

226454

STATE OF SOUTH CAROLINA

(Caption of Case)

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

LATOYA DEVEAU
dba KD Taxi

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 350 - 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: LATOYA DEVEAU

Telephone: (843) 224-8320

Address: 2675 Oregon Ave
N. CHS, SC 29405

Fax: _____

Other: _____

Email: _____

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)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input checked="" type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

~~OCT 07 2010~~PSC SC
CLERK'S OFFICE

RECEIVED

OCT 18 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

RECEIVED

Date: 10/4/2010

CLASS C - TAXI

OCT 18 2010

PSC SC
CLERK'S OFFICE

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.)

Latoya Deveney dba KD TAXI

2675 Oregon Ave N. Chas, SC 29405

Street Address of Applicant

Same

Mailing Address of Applicant if different from street address

843 224-8320

Phone

Fax

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.

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 Sept Year 2010

Assets:

Cash	1,000 ~
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	8,000 ~
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	9,000 ~
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	0
Capital Stock	
Retained Earnings	
Total Equity	9,000 ~
Total Liabilities and Equity	9,000 ~

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

metered
1.50 / mile

Counties to be Served:

Dorchester, Berkeley and
Charleston

Maximum Number of Passengers per Vehicle: (3) 7 passenger VANS
(1) 5 passenger sedan

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

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

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____ Limits _____

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

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000

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.

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.



Public Automobile Insurance Application
 ___ Preserver Insurance Company
 ___ Tower Insurance Company of New York

IT IS SPECIFICALLY REPRESENTED THAT THE STATEMENTS IN THE APPLICATION ARE TRUE AND CORRECT. IT IS FURTHER UNDERSTOOD THAT THE REPRESENTATIONS IN THIS APPLICATION HAVE BEEN MADE TO THE INSURANCE COMPANY FOR THE PURPOSE OF INDUCING THE INSURANCE COMPANY TO ISSUE THE INSURANCE POLICY, AND THE INSURANCE COMPANY IS RELYING UPON THE TRUTHFULNESS OF THE STATEMENTS IN MAKING THE DECISION TO ACCEPT THIS RISK.

GENERAL APPLICANT INFORMATION

NAME OF APPLICANT (AND "DBA") Latoya Deveaux		CELL PHONE: 843-475-5003	YEARS IN BUSINESS: new
BUSINESS PHONE AND FAX NUMBER: PHONE: 843-475-5003 FAX:	E-MAIL ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER	
FEIN NUMBER IF CORP, LLC OR JOINT VENTURE:	SS NO. IF INDIVIDUAL OF DBA:	IS AN ICC/PUC FILING REQUIRED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF YES,	
IS THIS A NEW VENTURE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HAVE YOU EVER DRIVEN FOR OR BEEN ASSOCIATED WITH ANY CAB (LIVERY) COMPANY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE NAME, ADDRESS AND DATES: Drivers worked for former company		DOCKET NUMBER: _____ FORM E	
MAILING ADDRESS 2675 Orgon Avenue		CITY North Charleston	STATE SC
		ZIP 29405	
CONTACT PERSON NAME AND PHONE NUMBER: Latoya Deveaux 843-475-5003			

DISPATCH/GARAGING ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
POLICY TERM	FROM 9/19/2010	TO 9/19/2011	NEW <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/>	RENEWAL / PRIOR POLICY POLICY NO.
BRIEF DESCRIPTION OF BUSINESS OPERATIONS taxi service		HOW MANY YEARS HAS THIS ORGANIZATION BEEN UNDER THE PRESENT NAME?		
IS THIS YOUR PRIMARY BUSINESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:		HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, WHEN _____ PLEASE EXPLAIN:		
IS APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LIST NAME OF ALL SUBSIDIARIES:		ANY POLICY OR COVERAGE CANCELLED OR NON RENEWED DURING THE PRIOR 3 YEARS? (Missouri Applicants - Do Not Answer this Question)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

DURING THE LAST FIVE YEARS (10 IN RI) HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? In RI, this information must be answered by any applicant of property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment. ☐ YES ☒ NO

EXPLAIN ANY YES ANSWERS ABOVE:

AUTOMOBILE COVERAGES

LIABILITY - DEDUCTIBLE _____ SIR _____				MEDICAL PAYMENTS	PERSONAL INJURY PROTECTION	UNINSURED MOTORIST	UNDER-INSURED MOTORIST
COMBINED SINGLE LIMIT BI & PD	SPLIT LIMITS						
	BODILY INJURY		PROPERTY DAMAGE				
	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT				
	25,000	50,000	25,000			25/50/25	25/50/25

PHYSICAL DAMAGE - COMPREHENSIVE AND COLLISION (VA ONLY)

500 DED 1,000 DED 2,500 DED 5,000 DED 10,000 DED

SCHEDULE OF EQUIPMENT - ATTACH A SEPARATE SHEET IF NECESSARY

Unit No.	Year	Make	Model	VIN/SERIAL NO	STATED VALUE (VA ONLY)	*VEH. TYPE	SEATING CAPACITY
	1998	Chevrolet	Venture	1GNDX03E7WD205280		t	7
	1998	Chevrolet	Venture	1GNDX03E8WD273992		t	7
	1993	Ford	Crown Victoria	2FALP74WXPX196966		t	5
	2002	Chevrolet	Venture	1GNDX03E12D287842		t	7

*VEHICLE TYPE: TAXI (T) LIMO (L) VAN (V)

REQUEST TO BIND FORM

*Please indicate N/A in all areas that may not be applicable. DO NOT leave ANYTHING blank.
Coverage information must match quote offer.
All signed forms and underwriting information must be attached to this request.*

Quote #: APP34417209Named Insured/DBA: LATOYA DEVEAUXAddress: 2675 ORGON AVENUE N Charleston SC 29405Insured Phone #: 843-475-5003 Agency: Venture Specialty Insurance, LLC 4550095

Named Insured FEIN or Social Security Number: _____

Insurance Carrier Name: Tower Insurance Company of New York Renewal of _____Underwriter: Joan E PhillipsRequested Policy Period 9 / 19 / 2010 to 9 / 19 / 2011 Time: 12:01 ^xAM / PM (circle one)
xConfirmed Coverage Information Limits, Liability: 25/50/25PIP / FPB (circle one) n/a UM: 25/50/25 UIM: 25/50/25Terrorism Coverage: n/a Other Coverage: n/aSIR / DED (circle one) Deposit Amount: n/aTerritory: n/a Name of Finance Company: _____# of Drivers: 3 Commission Rate: 10 %Premium Per Unit: 4 x Units 2846.00 = Total 11384.00Payment Plan Options: x Agency Bill Direct BillPaid in Full: _____ Premium Financed: 20% down and 10 Pay: x Other: % down and payExpiring Limits: n/a Expiring Per Unit Price: n/aExpiring Carrier: n/aEstimated Full Term Premium: \$ 11384.00Are Filings required? Yes ^x / No _x (circle one) If yes, describe FORM E

Remember: ALL VEHICLE changes must be reported to the company to be effective. No automatic coverage is afforded under this binder request for new and/or replacement vehicles. ALL DRIVERS must be reported and approved by the company prior to operation of any insured vehicle. All claims must be reported to the company immediately. INSTRUCT YOUR INSURED AS TO THE CLAIMS PROCEDURE. Also, make sure all required underwriting information, including signed application, all required signed forms and any binder contingencies listed on the quote are attached to this request. Fax this request to (954) 772-7145. **Net check of gross premium due within ten (10) days.**

Signature of Requestor: Latoya Deveau

SIGN HERE

Producer's Name: _____

License #: _____

Exhibit FWA

LATOYA DEVENNY dba KD TAXI
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

CharlestonLatonya Deveau
Applicant's Signature

I,

Latonya Deveau aka KD Taxi
Name of Applicant's Representativeowner
Title

of

KD Taxi
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.

Latonya Deveau
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 14 day of October, 2010

D Banks

Notary Public

Commission Expires

2.28.17

RECEIVED

OCT 18 2010

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CLERK'S OFFICE