dba COASTAL CONNECTION*  
Name of Applicant

3310 Porchview place, Johns Island 29455

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 2,144.00

Limits \$1,000,000 CSL

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

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

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

8-15 Passengers\* \$ 25,000/100,000/25,000

Lancer Insurance Co.

Name of Insurance Company

370 West Park Avenue | P.O. Box 9004 | Long Beach, NY 11561

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.

11/14/2016

Date

*Derek Gilbert*

Authorized Insurance Company Representative's Signature

**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 Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

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](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

A KIAWAH - SEABROOK TRANSPORTATION LLC / DBA COASTAL CONNECTION  
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 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

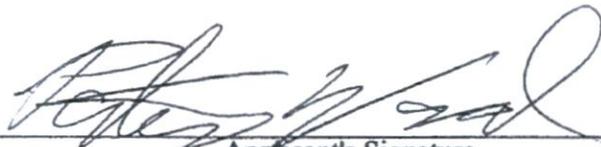
5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

Yes                       No

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 (Volume 26, 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 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

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

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

e-service  
OK - 12/6/16

STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )

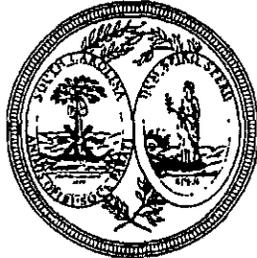
SWORN TO BEFORE ME  
This 2 day of November, 20 16

Margaret M. Kreber  
Notary Public

Commission Expires 12/17/2023



# *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:**

KIAWAH-SEABROOK TRANSPORTATION, LLC A, a limited liability company duly organized under the laws of the State of South Carolina on November 14th, 2016, 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 23rd day of November, 2016.

  
Mark Hammond, Secretary of State

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\*)

A Kiawah-Seabrook Transportation, 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." "LC", or "Ltd. Co."**

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

3310 Porch View Place

Street Address

Johns Island, 29455

City

Zip Code

3. The initial agent for service of process is

Rodney Ward

Name



Signature of Agent

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

3310 Porch View Place

Street Address

Johns Island, 29455

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) LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor

Street Address

Glendale

City

California

State

91203

Zip Code

- (b)

Name

Street Address

State

Zip Code

161117-0085 FILED: 11/14/2016  
KIAWAH-SEABROOK TRANSPORTATION, LLC A  
Filing Fee: \$110.00 ORIG

Form Revised by South Carolina  
Secretary of State, July 2012



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company A Kiawah-Seabrook Transportation, 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.

\_\_\_\_\_  
Signature of Organizer By: Cheyenne Moseley, Assistant Secretary of LegalZoom.com, Inc. (Organizer)

\_\_\_\_\_  
Date 11/11/16

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Date