

ALABAMA PUBLIC SERVICE COMMISSION
APPLICATION FOR CERTIFICATE FOR NONPROFITS

110628

This application must be legibly and completely filled in, properly signed and notarized, and the original and one copy filed with the Commission.

I. This is the application of:

Tawanna D. Jackson (wings on wheels) LLC
(Name)

a (an) individual
(individual, partnership, corporation)

whose address is 42 Lee Rd 990 / 1604 Broad St. Unit E
(mailing address)
Phenix City AL 36870
(City) (State) (Zip Code)

Telephone No. (cell) (678) 907-9584 (office) (334) 448-9084
or (334) 448-9304

II. For a (check one):

- ☐ Certificate for Nonprofits A, to operate without restriction as to vehicle size or capacity, or
☒ Certificate for Nonprofits B, to operate only vehicles with a capacity of 14 passengers or less.

III. Applicant states and represents subject to the penalties of law for false swearing, that this application is filed only for the purpose of operating as a carrier for nonprofits, as defined in the rules of the Commission, and that the operations will be in compliance with the rules of the Commission for such operations. Applicant understands that the filing of this Application does not, in itself, constitute authority to conduct operations.

IV. Applicant has filed, or will cause to be filed, a Uniform Motor Carrier Form E, Certificate of Liability insurance, duly completed by applicant's insurance agent or carrier.

V. Attached hereto is money order in the amount of \$10.00 in payment of application fee.
(check, cash, money order, etc.)

COUNTY OF Russell

O A T H

STATE OF Alabama

Tawanna D Jackson being duly sworn, states that he files this application as operator
(Name of Affiant) (Operator or, other title)

that in such capacity, he is qualified and authorized to file and verify such application; that he has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information and belief.

Tawanna D. Jackson
(Signature of Affiant)

Subscribed and sworn to before me, a notary in and for said State and County above named, this 3 day of, November, 2010.

My Commission Expires _____ MY COMMISSION EXPIRES OCT. 14, 2013

Robbie G. Gresham
(Notary Public)

334-242-2534

Motor Carrier Information Exchange

National Online Registries

Create Filing

Search Filings

Search Motor
Carrier

Reports

My Profile

Log Out

You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and your account will be billed \$ 3.50. If you filed a paper filing, please print out the form now and either mail/fax to the state. Paper filings are not submitted to states via the system.

Insurance Information

Insurance Company	State Farm Fire and Casualty Company		
Authorized Signature			Insurance Agent ID
Form Type	Form E	Reinsure	<input type="checkbox"/>

Certificate of Insurance

Policy Number	1843464821-01	USDOT	
Underlying Limit	25.00 Amount entered will be multiplied by 1000	Liability Limit	25.00 Amount entered will be multiplied by 1000
Effective Date	Feb 21 2011	FHWA	

Motor Carrier Information

Electronic Filing States

Insurer #		State MC ID	
Legal Name	Twanna D. Jackson d/b/a Wings on Wheels		
DBA			
Address	42 Lee Road 990		
City	Phenix City	State *	ALABAMA
Zip	36870-7666	Country	
Notes			

Motor Carrier Information Exchange

STATE OF ALABAMA

COUNTY OF RUSSELL

LEASE AGREEMENT

This Lease Agreement is made and entered into this the 11th day of October, 2010, at Phenix City, Alabama, by and between **H. Russell Ninas, II**, hereafter called "Lessor" and _____, hereafter called "Lessee".

ARTICLE I

DEMISE, DESCRIPTION, USE, TERM, AND RENT

Lessor, hereby leases to Lessee and Lessee hereby leases from Lessor, that certain suite, hereinafter called the "Leased Premises," situated in Phenix City, Russell County, Alabama, and being more particularly described as follows:

Suite(s) E, 1604 Broad Street, Phenix City, Alabama, consisting of approximately 192 square feet of office space; to be used as an office for the operation of a Transportation Admin Office and in accordance with the uses normally incident thereto, on a minimum lease of twelve(12) months, commencing on the 11th day of OCTOBER, 2010, and ending on SEPTEMBER 30, 2011, for the initial minimum annual rent of \$ 4467⁰⁰ (Four Thousand Four Hundred Sixty Seven & 00/100), payable in an initial payment of 243⁰⁰ and in twelve monthly installments of \$ 384⁰⁰ each.

Even

(F) No waiver by the parties hereto or any default or breach of any term, condition, or covenant, of this lease shall be deemed to be a waiver of any other breach of the same, or any other term, condition, or covenant contained herein.

(G) In the event Lessor or Lessee breaches any of the terms of this agreement, whereby the party not in default employs attorneys to protect or enforce its rights hereunder and prevails, then the defaulting party agrees to pay the other party reasonable attorneys fees so incurred by such other party.

Time is of the essence of this agreement.

IN WITNESS WHEREOF, the undersigned Lessor and Lessee hereto executed this agreement as of the day, month and year first above written.

Witness to the Lessor

Witness to the Lessee



Lessor

H Russell Ninas, II



Lessee



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

www.medicaid.state.al.us
e-mail: almedicaid@medicaid.state.al.us
Telecommunication for the Deaf: 1-800-253-0799
1-800-362-1504 (334) 293-5500



CAROL A. HERRMANN, MPH
Commissioner

May 6, 2010

Ms. Tawanna Jackson
P. O. Box 195
Smith Station, Al. 36877

Dear Ms. Jackson:

If you would like to add your company name to our list for referrals to Medicaid recipients who need a source for transportation to and from Medical appointments, please sign the enclosed forms and return them with requested information, at your earliest convenience.

Sincerely,

Mrs. Cooper
Net Coordinator, Auburn District
Non-Emergency Transportation Program

Enclosures

ALABAMA MEDICAID AGENCY
NON-EMERGENCY TRANSPORTATION (NET)

INFORMATION FOR
RESOURCE DIRECTORY OF TRANSPORTERS

LIST IN DIRECTORY YES ☒ NO ☐

NAME Wings on Wheels (WOW)

ADDRESS 1604 Suite E Broad St. Phenix city AL 36867

TELEPHONE NUMBERS (334) 448-9084 or (334) 448-9483
Cell # (678) 907-9584

CONTACT PERSON Tawanna Jackson PHONE (678) 907-9584

AREAS SERVED: (List Additional Areas on back of this page)

- Lee County
- Russell County
- all surrounding areas (with prior approval)
- medium of what state allows.

RATE/FARE: ONE WAY ☒ ROUND TRIP ☒

ADVANCE NOTICE 4 hrs. NUMBER OF VEHICLES 2

SCHEDULE (circle) (M) (T) (W) (T) (F) (S)

BEGINNING TIME 5:00am ENDING TIME 7:00pm

RESTRICTION/SPECIAL NEEDS must specify
WHEELCHAIR: YES ☐ NO ☒ no wheelchair vehicles only cars
(not at this time)

no wheel
chair
accessibility.

↑ If client willing to ride in truck. 1 van.

ALABAMA MEDICAID AGENCY

NON-EMERGENCY TRANSPORTATION PROGRAM (NET)

Return this form with a Photocopy of your current driver's license (and those of operators/drivers working with you), business license, proof of insurance (including name of company and policy number), and proof of license to operate transport services in the city and/or State of Alabama. *(If your company transport recipients between city police jurisdictions that are not contiguous i.e. do not physically touch, into the county, across county lines or statewide you must have authority from the Public Service Commission.)*

I hereby authorize the Alabama Medicaid Agency to list my name in the Medicaid Non-Emergency Transportation Program's "Resource Directory of Transporters" for Medicaid recipients who request a source of transportation to medical appointments. I have provided my driver's license number (and those of operators/drivers working for me), proof of license to operate transport services in the city and/or State of Alabama, and proof of my automobile insurance to the Medicaid Agency. I hereby release the Medicaid Agency and/or Medicaid employees from any liability, which may occur when providing transportation for Medicaid recipients.

BUSINESS NAME Wings on Wheels (WOW)
SIGNATURE Tawanna D. Jackson
TITLE Owner (678) 907-9584 (cell) (334) 448-9084 office
PRINT NAME Tawanna Jackson
DATE 10/15/2010

AssuranceAmerica Insurance Company - ATLANTA, GA

Policy Number
PAL0830769COVERAGE PROVIDED IN THE
PERSONAL CAR POLICY DECLARATIONS
(New Business)EFFECTIVE: 09 09 2010
EXPIRATION: 03 09 2011 12:01AM

POLICY PERIOD

NAMED INSURED(S)								PRODUCER					
TAWANNA JACKSON 42 LEE RD 990 PHENIX CITY, AL 36870								ALABAMA-GEORGIA INS. AL118- (334) 298-6366					
Veh #	State	Class	Zip Code	Total Pn	Veh S/C	Usage	MSRP	Model YR	Make Model	Veh Type	Vehicle Identification Number	Symbol	
1	AL	36MF	36870	0	0	P	0	1999	JAGU XJ8	Sedan	SAJHD1046XC871611	E4E1J7J8E5	
2	AL	EX	36870	0	0	P	0	1993	ACUR Vigor	Sedan	JH4CC2641PC005841	F3E3J014G5	
LOSS PAYEE/ADDITIONAL INTEREST													
Veh #	Type	Lienholder										Loan Number	
1	LOSS PAY	PHENIX PRIDE FEDERAL 400 13TH ST PHENIX CITY, AL 36867											
DRIVERS													
Drv #	Name	DOB	Age	Marital Status	Sex	Driver's Lic #	Lic State	Points	Surcharge	Status			
1	TAWANNA JACKSON			M	F		GA	0	0	Rated			
2	DERONE JACKSON			M	M		AL	3	0	Excluded			
3	KELLONTREIA JACKSON			S	F		AL	0	0	Excluded			
CURRENT COVERAGES													
Coverages	Limits Of Liability		Veh 1	Veh 2									
Bodily Injury Liability	\$25,000 per person/ \$50,000 per accident		\$ 49	\$ 54									
Property Damage Liability	\$25,000 per accident		\$ 74	\$ 76									
Medical Payments	\$1,000 per person		\$ 23	\$ 21									
Uninsured Motorists - BI	\$25,000 per person / \$50,000 per accident		\$ 44	\$ 40									
Comprehensive	V1 - \$ 500 Ded		\$ 129										
Collision	V1 - \$ 500 Ded		\$ 223										
Loss of Use	\$ 20/Day Max \$600/Occurrence		\$ 25										
TS-CC Buyback			\$ 15										
Vehicle Totals			\$ 582	\$ 191									
FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY: AL POL02 (01/2009), E-1 (04/05), E-3 (04/05), E-6 (04/05) POLICY INFORMATION - DRI 1: F02 DISCOUNTS - VEH 1: Transfer, Multi-Car, Full Coverage, Tier 9; VEH 2: Transfer, Multi-Car, Full Coverage, Tier 9 SURCHARGES										Total Premiums \$773.00 Policy Fee \$20.00 Total Fees \$20.00 Total Policy Premiums \$793.00			

COUNTERSIGNED: _____

AL02 (4/05)

ANGIE LINDSAY
Agent1003 13th STREET
PHENIX CITY, AL 36867PHONE: (334) 298-6366
FAX: (334) 298-4155

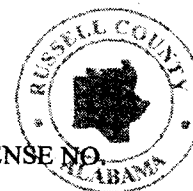
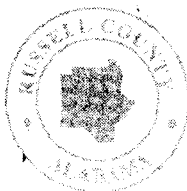
SEP 10 2010

RUSSELL COUNTY

ALABAMA



Judge of Probate
O. Box 700
Phenix City, AL 36868



LICENSE NO.

1074

LICENSE YEAR
FY 2010-2011

ISSUED TO:

TAWANNA JACKSON
1604 BROAD STREET SUITE E
PHENIX CITY AL 36867

DATE ISSUED		
11	03	2010
MO.	DAY	YR

STICKERS #ED
1046 - 1047

BUSINESS LOCATION :

DBA WINGS ON WHEELS
42 LEE ROAD 990
PHENIX CITY, AL 36870

STATE PERMIT:
HEALTH PERMIT:

EXPIRES:
SEPTEMBER 30, 2011

RENEW IN OCTOBER

SECTION	BUSINESS TYPE	Gross Receipts or Units	LICENSE AMOUNT	FEE	PENALTY	CIT.	INTEREST	TOTAL
485113 - Bus and Other Motor Vehicle Transit Systems - B		0	75.00	7.50				82.50

TRANSFER OF LICENSE

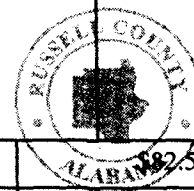
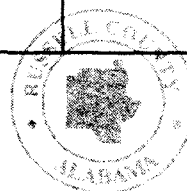
Evidence having been adduced before me that a bona fide sale of the business licensed by this certificate has been made by licensee, this license is transferred to said purchaser.

TOTAL	82.50
MAIL FEE	
TOTAL WITH MAIL FEE	\$82.50

Name of Purchaser

Issuing Authority

Issuing Authority



Alford M. Harden, Jr. ~ Judge Of Probate

1000 Broad Street; P. O. Box 700

Phenix City, AL 36868-0700

(334) 298-7979

APPLICATION FOR OBTAINING / RENEWING A RUSSELL COUNTY BUSINESS LICENSE

PLEASE PRINT LEGIBLY!

1. Complete the following information:

E-MAIL: _____

FEIN or SSN : 254336786

DBA Name of Business: WINGS ON WHEELS

Mailing Address: 1604 BROAD STREET SUITE E PHENIX CITY , AL 36867

Business Address: 42 LEE ROAD 990 PHENIX CITY , AL 36870

Type of Business: _____ Telephone: (678) 907-9584

Owner Name (If sole proprietorship/ partnership): TAWANNA JACKSON

2. Find the license fee(s) that apply to your business on the enclosed schedule of license fees.

List in the spaces below the section number, description and associated fee for each type of license required for your business activity. Enter the total due in Column F. You may attach a separate sheet if more space is needed. PLEASE INCLUDE COPIES OF ALL STATE, CITY, COUNTY AND/OR HEALTH PERMITS! *For gross receipts definition, please see prior page.*

A - Gross Receipts*	B - Section Number	C . Description of License	D. License Fee	E. Issuance Fee	F. Total License Fee
\$0.00	485113 -	Bus and Other Motor Vehicle Transit Syst	\$75.00	\$7.50	\$82.50
				\$7.50	
				\$7.50	
				\$7.50	
				\$7.50	
				\$7.50	
3. Sub-Total - License Fees Due					\$82.50
4. Late Payment (0.75% Interest per month late and 11.25% Penalty If paid in November otherwise 22.5% Penalty thereafter, Only apply penalties and interest to the total of column "D" and not to the issuance fee. If you received a citation, add an additional \$75.00) Need Help? Call our office and we will be glad to assist.					
5. Compute Total Amount Due					\$82.50

6. Sworn Statement. If your business is subject to a license where the amount to be paid depends on the amount of sales or receipts, please complete the sworn statement below. I, the undersigned, hereby affirm that the amount of gross receipts is required for disclosure in order to obtain a Russell County business license under the section number(s) listed above. I understand that Russell County, or its auditors, may require proof as to the actual amount sworn to above and that Russell County may require submission of books of accounts for inspection and examination. If you have more than one section that requires gross receipts, please list separately.

Signed _____

Date _____

7. Make your check payable to Judge of Probate. Mail your check and this form to:

Alford M. Harden, Jr. Judge of Probate
PO Box 700
Phenix City AL, 36868

**RUSSELL
COUNTY**

**EXPIRES
30 SEPT. 2011**

1046

**RUSSELL
COUNTY**

**EXPIRES
30 SEPT. 2011**

1047

