

License Number _____

License Fee: \$ 240.00

License Issued _____

Invoice #: 180687

**CITY OF LA CROSSE
APPLICATION FOR PUBLIC VEHICLE FOR HIRE**

License Period: January 1, 2022 to December 31, 2022

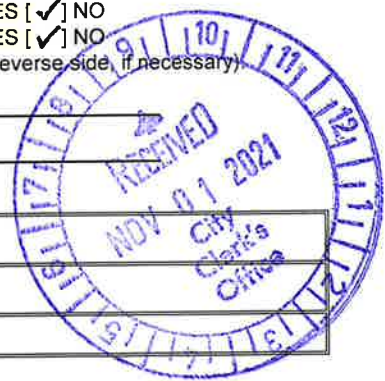
BUSINESS INFORMATION

Business Name (Real/Legal)	Coulee Region Taxi LLC
Trade Name (DBA)	Coulee Region Taxi
Address	1400 Caledonia St , La Crosse WI 54603
Zoning District <small>New addresses must be verified compliant by a building inspector.</small>	C-1 Local Business
Telephone	608-881-2050
Wisconsin Seller Permit No. <small>Required if vehicles are leased to drivers.</small>	N/A

OWNER INFORMATION

Owner(s) Name <small>(First, Full Middle, Last)</small>	La Crosse City/Cty Tavern League Safe Ride Michael Joey Brown (Managing Member)
Owner(s) Date of Birth	[REDACTED]
Home Address	1906 Caledonia St. La Crosse WI 54603
Telephone	Home _____ Cell <u>608-386-6242</u>

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)



INSURANCE INFORMATION

Insurance Carrier/Agent	Coverra Insurance Services, Inc
Address	3803 Creekside Lane, Holmen WI 54636
Telephone/Email	Telephone <u>608-526-2127</u> Email _____

ATTACH A CERTIFICATE OF INSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. The policy must be endorsed naming the City of La Crosse as Additional Insured and said endorsement page must accompany the certificate.

RATE INFORMATION

Method of Charging	Metered Rates <u>x</u> Zone Rates _____ Vehicle Rental Rate _____
Schedule of Rates <small>(or attach Schedule to be posted the vehicles)</small>	Start/Pick-up: \$2.30 Mileage: \$2.40/mile Extras: \$.75/person Wait: \$30.00/hour

VEHICLE INFORMATION

Number of Vehicles to be Licensed	<u>4</u>
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <small>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</small>	CAPACITY <small>(incl. driver)</small>	STATE & LICENSE NO
<u>24RDGB69GR244499</u>	<u>2016 Dodge Caravan</u>	<u>7</u>	<u>WI 602-4LR</u>
<u>24RC1669GR290270</u>	<u>2016 Chrysler Town & Country</u>	<u>7</u>	<u>WI 486-ZHW</u>
<u>24BD6B67HR724767</u>	<u>2017 Dodge Grand Caravan</u>	<u>7</u>	<u>WI 209-ZWG</u>
<u>24RDGB68GR163087</u>	<u>2016 Dodge Caravan</u>	<u>7</u>	<u>WI 896-XUH</u>

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*vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.

_____ **ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE** certifying that the vehicle to be used for hire is in good mechanical condition. The inspection and certificate must be completed by an A.S.E. Certified Technician.

_____ **ATTACH A CERTIFICATE OF INSURANCE.** All insured vehicles shall be identified on the certificate by Make, Model and VIN. Said policy must be endorsed naming the City of La Crosse as additional insured. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. *Note: A statement of additional insured on the certificate is not acceptable; we must receive the endorsement page.*

_____ **ATTACH A PHOTOCOPY OF THE TITLE/CONFIRMATION OF OWNERSHIP & REGISTRATION FOR EACH VEHICLE** (the title/confirmation must be in the name of business or owner); required for original vehicle application only. *Note: A salvage title may not be used as a public vehicle until the vehicle has been repaired and inspected by an authorized salvage vehicle inspector and rebranded for road use (a copy of the inspection must be provided).*

_____ **ATTACH PHOTOCOPY OF LEASE OR RENTAL AGREEMENT**, if applicable. This is required of new applicants or when there is a change in business address only.

The above hereby makes application for a Public Vehicle For Hire License within the City of La Crosse pursuant to Chapter 10, Article XIII of the Code of Ordinances of the City of La Crosse.

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Ch. 10, Article XIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT  **DATE** 10/25/2021

LICENSE [] APPROVED [] DENIED
 SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

<u>Year, Make, Model</u>	<u>VIN</u>	<u>License Plate</u>	<u>Capacity</u>
2016 Dodge Caravan	2C4RDGBG9GR244499	602-YLR	7
2016 Chrysler Town & Country	2C4RC16G9GR290270	486-ZHW	7
2017 Dodge Grand Caravan	2C4RDGBG7HR724767	209-ZWG	7
2016 Dodge Caravan	2C4RDGBG8GR163087	896-XUH	7

WISCONSIN INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

Integrity Group

POLICY NUMBER

CA 2782866

EFFECTIVE DATE

05/01/2021

EXPIRATION DATE

05/01/2022

YEAR
2016

MAKE/MODEL

DODG GRAND CARA

VEHICLE IDENTIFICATION NUMBER

2C4RDGBG9GR244499

AGENCY/COMPANY ISSUING CARD

Coverra Insurance Services, Inc.

3803 Creekside Lane

Holmen, WI 54636

(608) 526-2127

INSURED

Coulee Region Taxi, LLC
1400 Caledonia St
La Crosse, WI 54603

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

WISCONSIN INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER COMPANY
Integrity Group

COMMERCIAL PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA 2782866 05/01/2021 05/01/2022

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2016 CHRY TOWN & COU 2C4RC1BG9GR290270

AGENCY/COMPANY ISSUING CARD
**Coverra Insurance Services, Inc.
3803 Creekside Lane
Holmen, WI 54636**

(608) 526-2127

INSURED --
**Coulee Region Taxi, LLC
1400 Caledonia St
La Crosse, WI 54603**

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1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

WISCONSIN INSURANCE IDENTIFICATION CARD

(STATE)
 COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
Integrity Group

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA 2782866 05/01/2021 05/01/2022

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2017 DODG GRAND CARA 2C4RDGBG7HR724767

AGENCY/COMPANY ISSUING CARD
Coverra Insurance Services, Inc.
3803 Creekside Lane
Holmen, WI 54636

(608) 526-2127

INSURED
Coulee Region Taxi, LLC
1400 Caledonia St
La Crosse, WI 54603

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

WISCONSIN INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER COMPANY
Integrity Group

COMMERCIAL PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA 2782866 **05/01/2021** **05/01/2022**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2016 **DODG GRAND CARA** **2C4RDGBG8GR163087**

AGENCY/COMPANY ISSUING CARD
Coverra Insurance Services, Inc.
3803 Creekside Lane
Holmen, WI 54636

(608) 526-2127

INSURED BY
Coulee Region Taxi, LLC
1400 Caledonia St
La Crosse, WI 54603

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Coulee Region Taxi LLC 1400 Caledonia St. La Crosse WI 54603	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

2006 Ford Expedition vin 1FMPU16516LA75630
 Vehicles on the Secura Policy:
 2016 Mercedes Sprinter WDZPE7CDXGP241413
 2014 Toyota Sienna 5TDZK3DC5ES480662
 2012 Ford E Series Wagon 1FBSS3BL0CDB00404
 2008 Dodge 4x2 Sprint WDZPE7CDXGP241413

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED FOR
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Coulee Region Taxi LLC

Endorsement Effective Date: 05/02/2019

SCHEDULE

Name Of Person(s) Or Organization(s):

City of La Crosse, 400 La Crosse St, La Crosse, WI 54601

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests:

Unit #000 Additional Insured
CITY OF LA CROSSE
400 LA CROSSE ST
LA CROSSE WI 54601

Integrity Insurance Company
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement	CA 39
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Policy Number: CA 2782866

Additional Insured

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective 5/2/2019 at 12:01 A.M. standard time	
Named Insured Coulee Region Taxi, LLC	Countersigned by <i>Nichole Csote</i>

(Authorized Signature)

SCHEDULE

Name and Address of Person or Organization (Additional Insured):

City of La Crosse
400 La Crosse St.
La Crosse, WI 54601

WHO IS AN INSURED under COVERED AUTO LIABILITY COVERAGE is amended to include as an "insured" the person or organization named in the Schedule of this endorsement; but such inclusion of additional insured shall not operate to increase the limits of our liability.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Coulter Region Taxi LLC
 VEHICLE MAKE: Dodge MODEL: Caravan YEAR: 2016
 VIN: 2C4RDGBG9GB244499

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Side Marker Lamps/Reflectors	_____	_____	X
Tail Lamps (incl. cover)	_____	_____	X
Back Up Lamps	_____	_____	X
Brake Lamps	_____	_____	X
Steering System	_____	_____	X
Hood & Trunk Latches	_____	_____	X
Emission/Exhaust System	_____	_____	X
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	X
Windshield (incl. wipers & washers)	_____	_____	X
Windows (side, rear)	_____	_____	X
Windshield Defroster	_____	_____	X
Horn	_____	_____	X
Mirrors	_____	_____	X
Speed Indicator	_____	_____	X
Restraining Devices & Seats	_____	_____	X
Brakes (incl. parking brake)	_____	_____	X
Heater	_____	_____	X
Air Conditioning	_____	_____	X
Door Handles (interior & exterior)	_____	_____	X

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature: Chad A Oberst Printed Name: Chad A Oberst
 Business: Chad's Auto ~~55887 Oliver Rd~~ Address: 55887 Oliver Rd DeSoto WI Date: 10/27/21

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Cowlee Region Taxi LLC

VEHICLE MAKE: Chrysler

MODEL: Town & Country

YEAR: 2016

VIN: 2C4BC16G9GR290270

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Side Marker Lamps/Reflectors	_____	_____	X
Tail Lamps (incl. cover)	_____	_____	X
Back Up Lamps	_____	_____	X
Brake Lamps	_____	_____	X
Steering System	_____	_____	X
Hood & Trunk Latches	_____	_____	X
Emission/Exhaust System	_____	_____	X
Tires (incl. spare & jack) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	X
Windshield (incl. wipers & washers)	_____	_____	X
Windows (side, rear)	_____	_____	X
Windshield Defroster	_____	_____	X
Horn	_____	_____	X
Mirrors	_____	_____	X
Speed Indicator	_____	_____	X
Restraining Devices & Seats	_____	_____	X
Brakes (incl. parking brake)	_____	_____	X
Heater	_____	_____	X
Air Conditioning	_____	_____	X
Door Handles (interior & exterior)	_____	_____	X

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature:  Printed Name: Chad A Obert

Business: Chad's Auto Address: 55887 Oliver Rd Desoto WI Date: 10-27-21

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Covale Region Taxi LLC

VEHICLE MAKE: Dodge

MODEL: Grand Caravan

YEAR: 2017

VIN: 2C4RDGBG7NR724767

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____X_____
Parking Lamps	_____	_____	_____X_____
Directional Lamps	_____	_____	_____X_____
Flashing Warning Lamps	_____	_____	_____X_____
Side Marker Lamps/Reflectors	_____	_____	_____X_____
Tail Lamps (incl. cover)	_____	_____	_____X_____
Back Up Lamps	_____	_____	_____X_____
Brake Lamps	_____	_____	_____X_____
Steering System	_____	_____	_____X_____
Hood & Trunk Latches	_____	_____	_____X_____
Emission/Exhaust System	_____	_____	_____X_____
Tires (incl. spare & jack) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	_____X_____
Windshield (incl. wipers & washers)	_____	_____	_____X_____
Windows (side, rear)	_____	_____	_____X_____
Windshield Defroster	_____	_____	_____X_____
Horn	_____	_____	_____X_____
Mirrors	_____	_____	_____X_____
Speed Indicator	_____	_____	_____X_____
Restraining Devices & Seats	_____	_____	_____X_____
Brakes (incl. parking brake)	_____	_____	_____X_____
Heater	_____	_____	_____X_____
Air Conditioning	_____	_____	_____X_____
Door Handles (interior & exterior)	_____	_____	_____X_____

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature:  Printed Name: Chad A Oberst

Business: Clad's Auto Address: 55887 Oliver Rd Desoto WI Date: 10/27/21

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Cowlee Region Taxi LLC

VEHICLE MAKE: Dodge

MODEL: Caravan

YEAR: 2016

VIN: 2C4RD6BG8GR163087

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Side Marker Lamps/Reflectors	_____	_____	X
Tail Lamps (incl. cover)	_____	_____	X
Back Up Lamps	_____	_____	X
Brake Lamps	_____	_____	X
Steering System	_____	_____	X
Hood & Trunk Latches	_____	_____	X
Emission/Exhaust System	_____	_____	X
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	X
Windshield (incl. wipers & washers)	_____	_____	X
Windows (side, rear)	_____	_____	X
Windshield Defroster	_____	_____	X
Horn	_____	_____	X
Mirrors	_____	_____	X
Speed Indicator	_____	_____	X
Restraining Devices & Seats	_____	_____	X
Brakes (incl. parking brake)	_____	_____	X
Heater	_____	_____	X
Air Conditioning	_____	_____	X
Door Handles (interior & exterior)	_____	_____	X

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