

License Number _____
 License Issued _____

License Fee \$ 500.00
 Receipt # _____

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

To the Honorable Mayor, Common Council, City Clerk, and Chief of Police of the City of La Crosse:
 The undersigned hereby makes application for a Public Vehicle for Hire License.

BUSINESS NAME	TOP HAT INC DBA CTS TAXI
BUSINESS ADDRESS	226 HOOD ST LA CROSSE WI 54601 Zoning: Commercial
BUSINESS TELEPHONE	608-782-1069 (Top Hat) 608-784-7700 (CTS Taxi)
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-0000011285-03

OWNER(S) NAME (First, Full Middle, Last)	BEVERLY ANNE SCOTT (LAWRENCE)
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	403 GILLETTE ST #111, LA CROSSE WI 54603 1913 Crescent Hills Dr La Crescent MN 55947
OWNER(S) TELEPHONE	608-782-5949 or 608-792-5949

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 DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	Integrity Group
POLICY NUMBER	A 3216660
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	yes \$1 Million liability / \$1 Million Umbrella

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates <u> </u> Vehicle Rental Rate <u> </u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	\$ 1.50 initial pickup \$ 2.00 per mile \$.50 extra person \$ 25.00 wait time
NUMBER OF VEHICLES TO BE LICENSED	10

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
SEE ATTACHED			

✓ 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 NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

NA ATTACH A PHOTOCOPY OF THE **TITLE AND REGISTRATION** FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (renewals are exempt).

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 Brendy Scott DATE 11/6/14

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CITY OF LA CROSSE, WI
General Billing - 121235 - 2014
001234-0040 Crystal L 11/10/2014 04:46PM
3390 - TOP HAT INC DBA CTS
Payment Amount: 500.00

Update as 3/27/14

2013 VEHICLE LISTING

T 336	2014 Dodge Grand Caravan	2C4RDGBG0ER129304	336-UYG	7 AMB
T 337	2014 Dodge Grand Caravan	2C4RDGBG5ER162086	337-UYG	7 AMB
T295	2013 Dodge Grand Caravan	2C4RDGBG0DR566900	295-UYG	7 amb
T237	2009 Dodge Grand Caravan	2D8HN44E19R620474	237-MJH	7 amb
T410	2006 Dodge Grand Caravan	1D4GP24R76B615384	860SCL	7 amb
T925	2008 CHEV UPLANDER	IGNDV23158D149048	342HHV	7 amb
T684	2005 DODGE GR CARAVAN	2D4GP44L95R432107	684SSL	7 amb
T752	2012 Ford Transit Connect	NMOKS9CN1CT110571	752UPS	1w/c + 4 amb
T448	2003 DODGE ENTERVAN	1D4GP24393B218539	986-ZYD	1 w/c + 4 amb
T709	2007 FORD TAURUS	1FAFP53U87A150403	341-HHV	5 amb

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi
 ADDRESS 226 Hood St LaCrosse WI 54601
 VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2014

336-446

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers 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) (Note: tire-tread depth shall not be less than 2/32 of an inch)			✓
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: [Signature] Printed Name: Barry Woycik
 Business ABC Address C of F LaCrosse Date 10/23/14

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 a 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 CTS Taxi

ADDRESS 226 Hood St La Crosse WI 54601

VEHICLE MAKE Dodge MODEL Grand caravan YEAR 2014

337-4YG

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

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: [Signature] Printed Name: Bert Woyuzik

Business ABC Address City F La Crosse Date 10/23/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St La Crosse WI 54601
 VEHICLE MAKE Podge MODEL Grand Caravan YEAR 13

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers 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) (Note: tire-tread depth shall not be less than 2/32 of an inch)			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: [Signature] Printed Name: Bart Woyczik
 Business ABC Address City of La Crosse Date 10/23/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St La Crosse WI 54601
 VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 09

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers 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) (Note: tire-tread depth shall not be less than 2/32 of an inch)			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: [Signature] Printed Name: Bart Wojcik

Business ABC Address City of La Crosse Date 10/22/14

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 a 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

4/10
NAME OF BUSINESS CTS Taxi
ADDRESS 226 Hord St La Crosse WI 54601
VEHICLE MAKE Podge MODEL Caravan YEAR 2006

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

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: [Signature] Printed Name: Bart Voyatzik
Business ABC Address CTY F La Crosse Date 10/21/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St LaLasse Wt 54601
 VEHICLE MAKE Chevy MODEL Uplander YEAR 08

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

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: [Signature] Printed Name: Bart Woyczik

Business ABC Address City F LaLasse Date 10/21/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St La Crosse WI 54601
 VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarker Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	X
Brake Lamps	_____	_____	X
Steering System	_____	_____	X
Hood & Trunk Latches	_____	_____	X
Emission/Exhaust System	_____	_____	X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	X
Windshield (incl. wipers & washers)	_____	_____	X
Windows (side, rear)	_____	_____	X
Windshield Defroster	_____	_____	X
Horn	_____	_____	X
Mirrors	X	10-28-2014	Replaced Mirror
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: [Signature] Printed Name: Bart Wojcik
 Business ABC Address City F La Crosse Date 10/22/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St La Crosse WI 54601
 VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			✓
Parking Lamps			X
Directional Lamps			✓
Flashing Warning Lamps			✓
Sidemarkers Lamps/Reflectors			✓
Tail Lamps (incl. cover)			✓
Back Up Lamps			X
Brake Lamps			X
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			X
Windshield (incl. wipers & washers)			X
Windows (side, rear)			X
Windshield Defroster			X
Horn			X
Mirrors	X	<u>10-28-2014 Replaced Mirror</u>	
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: Bart Wojcik Printed Name: Bart Wojcik
 Business ABC Address Cty F La Crosse Date 10/22/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St La Crosse WI 54601
 VEHICLE MAKE Ford MODEL Trans Connect YEAR 12

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers Lamps/Reflectors			X
Tail Lamps (incl. cover)			✓
Back Up Lamps			X
Brake Lamps			X
Steering System			X
Hood & Trunk Latches			✓
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			X
Windshield (incl. wipers & washers)			X
Windows (side, rear)			✓
Windshield Defroster			✓
Horn			✓
Mirrors			✓
Speed Indicator			X
Restraining Devices & Seats			✓
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: [Signature] Printed Name: Bart Woycik
 Business ABC Address City F La Crosse Date 10/22/14

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 a 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 CTS Taxi
 ADDRESS 226 Hood St. LaCrosse WI 54601
 VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 03

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

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: [Signature] Printed Name: Bart Woyczik

Business ABC auto Address CTY F LaCrosse Date 11/23/14

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 a 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 CTS taxi

ADDRESS 226 Hood St La Crosse WI 54601

709 VEHICLE MAKE FORD Taurus MODEL Taurus YEAR 2007

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers 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) (Note: tire-tread depth shall not be less than 2/32 of an inch)			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: [Signature] Printed Name: Bart Woylzik

Business ABC Address CTA F La Crosse Date 10/21/14

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 a 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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coverra Insurance Services, Inc. 1111 Linden Drive Suite 1 PO Box 277 Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-6345 E-MAIL ADDRESS: pandre@coverrainurance.com	FAX (A/C, No): 608-526-3158
	INSURER(S) AFFORDING COVERAGE	
INSURED ACCETRA-01 Top Hat Inc dba Access Transit, CTS Taxi Access Mobility Products 226 Hood St La Crosse WI 54601	INSURER A: Secura Insurance	
	INSURER B: Integrity Group	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: 529483904** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CP3216659	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			A3216660	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU3216661	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Com Business Auto			CA2061686	12/31/2013	12/31/2014	Combined Single Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
See Attached chart for list of covered vehicles.

CERTIFICATE HOLDER City of La Crosse 300 La Crosse St La Crosse WI 54601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Pam Andre</i>

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

Endorsement

CA 39

Policy Number: CA2061686

Additional Insured

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
TRUCKERS COVERAGE FORM

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

Endorsement effective	
at 12:01 A.M. standard time	
Named Insured	Countersigned by

(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 (Section II) 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coverra Insurance Services, Inc. 1111 Linden Drive Suite 1 PO Box 277 Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-6345 E-MAIL ADDRESS: pandre@coverrainurance.com	FAX (A/C, No): 608-526-3158
	INSURER(S) AFFORDING COVERAGE	
INSURED ACCETRA-01 Top Hat Inc dba Access Transit, CTS Taxi Access Mobility Products 226 Hood St La Crosse WI 54601	INSURER A: Secura Insurance	
	INSURER B: Integrity Group	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

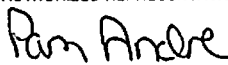
COVERAGES **CERTIFICATE NUMBER:** 637008384 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		CP3216659	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		A3216660	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		CU3216661	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
B	Com Business Auto		CA2061686	12/31/2013	12/31/2014	Combined Single Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are listed as additional insured on the Integrity Insurance Commercial Auto policy.

See Attached chart for list of covered vehicles.

CERTIFICATE HOLDER City of La Crosse 300 La Crosse St La Crosse WI 54601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2010 ACORD CORPORATION. All rights reserved.

Veh #	Year	Make	Model	VIN
37	2013	DODG	GRAND CARA	2C4RDGBG0DR566900
38	2013	DODG	GRAND CARA	2D8HN44E19R620474
39	2012	FORD	TRANSIT CO	NMOKS9CN1CT110571
40	2003	DODG	GRAND CARA	1D4GP24393B218539
42	2006	DODG	GRAND CARA	1D4GP24R76B615384
43	2007	FORD	TAURUS SE	1FAFP53U87A150403
44	2008	CHEV	UPLANDER L	1GNDV23158D149048
45	2005	DODG	GRAND CARA	2D4GP44L95R432107
49	2014	DODG	GRAND CARA	2C4RDGBG0ER129304
50	2014	DODG	GRAND CARA	2C4RDGBG5ER162086