License Number				L	License Fee: \$			
Liceñse Issued		CITY OF LA CRO			nvoice #:			
	APPLI	CATION FOR PUBLIC V	EHICLE	FOR HIRE				
License Period: January 1,	2022 to Dec	cember 31, 2022						
BUSINESS INFORMATION								
Business Name (Real/Legal)	Sink	oss USA LLC						
Trade Name (DBA)	i	et Cab						
Address	2641	15th St S Suite 110, La C	Crosse V	VI 54601				
Zoning District New addresses must be verified con by a building inspector.		Local Business						
Telephone	608-	519-3200						
Wisconsin Seller Permit No. Required if vehicles are leased to dri		1028197527-02						
OWNER INFORMATION								
Owner(s) Name (First, Full Middle, Last)	Miar	Mukhtar Ahmad						
Owner(s) Date of Birth								
Home Address	2641	I 15th St S, La Crosse WI	54601					
Telephone	Home	9	Cell	608-797-2511				
N					(use reverse side, if necessary).			
INSURANCE INFORMATION Insurance Carrier/Agent		surance Services, Inc						
Address		side Lane, Holmen WI 54	1636					
	Telephone	608-526-2127		Em	ail			
Telephone/Email	500 SSV							
DURATION OF THE POLICY. ALL The policy must be endorsed nam	INICI IDED VEH	IICLES SHALL BE IDENTIFIED	ON THE	CERTIFICATE OF	LICY NUMBER, POLICY LIMITS AND INSURANCE. page must accompany the certificate.			
RATE INFORMATION Method of Charging		Metered Rates _x_	Zone F	Rates	Vehicle Rental Rate			
Schedule of Rates (or attach Schedule to be posted the	vehicles)	Start/Pick-up: \$1.50 Mile	eage: \$2	2.00/mile Extras:	\$.50/person Wait: \$20.00/hour			
VEHICLE INFORMATION								
Number of Vehicles to be Lic	ensed	4						
VEHICLE ID NUMBER		YEAR, MAKE & MODEL (Model Year Cannot Exceed ears of Age - Renewals are Exe	el Year Cannot Exceed (incl. driver)					
FBU4EESCP030	937 201	012, Toyota coxolla 5 ADE6737						
4RDGCG7ER1701	41 2014	Dodge Grand Co	25.Van	7	AEA 2908			
GBFIFKXER3382	37 2014	Toyota CAMR	y		ABA 5052			
TIBULFEICE 8599	8 2012	012 Toyota convia 5 A.Ty-3728						

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

<u>< * * * * * * * * * * * * * * * * * * *</u>	_ ATTACH ORIGINAL CERTIFIC for hire is in good mechanical c Technician.	CATE OF INSPECT condition. The inspe	ON FOR EACH VEH ection and certificate n	ICLE certifying nust be comple	that the vehicle to be ted by an A.S.E. Certi	used fied
	ATTACH A CERTIFICATE OF Model and VIN. Said policy endorsement MUST accomparinsured on the certificate is not	must be endorsed by the Certificate of	naming the City of Insurance at the time	La Crosse as of filing. Note.	additional insured.	Said
_	_ATTACH A PHOTOCOPY OF VEHICLE (the title/confirmation application only. Note: A salvand inspected by an authorized must be provided).	on must be in the	name of business se used as a public v	or owner); red ehicle until the	quired for original ve <i>vehicle has been rep</i>	hicle <i>airec</i>
	_ ATTACH PHOTOCOPY OF LE or when there is a change in bu			licable. This is	required of new appli	cants
The al	bove hereby makes application apter 10, Article XIII of the Code	n for a Public Vehi e of Ordinances of	icle For Hire License the City of La Cross	e within the Ci se.	ty of La Crosse purs	uan
inform certify mecha	by attest that the information of nation or making false stateme that the above automobile(s nation at all times an O, Article XIII of the La Crosse	nts on this applica) was inspected b d will comply with Municipal Code).	ntion will be basis for by an A.S.E. certifient the provisions of la	er denial/revoc ed technician a	ation of license. I fu and will be kept in g	rthei good
SIGNA	ATURE OF APPLICANT	Mukel	as Af A	DATE	11/12/	
		1				
LICEN	SE []APPROVED []DEN	NED				
	ATURE OF POLICE REPRESEN			DATE		
SIGNA	TURE OF POLICE REPRESEN	IVIIAE				BALL O

Year, Make, Model	<u>VIN</u>	License Plate	Capacity
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 casella	SYFB4EESCP030 937	ADE 6737	



2012

YEAR

09/24/2022

TOYT

\$ 85.00

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

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

5YFBU4EE5CP030937





Titled Owner(s) 2001 STATE RD SINKOSS USA LLC Vehicle Identification Number LA CROSSE, WI 54601-5837 21007K3002-3 72683210075 5YFBU4EE5CP030937 Oduct Number Body Style SEDAN 01/07/2021 2012 TOYOTA BLACK OTUA ACTUAL Fleet No

12/17/2020

100 CO C. 100 S. C. has no actual knowledge about the history of the venicle and makes no warranty that the blands or mileage disclosures on prior blies have been carried forward onto adonates statements place in the assignment of the Centricate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department The person, I in a copia it at raince on his Title is the lawful owner of the vehicle described, subject to any Security Interest tilens, shown. The order in which the described subject to any Security Interest tilens, shown. The order in which the described subject to any Security Interest tilens, shown. The order is which the described subject to any Security Interest tilens, shown. The order owner the can 5YESC46E5C5030937

Lien Holder(s)

Additional Vehicle Detail PREVIOUSLY TITLED BY: MN

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 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

register it with the Division of Motor Vehicles PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to



MAIL ADDRESS: Wisconsin Department of Transportation PO Box 7949, Madison, Wt 53707-7949

20 - 3 - 2678229

Contact the Dreason of Motor Volinches at Motor Volinches at Motor Volinches at 414-266-1000, 609-264-7447 wisconstinding gov

NAME OF BUSINESS: Bullet cab						
VEHICLE MAKE: Toyota	MODEL:	Cossolla	YEAR: 2012			
VIN: SYFBU4EESCF	2030937					
7	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY			
Headlamps (incl. cover and aim)						
Parking Lamps	s 					
Directional Lamps	u 					
Flashing Warning Lamps						
Side Marker Lamps/Reflectors						
Tail Lamps (incl. cover)		***************************************				
Back Up Lamps						
Brake Lamps	V <u></u>					
Steering System						
Hood & Trunk Latches						
Emission/Exhaust System		,				
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	n 2/32 of an inch)					
Windshield (incl. wipers & washers)						
Windows (side, rear)						
Windshield Defroster		-				
Horn						
Mirrors						
Speed Indicator	W					
Restraining Devices & Seats						
Brakes (incl. parking brake)		<u> </u>				
Heater						
Air Conditioning	<u></u>	₩				
Door Handles (interior & exterior)						
DISCLOSURE STATEMENT: I am reasonable diligence in inspecting this v be as indicated above.	an A.S.E. Certified Te vehicle. On the basis of s	chnician with an unexpi such inspection, I declare	red certificate and have exercised the apparent existing condition to			
A.S.E. Certified Technician: Signature	of flule McColl	Printed Nar	ne: Arden McCallson 100552 154101 Date: 1/1/2/			
Business: Aceto Pepais	Address:	Jackson lui	9-1601 Date: 1/1/2/			

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).

NAME OF BUSINESS:	Bullet cab							
VEHICLE MAKE: TO YO	74 MODEI	: COROLL	4 YEAR: 20/2					
VIN: SYFBUAEESCP030937								
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY					
Headlamps (incl. cover and aim)								
Parking Lamps	-							
Directional Lamps	113							
Flashing Warning Lamps								
Side Marker Lamps/Reflectors								
Tail Lamps (incl. cover)	<u> </u>							
Back Up Lamps	V	5						
Brake Lamps	·							
Steering System								
Hood & Trunk Latches								
Emission/Exhaust System								
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less th	nan 2/32 of an inch)	-						
Windshield (incl. wipers & washers)								
Windows (side, rear)								
Windshield Defroster								
Horn		-						
Mirrors								
Speed Indicator								
Restraining Devices & Seats		<u> </u>						
Brakes (incl. parking brake)	·							
Heater								
Air Conditioning	<u> </u>	-						
Door Handles (interior & exterior)								
DISCLOSURE STATEMENT: I a reasonable diligence in inspecting this be as indicated above.	m an A.S.E. Certified To vehicle. On the basis of	echnician with an unexposure inspection, I declare	ired certificate and have exercised the apparent existing condition to					
A.S.E. Certified Technician: Signatu	ire: fell-McCall	Printed Nat	me: Anden McCallson/ sse 24601 Date: 11/121					
Business: Huto Repair	Address: &VITAL	ckson St un E	21601 Date: 1// /31					

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).

NAME OF BUSINESS: Bullet cab						
VEHICLE MAKE: TOYOTA	4 MODEL:	CAMRY	YEAR: 2014			
VIN: 4T4BFIFKXE	ER3382	37				
	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	<u></u>	-				
Emission/Exhaust System	y ()					
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	in 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	<u></u>					
Air Conditioning						
Door Handles (interior & exterior)		-				
DISCLOSURE STATEMENT: I am reasonable diligence in inspecting this vibe as indicated above.	an A.S.E. Certified Tevelicle. On the basis of s	echnician with an unexpi such inspection, I declare	red certificate and have exercised the apparent existing condition to			
A.S.E. Certified Technician: Signature	Jaden McCollse	Printed Nan	ne: Ardow Ma Callson			
Business: Huto Repair	Address: 803	Jacksony st le	01 5460 Date: 11/, (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 <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).

NAME OF BUSINESS: BUIL	let cab		
VEHICLE MAKE: TOYOTA	MODEL	COROLL	9 YEAR: 2012
VIN: 2TIBU 4EE ICC	2859908		
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			
Parking Lamps	7		
Directional Lamps			
Flashing Warning Lamps		<u> </u>	
Side Marker Lamps/Reflectors	-		
Tail Lamps (incl. cover)	<u> </u>	-	
Back Up Lamps		<u> </u>	
Brake Lamps	/	7	
Steering System	<u> </u>		
Hood & Trunk Latches	<u> </u>		
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	n 2/32 of an inch)	-	
Windshield (incl. wipers & washers)	21		
Windows (side, rear)			
Windshield Defroster			
Horn			
Mirrors			
Speed Indicator			
Restraining Devices & Seats		<u> </u>	
Brakes (incl. parking brake)		*	
Heater		-	
Air Conditioning	4	<u> </u>	
Door Handles (interior & exterior)		·	
DISCLOSURE STATEMENT: I am reasonable diligence in inspecting this vibe as indicated above.	vehicle. On the basis of	such inspection, I declare	e the apparent existing condition to
A.S.E. Certified Technician: Signature	e: Jun Heli		ne: Arden McCallson
Business: Auto Repair	Address:	803 Jaclicom	Chosse Date: 11/1/21
Per Sec. 10-589, each public passenger safe condition of all motor vehicles, app	vehicle shall be kept and plicant must present to t	d maintained in a safe an the City Clerk an <u>origina</u>	nd reliable condition. To insure 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) 11/1/2021

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		CONTACT Pam Andre						
Coverra Insurance Services, Inc. 3803 Creekside Ln		PHONE (A/C, No, Ext): 608-526-2127 FAX (A/C, No): 608-519-2818						
Holmen WI 54636		E-MAIL ADDRESS: pandre@coverrainsurance.com						
		INSURER(S) AFFORDING COVERAGE NAIC #						
		INSURER A : Integrity Group						
INSURED	BULLCAB-01	INSURER B : West Bend Mutual Ins	Surance Company					
Bullet Cab, Sinkoss USA LLC dba			surance Company					
2641 15th St S		INSURER C :						
La Crosse WI 54601		INSURER D :						
		INSURER E :						
	39	INSURER F:						
	ATE NUMBER: 1287304437		REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIRE	NSURANCE LISTED BELOW HAY	VE BEEN ISSUED TO THE INSURE	ED NAMED ABOVE FOR THE POL	ICY PERIOD				
CERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, THE INSURANCE AFFORDI	ED BY THE POLICIES DESCRIBE	D HEREIN IS SUBJECT TO ALL	THE TERMS.				
EXCLUSIONS AND CONDITIONS OF SUCH POLIC	IES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.						
INSR LTR TYPE OF INSURANCE INSD		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS					
A X COMMERCIAL GENERAL LIABILITY	GLA2082853	6/28/2021 6/28/2022	EACH OCCURRENCE \$ 1,000	,000				
CLAIMS-MADE X OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,0	00				
			MED EXP (Any one person) \$5,000					
			PERSONAL & ADV INJURY \$ 1,000					
GEN'L AGGREGATE LIMIT APPLIES PER:								
X POLICY PRO-								
			PRODUCTS - COMP/OP AGG \$ 2,000	,000				
A AUTOMOBILE LIABILITY Y	CA 2002054	6/28/2004 6/28/2000	COLUMN TO CHICK THE T	000				
ANY AUTO	CA 2082854	6/28/2021 6/28/2022	(Ea accident) \$ 1,000	,000				
OWNED TO COURDING			BODILY INJURY (Per person) \$					
AUTOS ONLY X AUTOS HIRED NON-OWNED			BODILY INJURY (Per accident) \$					
AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE (Per accident) \$					
			\$					
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$					
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$					
DED RETENTION \$			\$					
B WORKERS COMPENSATION	A385149	12/4/2020 12/4/2021	X PER OTH-					
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT \$ 100,0	00				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$ 100,0					
If yes, describe under DESCRIPTION OF OPERATIONS below								
DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$ 500,0	00				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC	CORD 101 Additional Parasta Co. 1							
City of La Crosse, its elected & appointed officials	, officers, employees & authoriz	e, may be attached it more space is require Zed agents are listed as additiona	a) I insured on the automobile polic	_{v.}				
	K		. mourea on the date medical pene	,,,				
Vehicles insured on Integrity policy: 2010 TOYT JTDKN3DU2A5008761								
2010 TOYT JTDKN3DU4A0019127								
2012 HYUN KMHEC4A40CA022919								
2012 TOYT JTDKN3DU1C1564103 2015 TOYT JTDKN3DU8F0437648								
See Attached								
CERTIFICATE HOLDER		CANCELLATION		**				
City of La Crosse			ESCRIBED POLICIES BE CANCELL REOF, NOTICE WILL BE DEI Y PROVISIONS.					
400 La Crosse St	ļ.							
La Crosse WI 54601		AUTHORIZED REPRESENTATIVE						

AGENCY CUSTOMER	ID:	BUL	LCAB-	-01
-----------------	-----	-----	-------	-----

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Bullet Cab, Sinkoss USA LLC dba 2641 15th St S				
POLICY NUMBER		La Crosse WI 54601				
CARRIER	NAIC CODE	EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,					
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY IN	NSURANCE				
	ELIABILITY IN	ISURANCE				

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

tem 6 - Other Interests		<u></u>										
4						e e e e e e	1110000					
Unit #000 Additional I	hsured .	Un	+		10	Add		ona	37	Inst	ired.	88
CITY OF LA CROSSE	100 m x d. d.	MIR	1	VC								35
400 LA CROSSE ST LA CROSSE WI	54601	ĹĂ	Œ,	SAI	NT	JE I LO	JIS			39	6336	17
		*										
Init #000 Certificate	Holder	10										
ITM INC 6 HAWKRIDGE DR		32										
AKE SAINT LOUIS MO	633.67	320										
		8										
		20										
		38 10										
		.22										
		30									- 10	
		22										
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		388										
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		199										
		-161										
		38										
		300										
		ш										
		-										
		100										

Named Insured: SINKOSS USA LLC

Policy No. CA 2082854

CA 241 (12÷V)

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	Countersiened by Pam Andre

(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.