License Number					
License Issued					License Fee: \$
		CITY OF L PPLICATION FOR PU	A CROSSI	E	
License Period:			DEIC VENI	CLE FOR HIRE	
PHSINESS INTO THE					
Business Name (Real/Legal)	-				
Trade Name (DBA)	M	aking A Way Transpor	t, LLC		
Address		ΓS Taxi			
	22	6 Hood Street	La Cros	sse, WI 54601	
Zoning District New addresses must be verified corby a building inspector.	mpliant Co	mmercial	24 0100	336, WI 34601	
Telephone	608	8.784.7700			
Wisconsin Seller Permit No. Required if vehicles are leased to dri		5.764.7760			
	vers.				
OWNER INFORMATION Owner(s) Name					
(First, Full Middle, Last)	Der	ek Michael Andrjeski			
Owner(s) Date of Birth					
Home Address	171	6 Ferry Street, La Cro	sso WI FA	201	
Telephone	Hon		330, 771 34	Cei	608.780.5889
INSURANCE INFORMATION					
Insurance Carrier/Agent	CLG Insura	ance - Clifton Park			
Address 3	Corporate	e Drive, Suite 200 Cli	fton Park, I	NY 120658	
		18-371-0075			ficates@clginsurance.com
DURATION OF THE POLICY. ALL IN	ISURED VE	HICLES SHALL BE IDENTI  f La Crosse as Additional	FIED ON THE	CERTIFICATE OF	DLICY NUMBER, POLICY LIMITS AND FINSURANCE.  t page must accompany the certificate.
Method of Charging		Metered Rates X	Zone R	ates	Vehicle Rental Rate
Schedule of Rates (or attach Schedule to be posted the v	vehicles)	Start/Pick-Up \$2.00;	Mileage \$2	.00/mile, Extras	\$.50/person, Wait \$25.00/hour
VEHICLE INFORMATION					
Number of Vehicles to be Lice	nsed	2			
					<b>—</b>
VEHICLE ID NUMBER	10 \	YEAR, MAKE & MOD (Model Year Cannot Exce Years of Age - Renewals are	eed	CAPACITY (incl. driver)	STATE & LICENSE NO
C4RDGBG6JR199836	Dodge	Grand Caravan		6	Wisconsin; ARY3674
C4RDGBGXDR562160	Dodge	Grand Caravan		6	Wisconsin; ARY3634

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

X	X ATTACH ORIGINAL TO	
	ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE certifying that for hire is in good mechanical condition. The inspection and certificate must be completed to the complete of the c	the vehicle to be use by an A.S.E. Certified
X		
<u> </u>	ATTACH A <b>CERTIFICATE OF INSURANCE.</b> All insured vehicles shall be identified on the of Model and VIN. Said policy must be endorsed naming the City of La Crosse as add endorsement MUST accompany the Certificate of Insurance at the time of filing. Note: A sinsured on the certificate is not acceptable; we must receive the endorsement page.	certificate by Make, itional insured. <u>Sai</u> tatement of additiona
X	ATTACH A BUCTO	
	ATTACH A PHOTOCOPY OF THE <b>TITLE/CONFIRMATION OF OWNERSHIP &amp; REGISTI</b> VEHICLE (the title/confirmation must be in the name of business or owner); required application only. Note: A salvage title may not be used as a public vehicle until the vehicle and inspected by an authorized salvage vehicle inspector and rebranded for road use (a comust be provided).	for original vehicle
	ATTACH PHOTOCOPY OF LEASE OF BENTAL ACREENTS IS	
	ATTACH PHOTOCOPY OF <b>LEASE OR RENTAL AGREEMENT</b> , if applicable. This is requir or when there is a change in business address only.	ed of new applicants
The a	he above hereby makes application for a Public Vehicle For Hire License within the City of L Chapter 10, Article XIII of the Code of Ordinances of the City of La Crosse.	.a Crosse pursuant
certify mech (Ch. 1	nereby attest that the information contained in this application is true and correct. I am awa formation or making false statements on this application will be basis for denial/revocation of the control of the statements on this application will be basis for denial/revocation of the control	of license. I further
LICEN	CENSE [ ] APPROVED [ ] DENIED	
	GNATURE OF POLICE REPRESENTATIVEDATE	
	V.V., V	

0000000

Plate Number		9. YGIII	cie negistr	ation	Product Number	Registration Number		
ADVOCA	AUT ALIT	Chassis	Gross Weight	Period A	10315223216 Color WHITE	22321L40148		
	GXDR56216	0	<sup>Year</sup> 2013	Make DODG	Expiration Date 11/30/2023	Amount Received		
					112020	\$ 370.00		

0000000 MAKING A WAY TRANSPORT LLC 226 HOOD ST LA CROSSE, WI 54601-5238 THIS IS NOT A BILL

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

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

## WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number Year Make 2C4RDGBGXDR562160 2013 DODGE Title Number ssue Date Chassis Type ometer Reading Odometer Date 22321L4014-8 11/17/2022 TRUK 373867 ACTUAL 11/15/2022 Product Number Body Style Fleet No. 31322223217 VAN WHITE 292

Titled Owner(s)

MAKING A WAY TRANSPORT LLC 226 HOOD ST LA CROSSE, WI 54601-5238

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.

2C4RDGBGXDR562160

Lien Holder(s)

NONE.

**Additional Vehicle Detail** 

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

20 - 1 - 0559659

QUESTIONS: Contact the Division of Motor Vehicles at: 414-266-1000, 608-264-7447

## **CERTIFICATE OF INSPECTION**

#292

NAME OF BUSINESS:			
VEHICLE MAKE: Dodoje	MODEL:	Grand Caraci	Man YEAR: 2013
VIN: 2C4RDGBGX	DR 562160	)	
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
II - II (incl. cover and aim)			
Headlamps (incl. cover and aim)	And the second second second		
Parking Lamps	- In the second		(0)
Directional Lamps			4
Flashing Warning Lamps		-	9
Side Marker Lamps/Reflectors			10
Tail Lamps (incl. cover)			- X
Back Up Lamps	-		
Brake Lamps			£1
Steering System	<del>(10)</del>	*	
Hood & Trunk Latches	And the state of t	-	
Emission/Exhaust System			2
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less the	an 2/32 of an inch)		7
Windshield (incl. wipers & washers)			
Windows (side, rear)	***************************************		
Windshield Defroster	The state of the s		<del></del>
Horn	New World State Company of the Compa	Application of the second of t	
Mirrors	-		
Speed Indicator		-	<del></del>
Restraining Devices & Seats			X
Brakes (incl. parking brake)			
Heater			
Air Conditioning			
Door Handles (interior & exterior)		-	
<b>DISCLOSURE STATEMENT:</b> I an reasonable diligence in inspecting this be as indicated above.	vehicle. On the basis of	such inspection, I deciar	e the apparent existing condition to
A.S.E. Certified Technician: Signatur	c. 4/////	Printed Na	me: Novi Weyers
Business: Fred Shahe B. Migar Sec. 10-589, each public passenger	Address: 832	Rose St. Zalos	Date: 11/10/22
Per Sec 10-589 each public passenger	vehicle shall be kept an	nd maintained in a safe a	nd reliable condition. To insure the

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

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	Jertineate	or veille	cie Registra	ation	48250223211	Registration Number 22321L40153
ARY3674	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color	Fleet No. 522
Vehicle Identification Number 2C4RDGBG6JR199836			Year 2018	Make DODG	Expiration Date 11/30/2023	Amount Received \$ 463.50
			2010	DODG	11/30/2023	

0000000 MAKING A WAY TRANSPORT LLC 226 HOOD ST LA CROSSE, WI 54601-5238 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: wisconsindmy.gov 608-264-7447





## WISCONSIN CERTIFICATE OF TITLE



 Vehicle Identification Number
 Year
 Make

 2C4RDGBG6JR199836
 2018
 DODGE

 Title Number
 Issue Date
 Chas

22321L4015-3 | Issue Date | Chassis Type | Odometer Reading | 247424 | ACTUAL | Odometer Date | 11/15/2022 | Odometer Date | Odom

 Product Number
 Body Style
 Color
 Fleet No.

 44580223215
 VAN
 WHITE
 522

Titled Owner(s)
MAKING A WAY TRANSPORT LLC
226 HOOD ST
LA CROSSE, WI 54601-5238

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: AZ

**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

20 - 1 - 0559658

Contact the Division of Motor Vehicles at: 414-266-1000, 608-264-7447 High line of each expessions in similar

DO NOT KEEP IN VEHICLE

CERTIFICATE OF INSPECTION 世522 NAME OF BUSINESS: VEHICLE MAKE: Grand Carayan MODEL: YEAR: 2018 **NEEDS REPAIR** DATE OF REPAIR NO REPAIR NECESSARY Headlamps (incl. cover and aim) Parking Lamps Directional Lamps Flashing Warning Lamps Side Marker Lamps/Reflectors Tail Lamps (incl. cover) Back Up Lamps Brake Lamps Steering System Hood & Trunk Latches Emission/Exhaust System Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch) Windshield (incl. wipers & washers) Windows (side, rear) Windshield Defroster Horn Mirrors Speed Indicator Restraining Devices & Seats Brakes (incl. parking brake) Heater Air Conditioning Door Handles (interior & exterior)

<u>DISCLOSURE STATEMENT</u>: 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:

par proyector

Business: Fred & Book & Al MAddress:

832 Dox 84.

Date: 1/1/14

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 an <u>original</u> certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 11/2017



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2022

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).

Making a Way Transport, LLC 1716 Ferry St La Crosse, WI 54601	CONTACT NAME:								
	PHONE (A/C, No, Ext): (518) 371-0075	FAX (A/C, No): (5	18) 371-0675						
	E-MAIL ADDRESS: certificates@clginsurance	e.com	,						
Silton Fark, 41 12003	INSURER(S) AFFORDING CO	VERAGE	NAIC#						
	INSURER A: Western World Insurance Company								
INSURED	INSURER B : National Indemnity Com	20087							
	INSURER C :								
	INSURER D :								
La 010356, WI 34001	INSURER E :								
	INSURER F:								
COVERAGES CERTIFICATE NUMBER:	DEVISI	ON 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY 1.000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR X NPP8474292 11/14/2022 11/14/2023 100,000 MED EXP (Any one person

5,000 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE POLICY 2,000,000 PRODUCTS - COMP/OP AGG \$ **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) 1,000,000 ANY AUTO 70APS108811 11/14/2022 11/14/2023 X BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) **UMBRELLA LIAB** OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED **RETENTION \$** \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Clerk's E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ yes, describe unde DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Insurance

CERTIFICATE HOLDER	CANCELLATION
City of La Crosse 400 La Crosse St La Crosse, WI 54601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
La 01035e, WI 34001	AUTHORIZED REPRESENTATIVE
	OB

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WI

**PLEASURE** 

**FARM** 

DRIVE TO WORK / SCHOOL

USE

TERR

COMM'L

RETAIL

SERVICE

< 15 MILES

GVW / GCW

FOR HIRE

15 MILES +

CLASS

CHECK COVERAGES

LIAB

NO-FAULT NET VE DR/CR:

NET VEH DR/CR:

15 MILES +

X

SIC

X

ADD'L NO-FAULT

MED PAY

UNINS MOTOR

	9	RD					1	<b>VEHI</b>	C	LE S	SC	HED	ULE							E (MM/DD/1	Service Control of Control
CLG In	suran	ce - Clif	on P	ark								RRIER tional In	demnity	Compai	nv					NAIC (	ESTREET
POLICY I										TIVE DATE 4/2022	NAN	MED INSURE		•						2000	
VEHIC	LE DES	CRIPTI	NC									3	ay Truite	port, L		-					
VEH#	YEAR	MAKE:						BODY TYPE:	Wh	eelchai	r Va	ın		1	/EHICLE TYP	PE	-	SYM /	AGE	COMP / OTC SYM	COLL
1	2018	MODEL:	Grand		V.I.N.: 2C4RDGBG6				6JR199836			PP	SPEC	SPEC COM				OTC SYM	SYM		
GARAGIN ADDRESS		ET (Requir	d in KY	")			CITY					COUNTY						STATE		ZIP	
STATE WI	TER	R	GV	W / GCW		CLAS	s	SIC		FACT	OR 0.00	SEAT CP	RADIUS 50	FA	ARTHEST TE	RMINAL		9		COST NEV	v
USE		COMM	L	FOR HIRE		ECK VERAGES		ADD'L NO-	X	UNDRING	S	F	LSP	RENT	DEDU	CTIBLE	S	ACV	1	COMP/	SPEC C OF
PLEA	ASURE	RETAI	RETAIL		X	LIAB		MED PAY		TOWING & LABOR		FT	COMP/ OTC	FG		AA S		TAMT \$		OTC _	_ C OF
FAR		SERVI	CE			NO- FAULT	X	UNINS		SPEC C OF L		FTW	COLL		s			AWIT	\$		COL
DRIVE TO WORK / S	CHOOL	< 15	MILES	15 MILE	S+	NET VE DR/CR:				0012						DDEM	. e		Φ		COL
VEH#	YEAR	MAKE:	B I					BODY Van						TOTAL PREM: \$ VEHICLE TYPE				SYM / AGE		COMP/ COTC SYM S	COLL
2	2 2013 <sub>MODEL:</sub> Grand Caravan						V.I.N.: 2C4RDGBGXI					562160		PP	SPEC				HOL.	OTC SYM	SYM
GARAGIN	•	ET (Require	(Required in KY)					CITY COU						DUNTY				ST	TATE	ZIP	-

FACTOR

TOWING & LABOR

0.00

SEAT CP

6

FT

FTW

RADIUS

50

LSP

COMP

COLL

**FARTHEST TERMINAL** 

\$

DEDUCTIBLES

TOTAL PREM: \$

REIMB

FG

Ment 4	U												TOTAL PREM: \$									
VEH#	YEAR	MAK	E: DO	dge				TYPE:	Wh	eelchair Va	เท		1	VEHICLE T	TYPE		SYM / AG	E COMP /	COLL			
3	2011	MOD	EL: Gra	and Carava	n		V.I.N.: 2D4RN3DG7BR638811						PP SPEC COMI					OTC SYN	SYM			
GARAGING ADDRESS	STRE	ET (Re	quired in	KY)			CITY	1				COUNTY					STAT	E ZIP				
STATE WI	TERR GVW / GCW CL/				CLAS	SS	sic		FACTOR 0.00	SEAT CP	RADIUS 50					\$	COST NE	w				
USE			DMM'L	FOR HIRE	CHE	ECK VERAGES	3	ADD'L NO- FAULT	X	UNDRINS MOTOR	F	LSP	RENT	DE	DUCTIBLES		ACV	COMP/	SPEC			
PLEAS	SURE	RE	TAIL		X	LIAB		MED PAY		TOWING & LABOR	FT	COMP/ OTC	FG	,	AA	ST	AMT S	_ отс _	C OF			
FARM		SERVICE			NO- FAULT	X	UNINS MOTOR		SPEC C OF L	FTW	COLL		\$			\$		COL				
DRIVE TO WORK / SC	HOOL	<	15 MILE	S 15 MILE	ES+	DR/CR	EH :							TO	TAL PREM:	c						
VEH#	YEAR	MAK	E: Chi	rysler			BODY Van						VEHICLE TYPE				SYM / AG	E COMP /	COLL			
4	2011	MOD	EL: Tov	vn and Cou	ıntry	/				RR5DG2BR6	64532		PP	SPEC	CON	OIC SYM SYM						
GARAGING ADDRESS	3 STREET (Required in KY) CITY										COUNTY					STAT	E ZIP					
STATE WI	TERR GVW / GCW CI			CLAS	SS SIC		FACTOR 0.00	SEAT CP	RADIUS 50	FA	FARTHEST TERMINAL			\$	COST NEW							
USE		CC	MM'L	FOR HIRE	CHE	CK ERAGES		ADD'L NO- FAULT	X	UNDRINS MOTOR	F	LSP	RENT	DEC	DUCTIBLES		ACV	COMP/ OTC	SPEC C OF I			

**PLEASURE** RETAIL COMP LIAB MED PAY & LABOR NO-FAULT NET VEH DR/CR: FARM X SERVICE COLL COLL < 15 MILES 15 MILES + TOTAL PREM: \$ VEH# BODY Wheelchair Van YEAR MAKE: Dodge SYM / AGE COMP / OTC SYM COLL VEHICLE TYPE 5 MODEL: Grand Caravan V.I.N.: 2C4RDGBG5ER471315 PP SPEC COML STREET (Required in KY) CITY GARAGING COUNTY STATE ZIP ADDRESS LIC TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW WI 0.00 5 50 \$ CHECK ADD'L NO-FAULT UNDRINS REIMB USE COMM'L FOR HIRE X SPEC F LSP **DEDUCTIBLES** ACV TOWING & LABOR COMP/ OTC PLEASURE X RETAIL FT LIAB MED PAY FG ST AMT \$

ACORD 129 (2009/11)

SERVICE

< 15 MILES

FARM

DRIVE TO WORK / SCHOOL

TOTAL PREM: \$

\$

FTW

COLL