

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

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

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

License Fee: \$ 180.00

Invoice #: 70057  
*check #*

License Period: January 1<sup>st</sup>, 2024 to December 31<sup>st</sup>, 2024

**BUSINESS INFORMATION**

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

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Mian Ahmad
Owner(s) Date of Birth	09/12/1962
Home Address	2641 15 <sup>th</sup> St S Suite 110, La Crosse WI 54601
Telephone	<i>Home</i> _____ <i>Cell</i> 608-797-5211

- 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	<i>Telephone</i> 608-526-2127 <i>Email:</i> _____

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 <i>(or attach Schedule to be posted the vehicles)</i>	START/PICK-UP: \$2.00, MILEAGE: \$2.50/MILE, EXTRAS: \$.50/PERSON, WAIT: \$20.00/HOUR

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	<u>X 3</u>
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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
2T1BU4EE7CC838626	2012 TOYOTA COROLLA	5	WI ARY3552
4T4BF1FKXER338237	2014 TOYOTA CAMRY	5	WI ABA-5052
<del>JTDKN3DU3E1768923</del>	<del>2014 TOYOTA PRIUS</del>	5	<del>WI AHN4929</del>
2C4RG1BGXCGR301843	2016 CHRYSLER TOWN & COUNTRY	7	<del>WI AME1046</del>

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

5YFBU4EE4DP134692. Toyota Corolla (2013) 5

AUD3371

✓ 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 11/8/23

LICENSE [ ] APPROVED [ ] DENIED  
SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

# CERTIFICATE OF INSPECTION

NAME OF BUSINESS: SINKOSS USA LLC  
 VEHICLE MAKE: Toyota MODEL: Corolla YEAR: 2013  
 VIN: SYFBU4EE4DP134692

	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.

**Arden's Auto Maintenance**  
& Used Car Sales  
803 Jackson Street  
La Crosse, WI 54601

A.S.E. Certified Technician: Signature: Arden McCullen Printed Name: \_\_\_\_\_  
 Business: \_\_\_\_\_ Address: 803 Jackson St La Crosse WI 54601 Date: 11/9/23

*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: SINKOSS USA LLC  
 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) <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.

**Arden's Auto Maintenance & Used Car Sales**  
 803 Jackson Street, La Crosse, WI 54601

A.S.E. Certified Technician: Signature: Andrew McCallison Printed Name: Andrew McCallison  
 Business: Arden's Auto Sales Address: 803 Jackson St box 54601 Date: 11/9/23

*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: SINKOSS USA LLC

VEHICLE MAKE: TOYOTA

MODEL: CROLLA

YEAR: 2012

VIN: 2T1BU4EE7CC838626

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps ( <i>incl. cover and aim</i> )	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Side Marker Lamps/Reflectors	_____	_____	✓
Tail Lamps ( <i>incl. cover</i> )	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires ( <i>incl. spare &amp; jack</i> ) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	✓
Windshield ( <i>incl. wipers &amp; washers</i> )	_____	_____	✓
Windows ( <i>side, rear</i> )	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes ( <i>incl. parking brake</i> )	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles ( <i>interior &amp; exterior</i> )	_____	_____	✓

**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: \_\_\_\_\_

*Andrew McCallison*

Printed Name: \_\_\_\_\_

*Andrew McCallison*  
803 Jackson Street  
La Crosse, WI 54601

**Arden's Auto Maintenance**

Business: **& Used Car Sales**

Address: 803 Jackson St

**Arden's Auto Maintenance & Used Car Sales**  
57461

*Per Sec. 10-580, Wis. Stats. (Public Safety) every 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).*

# WISCONSIN CERTIFICATE OF TITLE

This document void without watermark - Hold to light to view

Vehicle Identification Number <b>5YFBU4EE4DP134692</b>	Year 2013	Make TOYOTA			
Title Number 23205L3016-1	Issue Date 07/24/2023	Chassis Type AUTO	Odometer Reading <b>116438</b>	Odometer Status <b>ACTUAL</b>	Odometer Date 06/21/2023
Product Number 10782232056	Body Style SEDAN	Color BLACK	Fleet No.		

**Titled Owner(s)**  
SINKOSS USA LLC  
2001 STATE RD  
LA CROSSE, WI 54601-5837

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) 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 the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

5YFBU4EE4DP134692

**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  
354611

20 - 1 - 1513486

**QUESTIONS:**  
Contact the Division of Motor Vehicles at:  
414-266-1000, 608-264-7447  
wisconsin.dmv.gov

**KEEP IN SAFE PLACE**

**DO NOT KEEP IN VEHICLE**



# WISCONSIN

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## Certificate of Vehicle Registration

Product Number				Registration Number		
92987232052				23205L30161		
Plate Number	Registration	Chassis	Gross Weight	Period	Color	Fleet No.
AUD3371	AUT AUT	AUTO		A	BLACK	
Vehicle Identification Number			Year	Make	Expiration Date	Amount Received
5YFBU4EE4DP134692			2013	TOYT	07/31/2024	\$ 811.38

0000000  
 SINKOSS USA LLC  
 2001 STATE RD  
 LA CROSSE, WI 54601-5837

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**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

**PRIMARY ADDRESS**  
 2001 STATE RD  
 LA CROSSE, WI 54601

