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CITY OF LA CROSSE APPLICATION FOR PEDICAB AND/OR PEDAL CAR

(Ch. 10, Article XVIII)

The undersigned h	ereby make	uncil, City Clerk and Chief of Police of the City of La Crosse: s application for a Pedicab and/or Pedal Car License.					
USINESS NAME	River	Town Pedal Tours, LLC					
SUSINESS ADDRESS	N730	County Road HD, Holmen, WI 54636					
BUSINESS TELEPHONE	608-7	2493					
/EHICLE STORAGE ADDR	ESS N730	County Road HD, Holmen, WI 54636					
PEDAL CAR DEPOT/TERMINAL(S) Property owner permission requi		osse Distilling Co.					
OWNER(S) NAME First, Full Middle, Last)	Scott	Kenneth Gumz & Kimberly Dawn Gumz					
OWNER(S) DATE OF BIRT	Н						
		N7304 County Road HD, Holmen, WI 54636					
OWNER(S) ADDRESS	N730	4 County Road HD, Holmen, WI 54636					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVICE	608-	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO ORDINANCE VIOLATION? [] YES [] NO					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVIC	ONVICTED CTED OF AN	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVICE	608-	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVIC	ONVICTED CTED OF AN	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO ORDINANCE VIOLATION? [] YES NO NO DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION. ance Co.					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVICTION IF EITHER ANSWER IS YELL INSURANCE CARRIER	ONVICTED TED OF AN	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO ORDINANCE VIOLATION? [] YES NO NO DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION. ance Co.					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVICE IF EITHER ANSWER IS YELL INSURANCE CARRIER POLICY NUMBER POLICY LIMITS	AXIS Insur 84-478702	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO ORDINANCE VIOLATION? [] YES NO NO DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION. ance Co.					
OWNER(S) ADDRESS OWNER(S) TELEPHONE HAVE YOU EVER BEEN CHAVE YOU BEEN CONVICTION IF EITHER ANSWER IS YELL INSURANCE CARRIER POLICY NUMBER POLICY LIMITS (min. \$2,000,000 liability)	AXIS Insui 84-478702 2,000,000	92-8676 608-386-1264 OF A FELONY OR MISDEMEANOR? [] YES NO ORDINANCE VIOLATION? [] YES NO NO DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION. ance Co.					

ATTACH SCHEDULE OF RATES. **NO CHANGES MAY BE MADE TO RATES WITHOU	T PRIOR COMMON COUNCIL APPROVAL.
ATTACH PROPOSED ROUTES FOR PEDAL CAR TO **NO CHANGES MAY BE MADE TO ROUTES WITHOUTES	OURS. OUT PRIOR COMMON COUNCIL APPROVAL.
ATTACH WRITTEN AUTHORIZATION FROM THE PI A PEDAL CAB TOUR. **MUST BE A COMMERCIAL LOCATION ON PRIVAT	ROPERTY OWNER OF ANY ASSEMBLY SITE USED FOR
ATTACH ORIGINAL CERTIFICATE OF INSPECTION VEHICLE TO BE USED FOR HIRE IS IN GOOD MEC **THE INSPECTION MUST BE COMPLETED BY A R	FOR EACH VEHICLE CERTIFING THAT THE HANICAL CONDITION. EPUTABLE BICYCLE TECHNICIAN (other than owner).
OFFICE AUTOPED	YING ALL INSURED VEHICLES BY BRAND, MODEL AND THE CITY OF LA CROSSE AS ADDITIONAL INSURED.
ATTACH A PHOTOCOPY OF THE BICYCLE REGIST	TRATION FOR EACH VEHICLE.
I hereby attest that the information contained in this application or making false statements on this application withat the above vehicles will be kept in good mechanical condition pertaining to pedicabs and pedal cars (Ch. 10, Article XVIII of	ition at all times and I will comply with the provisions of law
SIGNATURE OF APPLICANT	DATE ///// 22
APPROVAL OF MUN	ICIPAL AUTHORITY
Upon investigation of statements made on application an hereby:	nd municipal and state criminal records, license is
[] APPROVED [] DENIED	
Signature of Police Department Representative & Date	and the second s
The issuance of a Pedicab or Pedal Car License is conditional necessary to protect the public health, safety or welfare, to presituations or due to noncompliance of this section, the Municipal	Went a hillsance from developing of continuing, in office general
TO BE COMPLETED BY CLERK	Date license granted License number issued
Date filed with municipal clerk Date reported to Council	Date license granted License number issued

River Town Party Tours Trolley Pub schedule & Rates:

Trolley Pub Bike tours will begin and end at our depot located at the old La Crosse Tribune building at 401 N. 3rd St.

A brief orientation will be given by the driver/Tour guide before the tour sets out.

Tours last 2 hours, and we will pedal close to 2 miles round trip. FREE Water will be provided during the tours. (See Map Enclosed)

Other Tours include:

Saturday and Sunday 12:30 Bloody Tours

Thursdays 6pm: Moon Tunes Tour

Tour Time Slots

Sunday: 12:30pm - 2:30pm, 3:00pm - 5:00pm, 5:30pm - 7:30pm,

8-10p

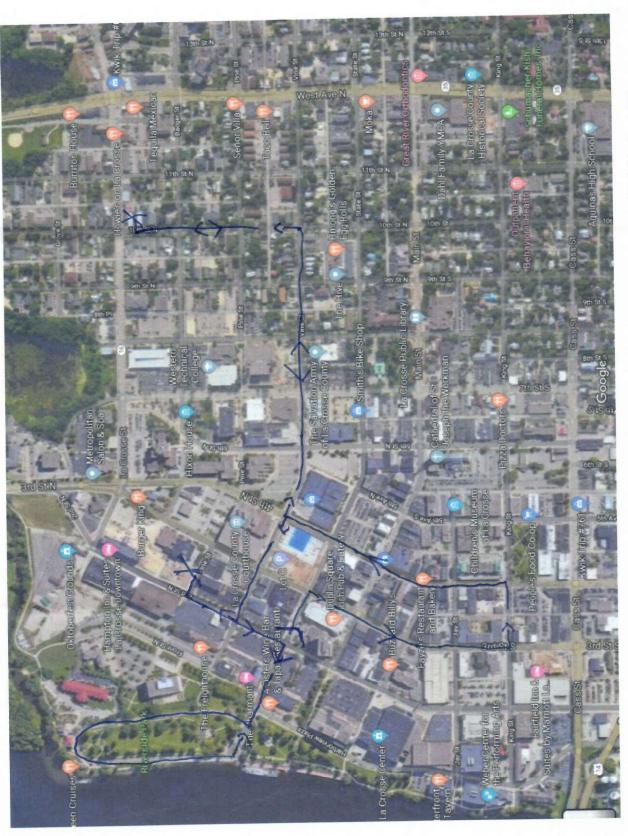
Monday: Closed

Tuesday: 1:00pm - 3:00pm, 6:00pm - 8:00pm, 8:00pm - 10:00pm **Wednesday:** 1:00pm - 3:00pm, 6:00pm - 8:00pm, 8:00pm - 10:00pm **Thursday:** 1:00pm - 3:00pm, 6:00pm - 8:00pm, 8:00pm - 10:00pm **Friday:** 1:00pm - 3:00pm, 6:00pm - 8:00pm, 8:00pm - 10:00pm **Saturday:** 12:30pm - 2:30pm, 3:00pm - 5:00pm, 5:30pm - 7:30pm,

8:00pm - 10:00pm

Rates:

Weekday Tour (Sunday - Thursday) \$349.00 Weekend Tour (Friday / Saturday) \$399.00



The Trolley Pub tours start & end at the LaCrosse Tribune building at 401 N. 3rd St. Tours run from Pine St. down 2nd, through Riverside Park, up to 3rd, "Family" Tours may also run up & down Vine St. to 10th St down to King St. - Up to 4th St. back down to Pine. with a stop at Rudys Drive in prior to 8pm.

Land Lease Contract



This agreement, a contract, sets forth the terms as a binding agreement between the Lessee, River Town Pedal Tours LLC; DBA Trolley Pub

Kim Gumz	Print Name
Ву	
By Scott Gumz - River Town Pedal Tours LLC DBA Trolley Party La Crosse	Print Name
Lessee:	
the Lessor on this date, 2022.	
The above terms have been reviewed and are in mut	tual agreement between both the Lessee and
premises and Lessee is responsible for any XC (\$40.00) each month.	\$1,000,000.00) each occurrence & a general issued by a reputable insurance company, asse stating that Lessee is operating from stated CEL ENERGY bill that exceeds Forty Dollars
 It should be noted and agreed by and between been designated for development to a higher a right to proceed with planning or sale, which re If the property is sold, lessee understands that property without compensation. If asked to va- returned, calculated from the time of eviction in 	equire entry to the property at various times. a new owner may require lessee to vacate the acate, Lessee will have a prorated rent amount
2. The space will be leased from April 15, 2023, to payable in advance. A separation of the premises on the fir one month's rent of	ecurity deposit of management of the control of the
1. The purpose of this contract permits the lessed previously known as the La Crosse Tribune, 401 3 rd St Lessor. Customers of Lessee may park their cars during building just so they will not block entrance to the gap parking lot, since it is occupied by contractors' vehicles.	., N., La Crosse, WI 54601 owned by the ng the tour beside the North side of the rage area. No parking is allowed on the Pine St.
The following terms are set forth:	
County Rd. HD, Holmen, WI 608 799-2493 gratefulsoulz Crosse, WI, executed on the day of	<u>z@gmail.com</u> and the lessor, Capstone, LLC III La
La Crosse, owned by Scott & Kim Gumz, who	se contact information is: 7304

Lessor: ______Cliff LeCleir, Owner – Capstone, LLC

RHILLS

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

11/11/2022

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.

this o	PRTANT: If the certificate holder IBROGATION IS WAIVED, subject certificate does not confer rights to	the cei	tificate holder in lieu of	auvii viiu	Or odinoria(o).					
PRODUCER				CONTACT NAME: PHONE (A/C, No, Ext): (800) 362-8046 FAX (A/C, No): (608) 783-8155						
701 Sar	urance Center nd Lake Road			(A/C, No	o, Ext): (800) 3	02-0046	ance com	(A/C, No): (0001	00 0 100
Onalas	ka, WI 54650-2442			ADDRE	_{ss:} ticgenera	With the same of t				
							IDING COVERAGE ICE Company			NAIC#
				VICE VICE AND ADDRESS OF THE PARTY OF THE PA	SOME OF ALL	ale Ilisurai	ice Company			
INSURED	River Town Pedal Tours LLC			INSURE						
dba Trolley Pub La Crosse				INSURER C: INSURER D:						
	N7304 Cty Rd HD			INSURE						
	Holmen, WI 54636			INSURE	According to					
001/5	DAOES CEP	LIEICV	TE NUMBER:	HOUNT			REVISION NU	MBER:		
THIS	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY RI	S OF II	NSURANCE LISTED BELO MENT, TERM OR CONDIT	ORDED BY	THE POLICE	ES DESCRIB	ED HEREIN IS S			
EXCL	LUSIONS AND CONDITIONS OF SUCH I	OLICIE	S. LIMITS SHOWN MAT HA	VE BEEN I	VEDOCED DI	THE CHANGE				
INSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POL		POLICY NUMBER	MBER POLICY EFF		POLICY EXP (MM/DD/YYYY)		LIMIT		1,000,000
AX					410010000	4/22/2023	DAMAGE TO REN	TED	\$	100,000
	CLAIMS-MADE X OCCUR		CPS7565506		4/22/2022	412212023	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	5,000
							MED EXP (Any one person)		\$	1,000,000
							PERSONAL & ADV INJURY GENERAL AGGREGATE		\$	2,000,000
G	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG		s	2,000,000
-	POLICY PRO-						PRODUCTO - COL	11701 7100	s	
	OTHER:	_	+				COMBINED SINGI (Ea accident)	LE LIMIT	\$	
AUTOMOBILE LIABILITY							BODILY INJURY (Per person) \$		\$	
-	ANY AUTO OWNED AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident) \$			
-							PROPERTY DAMAGE (Per accident) \$		\$	
-	AUTOS ONLY NON-OWNED AUTOS ONLY								\$	
-	UMBRELLA LIAB OCCUR						EACH OCCURRE	NCE	\$	
F	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$	
	DED RETENTION\$								\$	
w	ORKERS COMPENSATION						PER STATUTE	OTH- ER		mentalistic and a second second second second
IAI	ND EMPLOYERS LIABILITY						E.L. EACH ACCID	ENT	\$	
Ô	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - E.	A EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$	
DESCR The Ci	IPTION OF OPERATIONS / LOCATIONS / VEHIC ty of LaCrosse is listed as an additio	LES (AC nai insu	ORD 101, Additional Remarks Sc Ired on the general liabilit	hedule, may y when re	be attached if mo quired by wri	re space is requ tten contract	irea) 			
CERT	TIFICATE HOLDER			CAN	ICELLATION		<u> </u>			-
Jan 1				-	OUR DANN OF	THE ABOVE	DESCRIBED POL	ICIES RE	ANCE	LLED BEFORE
	City of LaCrosse 400 LaCrosse St			TH	E EVDIDATIO	IN DATE T	HEREOF, NOTI	CE WILL	BE D	ELIVERED IN
La Crosse, WI 54601				AUTHORIZED REPRESENTATIVE						

ACORD

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY The Insurance Center		NAMED INSURED River Town Pedal Tours LLC dba Trolley Pub La Crosse
POLICY NUMBER SEE PAGE 1		N7304 Cty Rd HD Holmen, WI 54636
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

See remarks

Our agency has, upon your request, issued this certificate based on the information you provided. If you provided a contract, we reviewed only the insurance requirements portion of the contract. In performing this review, our Agency is not providing legal advice or a legal opinion concerning any portion of the contract. In addition, our Agency is not undertaking to identify all potential liabilities that may arise under this contract. This review is provided for your information, and should not be relied upon by third parties. Upon your authorization, we will make the necessary changes in your insurance program.