

License Number _____

License Fee: \$ _____

License Issued _____

Invoice #: _____

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

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

BUSINESS INFORMATION

Business Name <i>(Real/Legal)</i>	Sinkoss USA LLC
Trade Name <i>(DBA)</i>	Bullet Cab
Address	2641 15 th St S Suite 110, La Crosse WI 54601
Zoning District <small>New addresses must be verified compliant by a building inspector.</small>	C-1 Local Business
Telephone	608-519-3200
Wisconsin Seller Permit No. <small>Required if vehicles are leased to drivers.</small>	456-1028197527-02

OWNER INFORMATION

Owner(s) Name <small>(First, Full Middle, Last)</small>	Mian Mukhtar Ahmad
Owner(s) Date of Birth	[REDACTED]
Home Address	2641 15 th St S, La Crosse WI 54601
Telephone	Home _____ Cell 608-797-2511

- 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 NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

INSURANCE INFORMATION

Insurance Carrier/Agent	Coverra Insurance Services, Inc
Address	3803 Creekside Lane, Holmen WI 54636
Telephone/Email	Telephone 608-526-2127 Email _____

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 <small>(or attach Schedule to be posted the vehicles)</small>	Start/Pick-up: \$1.50 Mileage: \$2.00/mile Extras: \$.50/person Wait: \$20.00/hour

VEHICLE INFORMATION

Number of Vehicles to be Licensed	4
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <small>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</small>	CAPACITY <small>(incl. driver)</small>	STATE & LICENSE NO
5YFBU4EE5CP030937	2012, Toyota Corolla	5	ADE6737
2C4RD9CG7ER170141	2014 Dodge Grand Caravan	7	AEA 2908
4T4BF1FKXER338237	2014 Toyota Camry	5	ABA 5052
2T1BU4EE1CC859908	2012 Toyota Corolla	5	AJY-3728

*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 11/1/21

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

<u>Year, Make, Model</u>	<u>VIN</u>	<u>License Plate</u>	<u>Capacity</u>
2012 Dodge Grand Caravan	2C4RDGCG4CR198640	129-YPE	7
2014 Dodge Grand Caravan	2C4RDGCG7ER170141	AEA-2908	7
2014 Toyota Camry	4T4BF1FKXER338237	ABA-5052	5
2012 Toyota Corolla	2T1BU4EE1CC859908	AJY-3728	5
2012 Toyota Corolla	SyFB4EE5CP030 937	ADE 6737	



WISCONSIN

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Certificate of Vehicle Registration

Product Number 14924210074				Registration Number R1218CA237978		
Plate Number ADE6737	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color BLACK	Fleet No
Vehicle Identification Number 5YFBU4EE5CP030937			Year 2012	Make TOYT	Expiration Date 09/24/2022	Amount Received \$ 85.00

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:
wisconsin.dmv.gov
608-264-7447

SINKOSS USA LLC
2001 STATE RD
LA CROSSE, WI 54601-5837

02

New cab



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Vehicle Identification Number 5YFBU4EE5CP030937		Year 2012	Make TOYOTA	
Title Number 21007K3002-3	Issue Date 01/07/2021	Chassis Type AUTO	Odometer Reading 74117	Odometer Status ACTUAL
Product Number 72683210075	Body Style SEDAN	Color BLACK	Fleet No.	
Titled Owner(s) SINKOSS USA LLC 2001 STATE RD LA CROSSE, WI 54601-5837		Odometer Date 12/17/2020		

The person, firm or organization 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 Holder's 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 correctly forwarded onto this document.

Lien Holder(s)
NONE,

Additional Vehicle Detail
PREVIOUSLY TITLED BY: 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

20 - 3 - 2678229

QUESTIONS:
Contact the Division of Motor Vehicles at
414.266.1000, 608.264.7447
wisconsin.dmv.gov

KEEP IT IN THE BACK DO NOT KEEP IN VEHICLE


Any alteration, correction fluid, or erasure voids this title

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bullet cab
 VEHICLE MAKE: Toyota MODEL: Corolla YEAR: 2012
 VIN: 5yFBU4EESC P030937

	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: Arden McCallison
 Business: Auto Repair Address: 803 JACKSON LA CROSSE WI 54601 Date: 1/1/12


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: Bullet cab
 VEHICLE MAKE: TOYOTA MODEL: COROLLA YEAR: 2012
 VIN: 5YFBUAEE5CP030937

	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: Anden McCallison
 Business: Auto Repair Address: 803 Jackson St La Crosse WI 54601 Date: 11/1/21


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: Bullet cab
 VEHICLE MAKE: TOYOTA MODEL: CAMRY YEAR: 2014
 VIN: 4T4BF1FKXER338237

	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: Arden McCollison
hocruse
 Business: Auto Repair Address: 803 JACKSON ST W 54661 Date: 11/1/21


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: Bullet cab
 VEHICLE MAKE: TOYOTA MODEL: COROLLA YEAR: 2012
 VIN: 2T1BU4EE1CC859908

	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: Arden McCallison
 Business: Auto Repair Address: 803 Jackson La Date: 11/1/21
Wi. 54601

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).



ADDITIONAL REMARKS SCHEDULE

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Bullet Cab, Sinkoss USA LLC dba 2641 15th St S La Crosse WI 54601	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

- 2012 TOYT JTDKDTB37C1008441
- 2012 TOYT JTDKN3DU9C1591324
- 2014 TOYT JTDKN3DU1E1750761
- 2010 TOYT JTDKN3DU5A1293236
- 2014 TOYT JTDKN3DU3E1768923
- 2012 TOYT 5YFBU4EE5CP030937
- 2012 TOYT 2T1BU4EE1CC859908
- 2014 TOYT JTDKN3DUZE0385738
- 2015 TOYT JTDKN3DU1F1876457
- 2010 TOYT JTDKN3DUXA0114744
- 2014 DODG 2C4RDGCG7ER170141
- 2012 TOYT JTDKN3DU5C1503904
- 2014 TOYT JTDKN3DU1E1800901
- 2014 TOYT 4T4BF1FKXER338237
- 2016 CHRY 2C4RC1BGXGR301843

Integrity Mutual Insurance

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests	
Unit #000 Additional Insured CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE WI 54601	Unit #000 Additional Insured MTM INC 16 HAWKRIDGE DR LAKE SAINT LOUIS MO 63367
Unit #000 Certificate Holder MTM INC 16 HAWKRIDGE DR LAKE SAINT LOUIS MO 63367	

Named Insured: SINKOSS USA LLC

Policy No. CA 2082854

CA241 (12-99)

Endorsement CA 39

Policy Number:

Additional Insured

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

Endorsement effective 06/28/201 at 12:01 A.M. standard time	
Named Insured Sinkoss USA, LLC	Countersigned by <i>Pam Andre</i>

(Authorized Signature)

SCHEDULE

Name and Address of Person or Organization (Additional Insured):

City of La Crosse
 400 La Crosse St.
 La Crosse, WI 54601

WHO IS AN INSURED (Section II) is amended to include as an "insured" the person or organization named in the Schedule of this endorsement; but such inclusion of additional insured shall not operate to increase the limits of our liability.