

License Number _____
 License Issued 4

License Fee \$ 200.00
 Receipt # 142245
 Cust# 115348

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	SINKOSS USA LLC dba BULLET CAB
BUSINESS ADDRESS	2001 JOHNSON ST, LA CROSSE WI 54601 Zoning: C-1 - LOCAL BUSINESS
BUSINESS TELEPHONE	608-519-3200
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-1028197527-02

OWNER(S) NAME (First, Full Middle, Last)	MIAN MUKHTAR AHMAD
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	2641 15 TH ST S LA CROSSE WI 54601
OWNER(S) TELEPHONE	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 DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	<i>Coverra Insurance Services Inc.</i>
POLICY NUMBER	<i>GLA2082853, CA2082854, 00062963, WCP2665986</i>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<i>See Attached</i>

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates _____ Vehicle Rental Rate _____
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<i>\$1.50 start up, \$2.00 per mile, .50 extra \$20.00 hour</i>
NUMBER OF VEHICLES TO BE LICENSED	<u>5</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
See Attached			
<i>2A8HR54PXR759200</i>	<i>CHRYSLER Town & C (08)</i>	<i>7</i>	<i>WI</i>
<i>2MRDA2226BJ03295</i>	<i>(06) MERCURY MONTRY</i>	<i>7</i>	<i>WI 129 YPE</i>
<i>2FAFP71W6X145629</i>	<i>(06) FORD CROWN VICTORIA</i>	<i>5</i>	<i>WI 594 XLA</i>
<i>JTDBL40E899038247</i>	<i>(09) TOYOTA COROLLA</i>	<i>5</i>	<i>WI 916 XCY</i>

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.

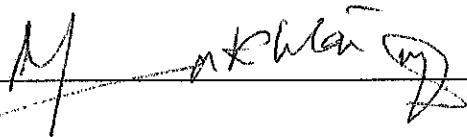
ATTACH A **CERTIFICATE OF INSURANCE**. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST BE ENDORSED NAMING THE CITY OF LA CROSSE AS ADDITIONAL INSURED. SAID ENDORSEMENT MUST ACCOMPANY THE CERTIFICATE AT THE TIME OF FILING.

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).

ATTACH PHOTOCOPY OF **LEASE OR RENTAL AGREEMENT**, IF APPLICABLE. APPLIES TO 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 11/4/16

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS SINKOSS USA LLC / dba 'Bullet Cab'

ADDRESS 2001 State Rd. LA CROSSE WI 54601

VEHICLE MAKE MERCURY MODEL MONTRY YEAR 2006

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

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: *Matthew Kimmel* Printed Name: Matthew Kimmel

Business: Math's Auto Repair Address: 4527 Mormon Center Rd. Date: 10-25-16

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 a 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 SINKROSS USA LLC / dba 'Bullet Cab'
 ADDRESS 2001 STATE ROAD LA CROSSE WI 54601
 VEHICLE MAKE CHRYSLER MODEL TOWN & C TRG YEAR 2008

VIN#	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	x
Parking Lamps	_____	_____	x
Directional Lamps	_____	_____	x
Flashing Warning Lamps	_____	_____	x
Side Marker 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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	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: *Matthew Kennel* Printed Name: Matthew Kennel

Business: McH's Auto Address: 4527 morman corlee rd Date: 10-24-16

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 a 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 SMOKERS USA LLC /dba 'Bullet Cab'
 ADDRESS 2001 STATE Rd. LA CROSSE WI 54601
 VEHICLE MAKE TOYOTA MODEL Corolla YEAR 2009

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

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: Matthew Kessel Printed Name: Matthew Kessel

Business: Mat's Auto Rep Address: 4527 Mormon Center Rd. Date: 10-25-16

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 a 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 /olba 'Bullet Cab'

ADDRESS 2001 STATE Rd., LA CROSSE WI 54601

VEHICLE MAKE FORD MODEL CROWN VICTORIA YEAR 2006

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

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: Matthew Kennel Printed Name: Matthew Kennel

Business: Math's Auto Repair Address: 4527 mormon Conlee Rd. Date: 10-25-16

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 a 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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/3/2016

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 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 Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C No. Ext): 608-526-2127 E-MAIL ADDRESS: pandre@coverrainurance.com	FAX (A/C No.): 608-519-2818
	INSURER(S) AFFORDING COVERAGE	
INSURED BULLCAB-01 Bullet Cab, Sinkoss USA LLC dba 2641 15th St S La Crosse WI 54601	INSURER A: Integrity Group	
	INSURER B: James River Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 1160068607** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL(SUBR) INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GLA2082853	6/28/2016	6/28/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 2082854	6/28/2016	6/28/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		00062963	6/28/2016	6/28/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WCP2665986	12/4/2015	12/4/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Commercial Excess policy extends over the following units only:
 - 2006 Ford Frown Victoria - VIN: 1FAPP71W16X145629
 - 2009 Toyota Corolla - VIN: JTDBL40E899038247
 - 2006 Mercury Monterey - VIN: 2MRDA22236B503295
 - 2008 Chrys Town & Country - VIN: 2A8HR54PX8R759200
 City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are listed See Attached...

CERTIFICATE HOLDER City of La Crosse 400 La Crosse St La Crosse WI 54601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Pam Andre</i>
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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		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

as additional insured on the automobile policy.
 Vehicle list of taxis:
 -2006 Ford Frown Victoria - VIN: 1FAPP71W16X145629
 -2009 Toyota Corolla - VIN: JTDBL40E899038247
 -2006 Mercury Monterey - VIN: 2MRDA22236B503295
 -2008 Chrys Town & Country - VIN: 2A6HR54PX8R759200

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

Endorsement	CA 39
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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 at 12:01 A.M. standard time	
Named Insured	Countersigned by

(Authorized Signature)

SCHEDULE

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

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.