

License Number \_\_\_\_\_  
License Issued \_\_\_\_\_

License Fee \$ 50.00  
Receipt # 108399

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

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.

DUPLICATE RECEIPT  
405 CITY CLERK/REG. MGR.  
1500 4TH ST. 1ST FLOOR  
LA CROSSE, WI 54601  
4:51PM PAID \$0.00

|                         |                       |
|-------------------------|-----------------------|
| BUSINESS NAME           | Town & Country Cab    |
| BUSINESS ADDRESS        | 2036 Prospect St.     |
| BUSINESS TELEPHONE      | 608-738-2340          |
| OWNER(S) NAME           | Charlyn Miller, Jerry |
| OWNER(S) DATE OF BIRTH  |                       |
| OWNER(S) ADDRESS        | 2036 Prospect St.     |
| OWNER(S) HOME TELEPHONE | 608-738-2340          |

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

|                   |                         |
|-------------------|-------------------------|
| INSURANCE CARRIER | National Indemnity Co   |
| POLICY NUMBER     | 1993700                 |
| POLICY LIMITS     | 250,000/500,000/100,000 |

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.

|                                   |  |
|-----------------------------------|--|
| METHOD OF CHARGING                | Metered Rates <input checked="" type="checkbox"/> Zone Rates _____ Vehicle Rental Rate _____ |
| SCHEDULE OF RATES                 | 1.50 per minute \$12.00 mile   |
| NUMBER OF VEHICLES TO BE LICENSED | 1  |

| VEHICLE ID NUMBER | YEAR, MAKE & MODEL | CAPACITY | STATE AND LICENSE PLATE NUMBER |
|-------------------|--------------------|----------|--------------------------------|
| 1F1Z983P7Y2P6742  | 2000 Ford Explorer | 5        | WE 578-YBJ<br>(YDJ)            |
|                   |                    |          |                                |
|                   |                    |          |                                |

ATTACH A VEHICLE CONDITION CERTIFICATE FOR EACH VEHICLE CERTIFYING THAT EACH VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. THE CERTIFICATE MUST BE COMPLETED BY A REPUTABLE AUTOMOBILE MECHANIC OR GARAGE OWNER (and someone other than owner/owners employee).

I hereby certify 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 automobiles will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to the mechanical condition of cars.

SIGNATURE OF APPLICANT Charlyn Miller DATE 8-2-13

LICENSE  APPROVED  DENIED  
SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**VEHICLE CONDITION CERTIFICATE**

NAME OF BUSINESS Town & Country Cab  
 ADDRESS 2036 Prospect Street LaCrosse WI 54603  
 VEHICLE MAKE Ford MODEL Explorer YEAR 2000

|                                     | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|-------------------------------------|--------------|----------------|---------------------|
| Headlamps and Aim                   | _____        | _____          | _____ ✓             |
| Parking Lamps                       | _____        | _____          | _____ ✓             |
| Directional Lamps                   | _____        | _____          | _____ ✓             |
| Flashing Warning Lamps              | _____        | _____          | _____ ✓             |
| Sidemarkers Lamps/Reflectors        | _____        | _____          | _____ ✓             |
| Tail Lamps                          | _____        | _____          | _____ ✓             |
| Back Up Lamps                       | _____        | _____          | _____ ✓             |
| Brake Lamps                         | _____        | _____          | _____ ✓             |
| Steering System                     | _____        | _____          | _____ ✓             |
| Hood & Trunk Latches                | _____        | _____          | _____ ✓             |
| Emission/Exhaust System             | _____        | _____          | _____ ✓             |
| Tires (incl. spare & jack)          | _____        | _____          | _____ ✓             |
| Windshield (incl. wipers & washers) | _____        | _____          | _____ ✓             |
| Windows (side, rear)                | _____        | _____          | _____ ✓             |
| Windshield Defroster                | _____        | _____          | _____ ✓             |
| Horn                                | _____        | _____          | _____ ✓             |
| Mirrors                             | _____        | _____          | _____ ✓             |
| Speed Indicator                     | _____        | _____          | _____ ✓             |
| Restraining Devices & Seats         | _____        | _____          | _____ ✓             |
| Brakes (incl. parking brake)        | _____        | _____          | _____ ✓             |
| Heater                              | _____        | _____          | _____ ✓             |
| Air Conditioning                    | _____        | _____          | _____ ✓             |
| Interior Door Handles               | _____        | _____          | _____ ✓             |

**DISCLOSURE STATEMENT:** I 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.

Mechanic/Garage Owner Inspecting Unit Dylan Nowiak  
 Business Don's Towing Address 816 Monitor St. LaCrosse WI Date 8/2

*Sec. 20.16(F)(1) Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all vehicles, the applicant must present to the City clerk a certificate as to the mechanical condition of the automobile from a reputable automobile mechanic or garage owner (other than vehicle owner).*

**INVOICE**

199621

Call: 000077348

IN / OUT

In: 08-02-2013

Time: 12:25 PM

Order: 146243

Out: 08-02-2013

Time: 01:30 PM

Order: 146243

**DON'S TOWING & REPAIR**

"Depend On Us For All Your Automotive Service Needs"  
816 MONITOR STREET - LA CROSSE WI 54603  
(608) 784-5872

\*ASK FOR DON'S

Page: 1 of 1

Acct No: 31559  
MILLER  
JERRY  
2036 Prospect St  
La Crosse WI 54603  
H: (608) 738-2340

2000 Ford Explorer  
Red Sport Utility  
V8 5.0 F1 302  
VIN: 1FMZU83P7YZ887470  
Plate: STAVU (WI)

| SW - CCL        | TECH | TOTAL |
|-----------------|------|-------|
| ion including   | DYL  | 59.95 |
| cake            |      |       |
| saks and        |      |       |
| alts, and spark |      |       |
| sted,           |      |       |
| y checked,      |      |       |
| ansmission and  | DYL  | .00   |
| ing             |      |       |

QTY PART DESCRIPTION

PART NUMBER

UNIT TOTAL

*Paid*

You have the right to inspect or receive any replaced or removed parts. We Appreciate Your Business!

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED

U = Used R = Rework W = Warranty

|              |              |
|--------------|--------------|
| Labor        | 59.95        |
| Parts        | .00          |
| Sublet       | .00          |
| Supplies     | .00          |
| Disposal     | .60          |
| Subtotal     | 60.55        |
| Tax          | 3.33         |
| <b>TOTAL</b> | <b>63.88</b> |

AAA APPROVED  
REMEMBER ASK FOR DON'S  
THANK YOU FOR CHOOSING  
DON'S TOWING AND REPAIR, INC.  
REMEMBER TO CALL US FOR ALL OF  
YOUR TOWING AND AUTOMOTIVE REPAIR NEEDS!  
CALL: (608) 784-5872 OR  
WWW.DONSTOWINGANDREPAIR.COM  
donstowing@centurytel.net

A finance charge of 1 1/2% per month (18% A.P.R.)  
will be added to the unpaid balance after 30 days.  
\*\*\* WE WILL GLADLY RE-TORQUE YOUR LUG NUTS AFTER  
50-100 MILES TO ENSURE SAFETY. THERE IS NO FEE OR  
APPOINTMENT NEEDED FOR THIS SERVICE. \*\*\*

I hereby authorize the work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanic lien is acknowledged on vehicle to secure the amount of repairs thereon. You will not be held responsible for loss/damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Terms: Strictly Cash Unless Arrangements Made. SIGNED:

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs.

2. Please proceed with repairs, but call me before contacting if the price will exceed \$ \_\_\_\_\_

3. I do not want an estimate.

THIS PRICE FOR THE AUTHORIZED REPAIRS WILL NOT BE EXCEEDED IF THE MOTOR VEHICLE IS DELIVERED TO THE SHOP WITHIN 5 DAYS.

Motor vehicle repair practices are regulated by the Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, 53708-8911

Any warranties on the products sold hereby are given solely by the manufacturer. The seller hereby expressly disclaims all warranties, other express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and further disclaims any other person to whom liability in connection with the sale of said products.

Do you want the replaced parts you are entitled to?  YES  NO

Can you return the vehicle to us?  YES  NO

This vehicle received without fault to the consumer's contact.

SHOP REPRESENTATIVE SIGNATURE \_\_\_\_\_

Account Summary For JERRY MILLER



Quote #: 1993700  
 Status: Pending  
 Policy Type: AP

Originally Quoted: 7/31/2013 11:21 AM CDT  
 Quote Printed: 7/31/2013 12:22 PM EDT  
 Proposed Effective: 7/31/2013 12:00 AM CDT  
 Proposed Expiration: 7/31/2014 12:00 AM CDT

Quoted By: Camille Skoug  
 R.W. Scobie, Inc.  
 3300 Birch Street  
 Eau Claire, WI 547032297  
 Phone - (715) 832-4000  
 Fax - (715) 834-7117  
 cskoug@mgarws.com  
 Producer:

DOT #: Unknown  
 MC #: Unknown

| Symbol       | Coverage         | Limit (\$)              | Premium (\$)      |
|--------------|------------------|-------------------------|-------------------|
| 7            | Liability        | 250,000/500,000/100,000 | 1,935             |
| 10           | UM - BI Only     | 250,000/500,000         | 198               |
| 10           | UIM - BI Only    | 250,000/500,000         | 198               |
| 7            | Medical Payments | 5,000                   | 242               |
| 7            | Physical Damage  | See Specific Unit       | 842               |
|              | Total Ins Value  | 4,000                   | 200               |
|              | Policy Fees      |                         |                   |
| <b>Total</b> |                  |                         | <b>\$3,615.00</b> |

Revision: 73W2013R01

Vehicle Information

NICO-Rate Version: 8.3.27.23

| Unit   | Liability            | UM    | UIM   | Med Pay | Phys Dam | Cargo/<br>In-Tow | All/Lessor | Unit<br>Sub Total |
|--|----------------------|-------|-------|---------|----------|------------------|------------|-------------------|
| 1 2004 FORD EXPLORER<br>Comp/Coll: \$4,000<br>Radius: Up to 50 Miles | 1,935<br>Deductible: | Incl. | Incl. | 242     | 842      | N/A              | N/A        | 3,019             |

