

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

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

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

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

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

License Period: January 1st, 2022 to December 31st, 2022

**BUSINESS INFORMATION**

Business Name <i>(Real/Legal)</i>	Luxury Limos, LLC
Trade Name <i>(DBA)</i>	Luxury Limos
Address	1524 Flat Rd., Suite 110, Holmen, WI 54636
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	N/A - Holmen
Telephone	608-317-5589
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	N/A - Drivers paid hourly, do not have lease vehicles.

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Steven John Dolezel (for WL&LL LLC)		
Owner(s) Date of Birth	[REDACTED]		
Home Address	3220 Emerald Valley Dr., Onalaska, WI 54650		
Telephone	<i>Home</i> 608-781-3047	<i>Cell</i>	

- 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	Philadelphia Indemnity Insurance Company		
Address	One Bala Plaza, Ste 100, Bala Cynwyd, PA 19004		
Telephone/Email	<i>Telephone</i> 847-442-6284	<i>Email</i>	margaret.clerc@aon.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 ____	Zone Rates ____	Vehicle Rental Rate <u>X</u> ____
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	See Attached Page For Rate Fees		

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	5
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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
See Attachment A			

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

\_\_\_\_\_ 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 11-3-2021

LICENSE [ ] APPROVED [ ] DENIED

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



1524 Flat Road, Suite 110, Holmen, WI 54636  
608.317.5589 | [info@luxurylimosinc.com](mailto:info@luxurylimosinc.com)

## **Rental Rates**

### **Limo Bus (14 passengers)**

\$320 for the 1st hour, \$80 each additional hour

### **Lincoln Navigator (6 or 7 passengers)**

\$120 for the 1st hour, \$70 each additional hour

### **Limousine Car (6 passengers)**

\$150 for the 1st hour, \$70 each additional hour

### **Lincoln MKX (3 passengers)**

\$120 for the 1st hour, \$70 each additional hour

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**ATTACHMENT A**

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**CITY OF LA CROSSE - APPLICATION FOR PUBLIC VEHICLE FOR HIRE****LICENSE PERIOD:** 1/1/2022 TO 12/31/2022**BUSINESS NAME:** LUXURY LIMOS, LLC

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**VEHICLE INFORMATION**

<u>Vehicle ID Number</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Capacity (incl Driver)</u>	<u>State &amp; License No.</u>
1L1FM81W32Y603185	2002	Lincoln	Towncar Stretch Limo	8	WI AES7133
2LMDJ8JK6DBL12938	2013	Lincoln	MKX	5	WI AES7132
5LMJJ3J51EEL00291	2014	Lincoln	Navigator L	8	WI PM9579
5LMJJ3LT1GEL01259	2016	Lincoln	Navigator L	7	WI XD92575
1FDES8PM9HKB36386	2017	Ford	Starcraft Limo Bus	15	WI AEY6687



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/28/2021

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. SME IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Luxury Limos, LLC dba: Luxury Limos 1524 Flat Rd Ste 110 Holmen WI 54636 USA	<b>INSURER A:</b> Philadelphia Indemnity Insurance Company 18058	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 570088601027      **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 RSTD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE/AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2274340	05/17/2021	05/17/2022	COMBINED SINGLE LIMIT (Per accident)      \$5,000,000 BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured Motorist C      \$300,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH 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)**  
 City of La Crosse is included as Additional Insured in accordance with the policy provisions of the Automobile Liability policy.

<b>CERTIFICATE HOLDER</b>  City of La Crosse 400 La Crosse St. La Crosse WI 54601 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Central, Inc.</i>

Holder Identifier :

Certificate No : 570088601027



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Luxury Limos, LLC	
POLICY NUMBER See Certificate Number: 570088601027			
CARRIER See Certificate Number: 570088601027	NAIC CODE	EFFECTIVE DATE	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	AUTOMOBILE LIABILITY							
A				PHPK2274340	05/17/2021	05/17/2022	Underinsured Motorist	\$300,000



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Aon Risk Services Central, Inc.		<b>NAMED INSURED</b> Luxury Limos, LLC	
<b>POLICY NUMBER</b> See Certificate Number: 570088601027			
<b>CARRIER</b> See Certificate Number: 570088601027	<b>NAIC CODE</b>	<b>EFFECTIVE DATE</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Vehicle Details**

- 2002 LINCOLN TOWN CAR, 1L1FM81W32Y603185
- 2003 LINCOLN TOWN CAR, 1L1FM81W23Y658003
- 2013 IC CORPORATION 3000, 5WEASSKPDH417912
- 2014 LINCOLN NAVIGATOR, 5LMJJ3J51EEL00291
- 2014 FORD ECONOLINE, 1FDPE4FS2EDA23867
- 2013 IC CORPORATION 3000, 5WEXWSKK8DH409312
- 2016 LINCOLN NAVIGATOR, 5LMJJ3LT1GEL01259
- 2017 FORD TRANSIT, 1FDES8PM9HKB36386
- 2005 GMC C5500 Duramax Bus VIN 1GDJ5V1275F525334
- 2013 Lincoln MKX VIN 2LMDJ8JK6DBL12938

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DESIGNATED INSURED FOR  
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

**AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

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

<p><b>Named Insured:</b> LUXURY LIMO'S, LLC dba: LUXURY LIMOS</p> <p><b>Endorsement Effective Date:</b> 05/17/2021</p>
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**SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b> City of La Crosse</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.





# CITY CLERK'S OFFICE

400 La Crosse Street  
La Crosse, Wisconsin 54601  
(608) 789-7510  
cityclerk@cityoflacrosse.org  
www.cityoflacrosse.org

November 5, 2021

**\*\*SECOND NOTICE\*\***

STEVEN JOHN DOLEZEL  
LUXURY LIMOS, LLC  
1524 FLAT RD STE 110  
HOLMEN WI 54636

**Re: *Renewal of Public Passenger Vehicle for Hire License***  
***January 1, 2022 to December 31, 2022***

Dear STEVEN JOHN DOLEZEL:

On October 18, 2021, you were mailed information (application and instructions) regarding the renewal of your public vehicle for hire license for the 2022 license year.

I did not receive your application by the first deadline. **You must file on or before Wednesday, November 24, 2021 to avoid any lapse in your license.** If you do not make this second deadline, you will not have a license as of January 1, 2022.

The license fee, **original** vehicle condition report(s) and insurance certificate are also due at the time of filing. *\*Please note, even if your insurance policy has not expired, we need an updated certificate of insurance listing all licensed vehicles as well as the additional insured endorsement.*

Please keep the above date in mind in order to eliminate any lapse in your license. If you do not intend to renew this license, please contact me at the phone number or email below.

Thank you.

Sincerely,

Katye Sargent  
Assistant Clerk  
(608) 789-7553  
sargentk@cityoflacrosse.org

# CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln

MODEL: Towncar

YEAR: 2002

VIN: 1L1FM81W32Y603185



	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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	/		/	
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)	/		/	

**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: Sean Theleman

Business: All Pro Automotive LLC Address: PO Box 145 Holmer, WI Date: 11/07/21

*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: Luxury Limos LLC  
 VEHICLE MAKE: LINCOLN MODEL: MKX YEAR: 2013  
 VIN: 2LMDJ8JK6ABL12938

	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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	/
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)	_____	_____	/

**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: Sean Thelerman

Business: AWBO Automotive LLC Address: PO Box 145 Holmer, WI Date: 11/07/21

*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

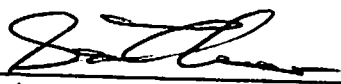
NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln      MODEL: Navigator L      YEAR: 2014

VIN: 5LMJJ3J51EEL00291

	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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	_____ / _____
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)	_____	_____	_____ / _____

**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: Sean Thelen

Business: All Pro Automotive LLC      Address: PO Box 145 Holmen, WI      Date: 11/07/21

*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).*

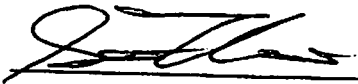
Rev. 11/2017

# CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC  
 VEHICLE MAKE: Lincoln MODEL: Navigator L YEAR: 2016  
 VIN: 5LMJJ3LT1GEL01259

	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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	_____ / _____
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)	_____	_____	_____ / _____

**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: Sean Thelen  
 Business: Auto Automate LLC Address: PO Box 145 Homer WI Date: 11/07/21

*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: Luxury Limos LLC

VEHICLE MAKE: Ford

MODEL: Starcraft Limo Bus

YEAR: 2017

VIN: 1FDES8PM9HKB36386

	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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	_____ / _____
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)	_____	_____	_____ / _____

**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: Sean Theler

Business: AllPro Automotive LLC Address: PO Box 45 Holmen, WI Date: 11/07/21

*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).*