

[ ] NEW  
 [ ] RENEWAL

**CITY OF LA CROSSE  
 APPLICATION FOR  
 PEDICAB AND/OR PEDAL CAR  
 (Ch. 10, Article XVIII)**

Fee: \$ \_\_\_\_\_  
 Invoice No. \_\_\_\_\_

For the license period beginning January 1st 20 24 ;  
 ending December 31st 20 24 .

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  Pedicab and/or  Pedal Car License.

|   |   |
|---|---|
| BUSINESS NAME   | RiverTown Pedal Tours, LLC  |
| BUSINESS ADDRESS  | N7304 County Road HD, Holmen, WI 54636  |
| BUSINESS TELEPHONE  | 608-799-2493  |
| VEHICLE STORAGE ADDRESS   | N7304 County Road HD, Holmen, WI 54636  |
| PEDAL CAR<br>DEPOT/TERMINAL(S)<br><i>(Property owner permission required)</i> | <del>La Crosse Printing Co.</del> <i>La Crosse Tribune building 401 3rd St. N</i> |

|  |   |              |
|--|---|--------------|
| OWNER(S) NAME<br><i>(First, Full Middle, Last)</i> | Scott Kenneth Gumz & Kimberly Dawn Gumz |              |
| OWNER(S) DATE OF BIRTH                             | 5/23/1966                               | 9/22/1967    |
| OWNER(S) ADDRESS                                   | N7304 County Road HD, Holmen, WI 54636  |              |
| OWNER(S) TELEPHONE                                 | 608-792-8676                            | 608-386-1264 |

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [ ] YES  NO  
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION? [ ] YES  NO

IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

\_\_\_\_\_  
 \_\_\_\_\_

|  |                      |
|--|----------------------|
| INSURANCE CARRIER                                    | The Insurance Center |
| POLICY NUMBER  | CPS7775823           |
| POLICY LIMITS<br><i>(min. \$2,000,000 liability)</i> | 2,000,000            |

|                                   |   |
|-----------------------------------|---|
| NUMBER OF VEHICLES TO BE LICENSED | 1 |
|-----------------------------------|---|

| DESCRIPTION OF VEHICLE<br><i>(Brand, Model, Body Style)</i> | CAPACITY<br><i>(incl. driver)</i> | SERIAL NUMBER     |
|---|-----------------------------------|-------------------|
| Trident Party Bike, Savannah                                | 16                                | 1F7YR14V91PA95050 |
|   |                                   |                   |
|   |                                   |                   |

X ATTACH **SCHEDULE OF RATES**.  
\*\*NO CHANGES MAY BE MADE TO RATES WITHOUT PRIOR COMMON COUNCIL APPROVAL.

X ATTACH **PROPOSED ROUTES** FOR PEDAL CAR TOURS.  
\*\*NO CHANGES MAY BE MADE TO ROUTES WITHOUT PRIOR COMMON COUNCIL APPROVAL.

X ATTACH WRITTEN **AUTHORIZATION FROM THE PROPERTY OWNER** OF ANY ASSEMBLY SITE USED FOR A PEDAL CAB TOUR.  
\*\*MUST BE A COMMERCIAL LOCATION ON PRIVATE PROPERTY.

\_\_\_\_\_ ATTACH **ORIGINAL CERTIFICATE OF INSPECTION** FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION.  
\*\*THE INSPECTION MUST BE COMPLETED BY A REPUTABLE BICYCLE TECHNICIAN (other than owner).

X ATTACH A **CERTIFICATE OF INSURANCE** IDENTIFYING ALL INSURED VEHICLES BY BRAND, MODEL AND SERIAL NUMBER.  
\*\*SAID POLICY MUST BE ENDORSED IDENTIFYING THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

\_\_\_\_\_ ATTACH A PHOTOCOPY OF THE **BICYCLE REGISTRATION** FOR EACH VEHICLE.

"ON file"

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 vehicles will be kept in good mechanical condition at all times and I will comply with the provisions of law pertaining to pedicabs and pedal cars (Ch. 10, Article XVIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT  DATE 11/7/23

**APPROVAL OF MUNICIPAL AUTHORITY**

Upon investigation of statements made on application and municipal and state criminal records, license is hereby:

APPROVED     DENIED

\_\_\_\_\_  
Signature of Police Department Representative & Date

The issuance of a Pedicab or Pedal Car License is conditional at all times. A license may be revoked or suspended when necessary to protect the public health, safety or welfare, to prevent a nuisance from developing or continuing, in emergency situations or due to noncompliance of this section, the Municipal Code of Ordinances or applicable state or federal laws.

**TO BE COMPLETED BY CLERK**

|                                 |                          |                      |                       |
|---------------------------------|--------------------------|----------------------|-----------------------|
| Date filed with municipal clerk | Date reported to Council | Date license granted | License number issued |
|---------------------------------|--------------------------|----------------------|-----------------------|

**CERTIFICATE OF INSPECTION**



NAME OF BUSINESS RiverTown Pedal Tours, LLC  
 ADDRESS N7304 County Road HD, Holmen, WI 54636  
 BICYCLE BRAND Trident Party Bike MODEL Savannah SERIAL 17 City of Dallas 14791 PA 95050

*Per Municipal Code Sec. 10-872, each bicycle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all bicycles, applicant/licensee must present to the City Clerk a certificate of inspection as to the mechanical condition of the bicycle from a reputable bicycle technician (other than bicycle owner).*

|  | GOOD CONDITION/<br>NO REPAIR NECESSARY | NEEDS REPAIR | DATE OF REPAIR |
|--|--|--------------|----------------|
| <b>HEADLIGHT</b><br><i>Capable of projecting a beam of white light for a minimum distance of 300 hundred feet in darkness.</i>   | <u>X</u>                               |              |                |
| <b>TAIL LIGHT</b><br><i>Visible for a distance of at least 500 feet from the rear of the bicycle.</i>  | <u>X</u>                               |              |                |
| <b>TURN SIGNALS</b><br><i>Front and rear of bicycle.</i>   | <u>X</u>                               |              |                |
| <b>REFLECTOS</b><br><i>Pedicabs on the pedals and pedal cars on the frame.<br/>All vehicles shall have a red reflector mounted on each side of the rear at least one inch from the outer edge and centered.<br/>All vehicles shall have a slow moving triangle displayed on the rear of the vehicle.</i> | <u>X</u>                               |              |                |
| <b>TIRES/WHEELS</b><br><i>Appropriate in size and tread and matching per design of the vehicle.</i>  | <u>X</u>                               |              |                |
| <b>BRAKES</b> (front & rear)<br><i>Braking system controlling the rear wheels shall be hydraulic or mechanical disc or drum brakes.</i>  | <u>X</u>                               |              |                |
| <b>MIRROR</b><br><i>Side mounted or wide-angle rear view mirror.</i>   | <u>X</u>                               |              |                |
| <b>OPERATIONAL HORN OR BELL</b>  | <u>X</u>                               |              |                |
| <b>FRAME</b>   | <u>X</u>                               |              |                |
| <b>SADDLES</b>   | <u>X</u>                               |              |                |
| <b>HANDLEBARS</b>  | <u>X</u>                               |              |                |
| <b>PEDALS</b>  | <u>X</u>                               |              |                |
| <b>CHAIN</b>   | <u>X</u>                               |              |                |
| <b>BEARINGS</b>  | <u>X</u>                               |              |                |
| <b>GEARS</b>   | <u>X</u>                               |              |                |

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DISCLOSURE STATEMENT:** I am a bicycle technician and have exercised reasonable diligence in inspecting this bicycle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

Signature: Matt Moscatelli Printed Name: Matt Moscatelli  
 Business: Quadracycle Design Co. Address: 2699 FM 1460 Ste 30 Date: 11-8-23  
Georgetown, TX 78626



# Lease Contract

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

**La Crosse**, owned by Scott & Kim Gumz, whose contact information is: 7304 County Rd. HD, Holmen, WI 608 799-2493 [gratefulsoulz@gmail.com](mailto:gratefulsoulz@gmail.com) and the lessor, **Capstone, LLC** in La Crosse, WI, executed on the 23 day of October, 2023.

The following terms are set forth:

1. The purpose of this contract permits the lessee use of two garage stalls in the facility previously known as the La Crosse Tribune, 401 3<sup>rd</sup> St., N., La Crosse, WI 54601 owned by the Lessor. Customers of Lessee may park their cars during the tour beside the North side of the building so as not to not block entrance to the garage area. No parking is allowed on the Pine St. parking lot, since it is occupied by contractors' vehicles.
2. The space will be leased from October 31, 2023 to April 24, 2022, for [REDACTED], payable in advance. Any occupation of the premises on the April 24, 2023 obligates Lessee to an additional one hundred and fifty dollars (\$150) per day, unless a lease extension has been agreed upon.
3. It should be noted and agreed by and between Lessee and Lessor that this parcel has been designated for development to a higher and better use, and the Lessor reserves the right to proceed with planning or sale, which require entry to the property at various times. If the property is sold, lessee understands that CAPSTONE, LLC or a new owner may require Lessee to vacate the property without compensation. Also, due to planned demolition, repair of any malfunction of doors or electrical fixtures will be solely at the expense of the lessee.
5. To consummate this contract, Lessee must furnish to Lessor a Certificate of Liability Insurance in a minimum amount of one million dollars (\$1,000,000.00) each occurrence & a general aggregate of two million dollars (\$2,000,000) issued by a reputable insurance company, and Operating License from the City of La Crosse stating that Lessee is storing his pedaling unit from stated premises.

The above terms have been reviewed and are in mutual agreement between both the Lessee and the Lessor on this date 10/23, 2023.

Lessee: Scott Gumz  
By Scott Gumz - Print Name  
**River Town Pedal Tours LLC**  
**DBA Trolley Party La Crosse**

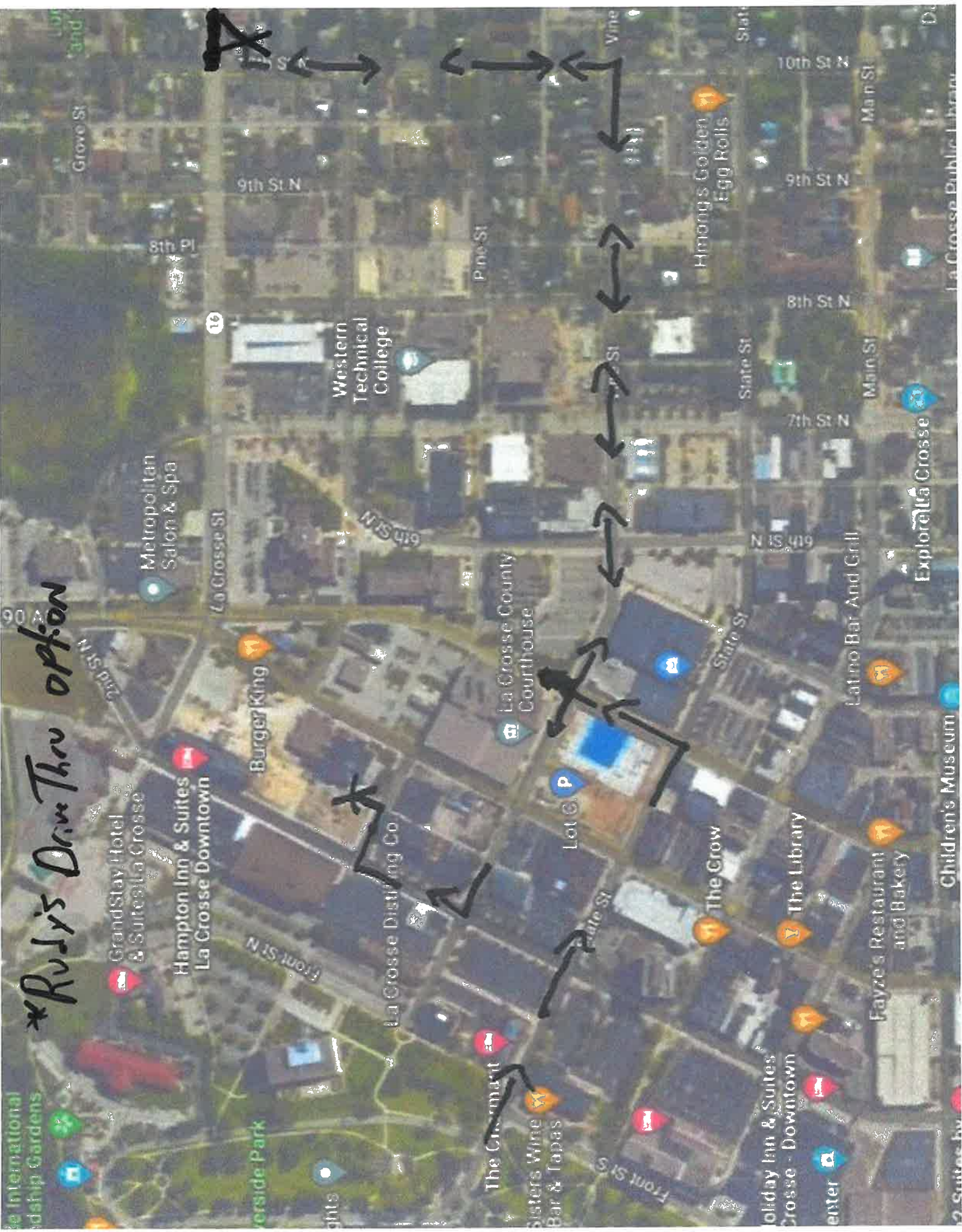
[Signature]

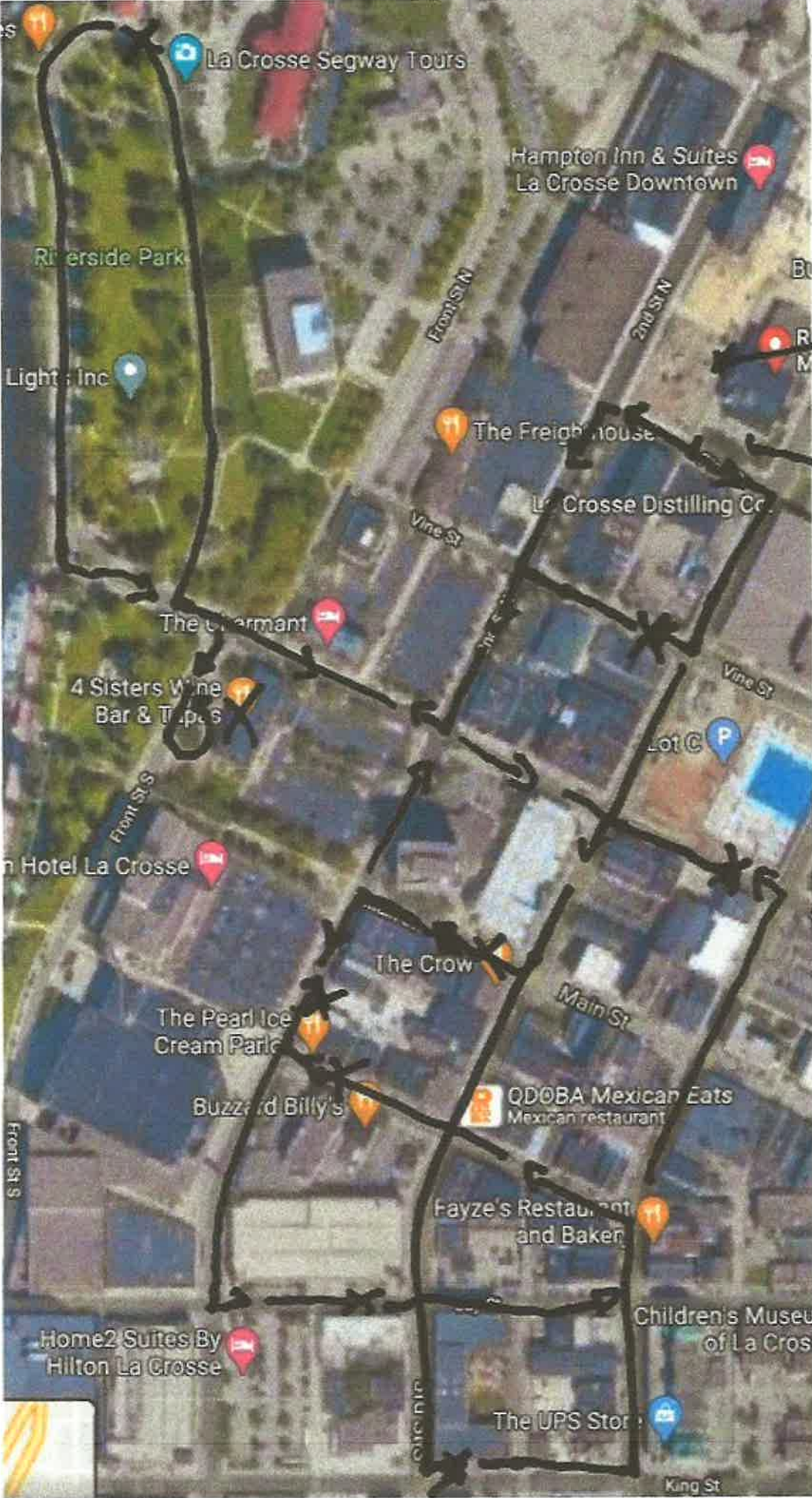
By \_\_\_\_\_  
Kim Gumz

\_\_\_\_\_  
Print Name

Lessor: [Signature]  
Cliff LeCleur, Owner - Capstone, LLC

*\*Rudy's Drive Thru option*





Load /  
Unload  
Parking





## **Trolley Pub La Crosse 2024 Rate Schedule**

**Mixer Tickets** \$24@ Tues-Fri  
\$29@ Sat, Sun

**Private Tours** \$349 Tues-Fri  
\$399 Sat, Sun





**ADDITIONAL REMARKS SCHEDULE**

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

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**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.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – STATE  
OR GOVERNMENTAL AGENCY OR SUBDIVISION  
OR POLITICAL SUBDIVISION – PERMITS  
OR AUTHORIZATIONS RELATING TO PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**State Or Governmental Agency Or Subdivision Or Political Subdivision:**  
CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE WI 54601

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
2. The construction, erection or removal of elevators; or
3. The ownership, maintenance or use of any elevators covered by this insurance.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.