

ORS ✓

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 for Exclusive Limousine Services, LLC

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2013 - 385 - 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: Brian S Bevins

Telephone: 843-303-1278

Address: 4562 Savannah Hwy Ravenel, SC 29470

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)

OFFICE OF REGULATORY STAFF RECEIVED OCT 17 2013

- 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Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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:

935

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

[Handwritten signature]

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)

2013-385-7
247288

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

POSTED
10-18-13de

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

RECEIVED

Date: Sept 16, 2013

CLASS C - CHARTER

OCT 17 2013

TRANS DEPT

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.)

Exclusive Limousine Services, LLC

4562 Savannah Hwy Ravenel, SC 29470

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-303-1278

Phone

Fax

exclusivelimousinssc@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.

Brian S Bevins- 4562 Savannah Hwy Ravenel, SC 29470

Sheena Bevins- 4562 Savannah Hwy Ravenel, SC 29470

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 September Year 2013

Assets:

Cash	5000
Receivables	
Real Estate	
Buildings and Equipment (Net)	2500
Motor Vehicles (Net)	100,000
Garage Equipment (Net)	10,000
Machinery and Tools (Net)	
Supplies on Hand	1500
Prepays and Other Assets	
Total Assets*	119,000
<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	
Total Liabilities and Equity*	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

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

125/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 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 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 type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input 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 type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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.)

- 1-7 Passengers, including driver
- 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
FORD	2003 EXCURSION	1FMNU40S73EB83578	20,000

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:

Exclusive Limousine Services LLC
Name of Applicant

4562 Savannah Highway Ravenel, SC 29470
Address of Applicant

Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ <u>6,421.00</u>	Limits <u>1,000,000</u>

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	

Columbia Insurance Company
Name of Insurance Company

P.O. Box 105609 Atlanta, GA 30348-5609
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.

10/1/2013 Date
Karen Worrell 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.

Exhibit Fit, Willing, and Able (FWA)

Exclusive Limousine Services, LLC

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.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 16 day of October, 2013


Notary Public

Commission Expires March 31, 2015

The State of South Carolina



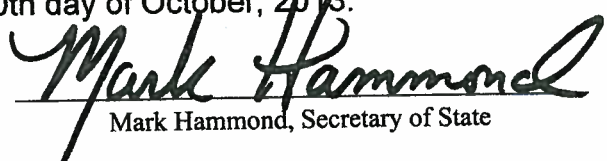
Office of Secretary of State Mark Hammond

Certificate of Existence

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

EXCLUSIVE LIMOUSINE SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 8th, 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
10th day of October, 2013.


Mark Hammond, Secretary of State

9/9/13

SLED CATCH Results

SLED CATCH
Citizens Access to Criminal Histories
Results

Name **Brian Bevins**
Date of Birth **1979 07 04**
Maiden Name
Ge

Transaction **005331093**
Date of Check **September 9, 2013 at 14:42**

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 September 9, 2013 at 14:42 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

Credit Card Transaction Number

National Sex Offender Search Results

0 records from a national search including all states, territories and Indian Country for First Name like *Brian*, Last Name like *Bevins*

Search performed 9/9/2013 2:38 PM EDT



OFFICIAL 3 YEAR DRIVER RECORD

Customer No: 22278513 Driver License
 Name: BEVINS, BRIAN SCOTT
 Address: 4562 SAVANNAH HWY
 City: RAVENEL State: SC Zip: 294705547
 County: CHARLESTON Sex: M Driver Training: N
 DOB: 7/4/1979
 Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
CBP	A	Renewal	11/26/2008	05/26/2009	07/26/2000	N	N
DL	D	Modify	06/06/2013	07/04/2018	09/14/1994	N	N
Prior							
DL	D	Renewal	07/03/2008	07/04/2018	09/14/1994	N	N
DL	D	Modify	02/24/2009	07/04/2018	09/14/1994	N	N
CBP	A	Re-exam	06/12/2008	12/12/2008	07/26/2000	N	N
DL	D	Renewal	03/21/2003	07/04/2008	09/14/1994	N	N
DL	D	Duplicate	12/03/2005	07/04/2008	09/14/1994	N	N
DL	D	Modify	01/12/2007	07/04/2008	09/14/1994	N	N
CBP	A	Convrsn	07/26/2000	01/26/2001	07/26/2000	N	N
DL	D	Renewal	08/25/1999	07/04/2004	09/14/1994	N	N

Address Change -

Address: 1805 SIR SCOTT PL
 City: CHARLESTON State: SC Zip: 294145621

Date Changed: 03/18/2011

Address Change -

Address: 110 LOCHAVEN DR APT 103
 City: CHARLESTON State: SC Zip: 294146044

Date Changed: 01/24/2013

Address Change -

Address: 3304 HEARTHSIDE DR
 City: CHARLESTON State: SC Zip: 294147521

Date Changed: 06/06/2013

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.

Driver Services, Deputy Director