

License Number _____

License Fee \$ 50.00

License Issued _____

Receipt # 118700

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

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.

BUSINESS NAME	<u>TRI-STATE TAXI CO.</u>		
BUSINESS ADDRESS	<u>P.O. BOX 158 STODDARD, WISCONSIN 54658</u>		
	Zoning: _____	Confirmed by: _____	
BUSINESS TELEPHONE	<u>608-397-4962</u>		
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	<u>N/A</u>		

OWNER(S) NAME (First, Full Middle, Last)	<u>WILLIAM J. HELLERUD (JOSEPH)</u>		
OWNER(S) DATE OF BIRTH	<u>07-13-66</u>		
OWNER(S) ADDRESS	<u>158 NORTH MAIN ST.</u>		
OWNER(S) TELEPHONE	<u>608-457-3091</u>		

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO
 IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	<u>National Indemnity (Murphy Agent)</u>		
POLICY NUMBER	_____		
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>\$2 mil CSL liability</u>		

METHOD OF CHARGING	Metered Rates <input checked="" type="checkbox"/>	Zone Rates _____	Vehicle Rental Rate _____
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>1.50 drop, 2.00/mile, .50 extra's, 20.00/hr wait</u>		
NUMBER OF VEHICLES TO BE LICENSED	<u>1</u>		

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
<u>ZFAFP71WJ26X164383</u>	<u>2006 Ford Crown Victoria</u>	<u>5</u>	<u>153-WPX (Wis)</u>

CITY OF LA CROSSE, WI
 General Billing - 118700 - 2014
 000885-0019 Tax
 144927 TRI-STATE TAXI
 Payment Accounts
 08/20/14 03:07PM
 50.00

66 9

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✓ 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 NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

✓ ATTACH A PHOTOCOPY OF THE TITLE AND REGISTRATION FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (renewals are exempt).

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 (Sec. 20.16 of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT William Horned DATE 7-2-14

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Tri-State Taxi Co.

ADDRESS P.O. Box 158 Stoddard, WI 54658

VEHICLE MAKE Ford MODEL Crown Victoria YEAR 2006

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Sidemarkers 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) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	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: Kelly Robinson Printed Name: Kelly Robinson

Business Days of Thunder Address 360 Robin Street Date 7/3/14
Dalton WI 55925

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 motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

608-457-3091

Account Summary For WILLIAM J HELLERUD



Quote #: 2773712
 Status: Quoted
 Policy Type: AP

Originally Quoted: 8/10/2014 10:06 AM CDT
 Quote Printed: 8/13/2014 9:47 AM EDT
 Proposed Effective: 8/14/2014 12:00 AM CDT
 Proposed Expiration: 8/14/2015 12:00 AM CDT

Quoted By: Erin Bender
 RPS Scobie Group
 3300 Birch Street
 Eau Claire, WI 547032297
 Phone - (715) 832-4000
 Fax - (715) 834-7117
 erin@mgarws.com
 Producer: WISOTA INS & FINANCIAL
 1523 ROSE ST SUITE #1
 LA CROSSE, WI 54603
 Phone - (608) 784-3272
 Fax - (608) 784-3278

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	2,000,000 CSL	4,660
10	UM - BI Only	1,000,000 CSL	292
10	UIM - BI Only	1,000,000 CSL	292
7	Medical Payments	5,000	244
7	Physical Damage	See Specific Unit	N/A
broker fee			200
**** Excess Limits Surcharge Applied			Total \$5,688

Revision: 73VM2014R01

Vehicle Information

NICO-Rate Version: 8.3.31.182

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub
1 2006 FORD CROWN VICTORIA (64383) Radius: Up to 50 Miles	4,660	Incl.	Incl.	244	N/A	N/A	N/A	4,904





WISCONSIN

Certificate of Vehicle Registration

0000000

Product Number
90432141612

Color
BLUE

Expiration Date
06/09/2015

Registration Number
14161L40129

Fleet No.

Amount Received
\$ 232.00

Plate Number
153WKX

Registration
AUT AUT

Chassis
AUTO

Gross Weight

Period
A

Year
2006

Make
FORD

0000000
HELLERUD WILLIAM J
158 N MAIN ST
STODDARD, WI 54658-9530

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

Contact the 414-266-1000
Division of Motor Vehicles at
608-266-1466
Vehicles at:
www.dot.wisconsin.gov

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2FAFP71W26X164383	Year 2006	Make FORD			
Title Number 14161L4012-9	Issue Date 06/10/2014	Chassis Type AUTO	Odometer Reading 117000	Odometer Status NOT ACTUAL	Odometer Date 06/10/2014
Product Number 29989141617	Body Style 4DR SEDAN	Color BLUE	Fleet No.		

Titled Owner(s)
HELLERUD WILLIAM J
158 N MAIN ST
STODDARD, WI 54658-9530

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) 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 this 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 IN: MN

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

1-800-464-0834

QUESTIONS?
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov

This document void without watermark - Hold to light to view

Any alteration, correction, fluid, or erasure voids this title

