

[] NEW
 [] RENEWAL

**CITY OF LA CROSSE
 APPLICATION FOR
 PEDICAB AND/OR PEDAL CAR
 (Ch. 10, Article XVIII)**

Fee: \$ _____
 Invoice No. _____

For the license period beginning January 1st 20 22 ;
 ending December 31st 20 22 .

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 Pedicab and/or Pedal Car License.

BUSINESS NAME	RiverTown Pedal Tours, LLC
BUSINESS ADDRESS	N7304 County Road HD, Holmen, WI 54636
BUSINESS TELEPHONE	608-799-2493
VEHICLE STORAGE ADDRESS	N7304 County Road HD, Holmen, WI 54636
PEDAL CAR DEPOT/TERMINAL(S) <i>(Property owner permission required)</i>	La Crosse Distilling Co.

OWNER(S) NAME <i>(First, Full Middle, Last)</i>	Scott Kenneth Gumz & Kimberly Dawn Gumz	
OWNER(S) DATE OF BIRTH	[REDACTED]	
OWNER(S) ADDRESS	N7304 County Road HD, Holmen, WI 54636	
OWNER(S) TELEPHONE	608-792-8676	608-386-1264

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION? [] YES [] NO

IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	AXIS Insurance Co.
POLICY NUMBER	84-4787021
POLICY LIMITS <i>(min. \$2,000,000 liability)</i>	2,000,000

NUMBER OF VEHICLES TO BE LICENSED	1
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DESCRIPTION OF VEHICLE <i>(Brand, Model, Body Style)</i>	CAPACITY <i>(incl. driver)</i>	SERIAL NUMBER
Trident Party Bike, Savannah	16	1F7YR14V91PA95050

✓ ATTACH SCHEDULE OF RATES.

**NO CHANGES MAY BE MADE TO RATES WITHOUT PRIOR COMMON COUNCIL APPROVAL.

✓ ATTACH PROPOSED ROUTES FOR PEDAL CAR TOURS.

**NO CHANGES MAY BE MADE TO ROUTES WITHOUT PRIOR COMMON COUNCIL APPROVAL.

TBD

ATTACH WRITTEN AUTHORIZATION FROM THE PROPERTY OWNER OF ANY ASSEMBLY SITE USED FOR A PEDAL CAB TOUR.

**MUST BE A COMMERCIAL LOCATION ON PRIVATE PROPERTY.

✓ ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION.

**THE INSPECTION MUST BE COMPLETED BY A REPUTABLE BICYCLE TECHNICIAN (other than owner).

✓ ATTACH A CERTIFICATE OF INSURANCE IDENTIFYING ALL INSURED VEHICLES BY BRAND, MODEL AND SERIAL NUMBER.

**SAID POLICY MUST BE ENDORSED IDENTIFYING THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

ATTACH A PHOTOCOPY OF THE BICYCLE REGISTRATION FOR EACH VEHICLE.

on file?

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 vehicles will be kept in good mechanical condition at all times and I will comply with the provisions of law pertaining to pedicabs and pedal cars (Ch. 10, Article XVIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT

[Handwritten Signature]

DATE

11/1/21

APPROVAL OF MUNICIPAL AUTHORITY

Upon investigation of statements made on application and municipal and state criminal records, license is hereby:

APPROVED DENIED

Signature of Police Department Representative & Date

The issuance of a Pedicab or Pedal Car License is conditional at all times. A license may be revoked or suspended when necessary to protect the public health, safety or welfare, to prevent a nuisance from developing or continuing, in emergency situations or due to noncompliance of this section, the Municipal Code of Ordinances or applicable state or federal laws.

TO BE COMPLETED BY CLERK

Date filed with municipal clerk	Date reported to Council	Date license granted	License number issued
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/5/2021

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 have ADDITIONAL INSURED provisions or 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 TRICOR, Inc. - Lancaster PO Box 450 Lancaster, WI 53813	CONTACT NAME: PHONE (A/C, No, Ext): (608) 723-6441 E-MAIL ADDRESS: service@tricorinsurance.com	FAX (A/C, No): (608) 723-6440
	INSURER(S) AFFORDING COVERAGE	
INSURED River Town Pedal LLC N7304 County Rd HD Holmen, WI 54636	INSURER A : Scottsdale Insurance	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CPS7365972	5/23/2021	5/23/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of LaCrosse is listed as an additional insured on the general liability when required by written contract.

CERTIFICATE HOLDER City of LaCrosse 400 LaCrosse 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 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – GRANTOR OF LICENSES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Person(s) Or Organization(s): CITY OF LACROSSE 400 LA CROSSE ST LA CROSSE WI 54601-3374</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as grantor of a license to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS RiverTown Pedal Tours, LLC

ADDRESS N7304 County Road HD, Holmen, WI 54636

BICYCLE BRAND Trident Party Bike MODEL Savannah SERIAL _____

Per Municipal Code Sec. 10-872, each bicycle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all bicycles, applicant/licensee must present to the City Clerk a certificate of inspection as to the mechanical condition of the bicycle from a reputable bicycle technician (other than bicycle owner).

	GOOD CONDITION/ NO REPAIR NECESSARY	NEEDS REPAIR	DATE OF REPAIR
HEADLIGHT <i>Capable of projecting a beam of white light for a minimum distance of 300 hundred feet in darkness.</i>	<u>BL</u>		
TAIL LIGHT <i>Visible for a distance of at least 500 feet from the rear of the bicycle.</i>	<u>BL</u>		
TURN SIGNALS <i>Front and rear of bicycle.</i>	<u>BL</u>		
REFLECTOS <i>Pedicabs on the pedals and pedal cars on the frame. All vehicles shall have a red reflector mounted on each side of the rear at least one inch from the outer edge and centered. All vehicles shall have a slow moving triangle displayed on the rear of the vehicle.</i>	<u>BL</u>		
TIRES/WHEELS <i>Appropriate in size and tread and matching per design of the vehicle.</i>	<u>BL</u>		
BRAKES (front & rear) <i>Braking system controlling the rear wheels shall be hydraulic or mechanical disc or drum brakes.</i>	<u>BL</u>		
MIRROR <i>Side mounted or wide-angle rear view mirror.</i>	<u>BL</u>		
OPERATIONAL HORN OR BELL	<u>BL</u>		
FRAME	<u>BL</u>		
SADDLE	<u>BL</u>		
HANDLEBARS	<u>BL</u>		
PEDALS	<u>BL</u>		
CHAIN	<u>BL</u>		
BEARINGS	<u>BL</u>		
GEARS	<u>BL</u>		

REMARKS: Wheels, Tires, and Brakes should be inspected by an auto technician to speak to its condition. Pedal stations receive ongoing maintenance as needed during use.

DISCLOSURE STATEMENT: I am a bicycle technician and have exercised reasonable diligence in inspecting this bicycle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

Signature: *Benjamin Leach* Printed Name: Benjamin Leach

Business Bikes Ltd Address 1001 LaCrosse St Date 10/7/2021

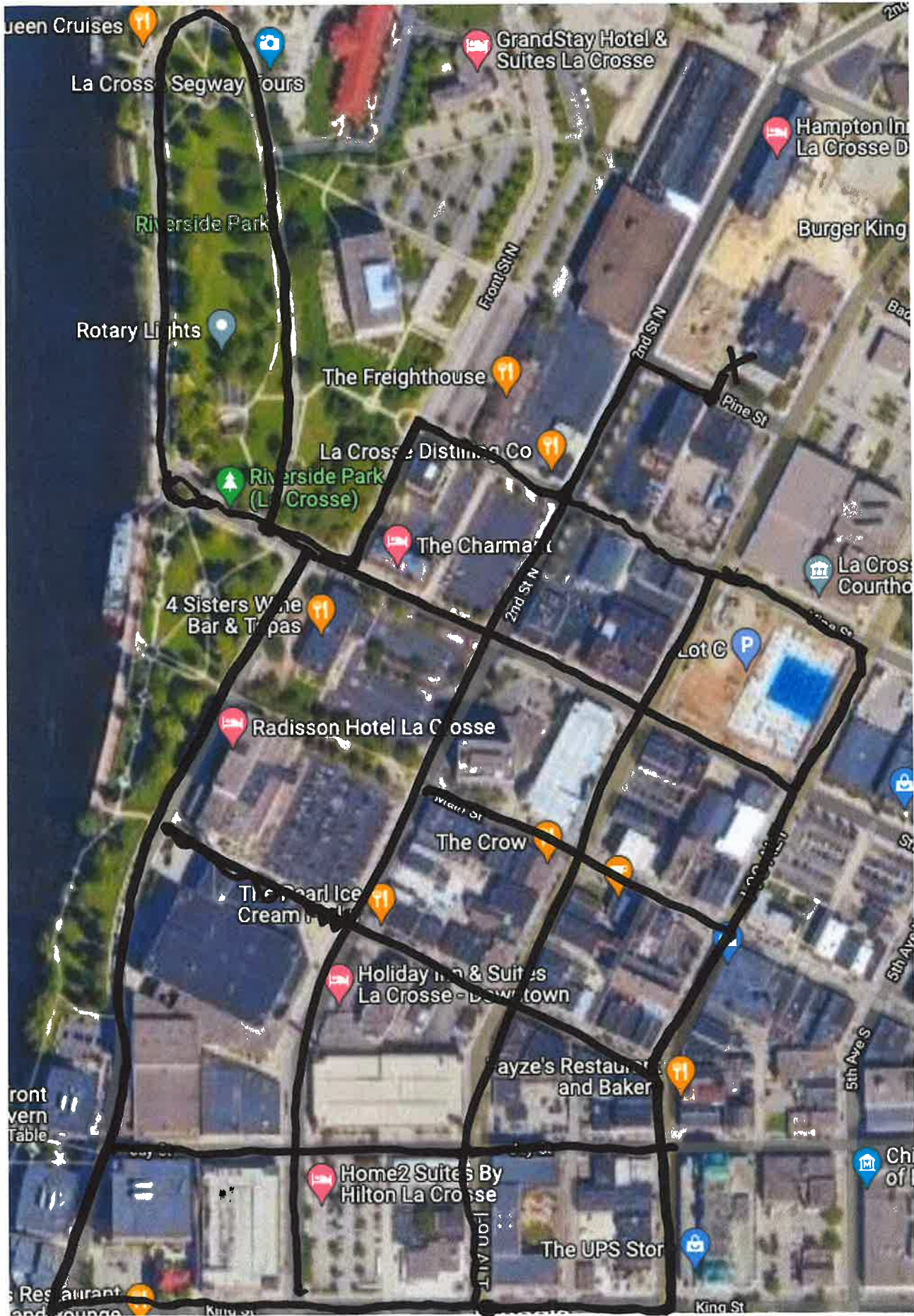
Fred's Brake & Alignment *[Signature]* *See Scott* *[Signature]*

Trolley Pub LaCrosse Route

The Trolley Pub Route runs North & South between Pine St. to King St.

And East & West between Front and 4th Streets.

And also includes Riverside Park





Trolley Pub La Crosse Rate Schedule

Mixer Tickets \$24@ Tues-Fri
\$29@ Sat, Sun

Private Tours \$349 Tues-Fri
\$399 Sat, Sun



Bicycle License

B 68746

CITY OF LA CROSSE



PUBLIC PASSENGER VEHICLE
LICENSE NO. 29210081