

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

License Fee: \$ \_\_\_\_\_

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

Invoice #: \_\_\_\_\_

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

License Period: January 1<sup>st</sup>, 2024 to December 31<sup>st</sup>, 2024

**BUSINESS INFORMATION**

Business Name <i>(Real/Legal)</i>	Coulee Region Taxi LLC
Trade Name <i>(DBA)</i>	Coulee Region Taxi
Address	1645 George St, La Crosse WI 54603
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	C-1 Local Business
Telephone	608-881-2050
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	N/A

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Michael Joey Brown
Owner(s) Date of Birth	10/25/1964
Home Address	1906 Caledonia St., La Crosse WI 54603
Telephone	<i>Home</i> _____ <i>Cell</i> 608-386-6242

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [ ] YES [X] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [ ] YES [X] 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	Fleis Insurance Agency, Inc. (James Adkins)
Address	1824 E. Main St., Onalaska WI 54650 – P.O. Box 537
Telephone/Email	<i>Telephone</i> 608-783-5206 <i>Email</i> jadkin@fleisinsurance.com

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 <u>      </u> Vehicle Rental Rate <u>      </u>
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	START/PICK-UP: \$2.30, MILEAGE: \$2.75/MILE OR \$.275 PER 10TH MILE, EXTRAS: \$.75/PERSON, WAIT: \$30.00/HOUR, MINIMUM \$10.00 PER RIDE.

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	3
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <i>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</i>	CAPACITY <i>(incl. driver)</i>	STATE & LICENSE NO
<del>2C4RC16G9GR290270</del>	<del>2016 CHRYSLER TOWN &amp; COUNTRY</del>	<del>7</del>	<del>WI 486-ZHW</del>
2C4RDGBG7HR724767	2017 DODGE GRAND CARAVAN	7	WI 209-ZWG
<del>2C4RDGBG8GR163087</del>	<del>2016 DODGE CARAVAN</del>	<del>7</del>	<del>WI 896-XUH</del>

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

①

② see new addition 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 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 11/10/13

LICENSE [ ] APPROVED [ ] DENIED

SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_



**Certificate of Vehicle Registration**

Plate Number <b>AEL4014</b>					Registration <b>AUT AUT</b>		Chassis <b>TRUK</b>		Gross Weight		Period <b>A</b>		Color <b>WHITE</b>		Fleet No.	
Vehicle Identification Number <b>5TDZK3DC5ES480662</b>					Year <b>2014</b>		Make <b>TOYT</b>		Expiration Date <b>01/31/2024</b>		Amount Received <b>\$ 86.70</b>					

YEAR

**THIS IS NOT A BILL**

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at:  
wisconsinDMV.gov  
608-264-7447

**PRIMARY ADDRESS**  
1645 GEORGE ST  
LA CROSSE, WI 54603

0002273

**COULEE REGION TAXI LLC**  
1645 GEORGE ST  
LA CROSSE, WI 54603-2284



**Tired of misplacing or losing your renewal notices?**

Sign up to receive your driver's license/identification card and vehicle license plate renewal notices by email and text.

eNotify (electronic notification) allows you to receive an email and text message in place of your paper renewal notices.



For more information, go to:  
[wisconsinDMV.gov/enotify](http://wisconsinDMV.gov/enotify)

**Do I need insurance?**

**Yes.** In Wisconsin, you're required to have liability coverage for the vehicle you drive and carry proof of it when you are driving. If you don't, you can be fined up to \$500. If you are in an accident without the proper coverage, you may still be responsible for damages and lose your license.

Visit [wisconsinDMV.gov](http://wisconsinDMV.gov) for more details.



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MAILING LABEL ONLY

0001469
COULEE REGION TAXI LLC
1645 GEORGE ST
LA CROSSE, WI 54603-2284

Amount Received: \$ .00

MAILING LABEL ONLY

WISCONSIN CERTIFICATE OF TITLE

Table with vehicle details: Vehicle Identification Number (5TDZK3DC5ES480662), Year (2014), Make (TOYOTA), Title Number (T2299A446001-9), Issue Date (10/26/2022), Chassis Type (TRUK), Odometer Reading (53144), Odometer Status (ACTUAL), Odometer Date (01/16/2019), Product Number (92161190189), Body Style (VAN), Color (WHITE), Fleet No.

Titled Owner(s)
COULEE REGION TAXI LLC
1645 GEORGE ST
LA CROSSE, WI 54603-2284

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
NONE,

Additional Vehicle Detail
PREVIOUSLY TITLED BY: NY

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
44135

20-1-0457797

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 808-264-7447
wisconsin.dmv.gov


Any alteration, correction, fluid or erasure voids this title

## CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Coulée Region Taxi LLC  
 VEHICLE MAKE: Toyota MODEL: Sienna YEAR: 2014  
 VIN: 5TDRK3DC5E5480662

	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:  Printed Name: Chad A Obert  
 Business: Coulée Region Taxi Address: 1645 George St LaCrosse Date: 11/10/23

*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: COULEE REGION TAXI LLC

VEHICLE MAKE: DODGE MODEL: GRAND CARAVAN YEAR: 2017

VIN: 2C4RDGBG7HR724767

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

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