

License Number _____
 License Issued _____

cust #
 165516

License Fee \$ 150.00
 Receipt # 131248

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	A-1 TAXI SERVICE, INC.		
BUSINESS ADDRESS	3001 LAKESHORE DR LA CROSSE WI 54603 PO BOX 2982 LA CROSSE WI 54602 Zoning: NA - Town of Campbell _____ Confirmed by: _____		
BUSINESS TELEPHONE	608-781-6655		
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-0000292882		
OWNER(S) NAME (First, Full Middle, Last) 150.00	MARK ALAN SMITH	CARRIE ANN SMITH	
OWNER(S) DATE OF BIRTH	[REDACTED]		
OWNER(S) ADDRESS	1417 STATE ST LA CROSSE WI 54601		
OWNER(S) TELEPHONE	608-782-1875		

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? [X] YES [] NO
 IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

minor traffic/tickets, misc
ordinance/improper plates, misc

INSURANCE CARRIER	Integrity		
POLICY NUMBER	CA 205 7304	g2A 205 7303	general
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	1,000,000.00	Liability	1,000,000.00 umbrella

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)	2.00 per mile .50 extra 1.50 start 20.00/hour wait		
NUMBER OF VEHICLES TO BE LICENSED	3		

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
1B4GP44G6WB503244	1998 Dodge Caravan <u>Remove</u>	7	783-VGC WI
1GNDX03E74D197713	2004 Chevrolet Venture	7	850-WKX WI
2FMZA522O5BA85309	2005 Ford Freestar	7	632-WPP WI
1A4GP45R76B740208	2006 Chrysler Town & Country	7	<u>675YCF</u> WI

✓ 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 AND THE ENDORSEMENT PROVIDED.

NA 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).

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 Carin Smith DATE 11-9-15

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS A-1 Taxi Service Inc

ADDRESS 3001 Lake Street

VEHICLE MAKE Chevy MODEL Venture YEAR 04

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parking Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Directional Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flashing Warning Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sidemarkers Lamps/Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tail Lamps (incl. cover)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Back Up Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Brake Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Steering System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hood & Trunk Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emission/Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windshield (incl. wipers & washers)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows (side, rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windshield Defroster	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speed Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restraining Devices & Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Brakes (incl. parking brake)	<input type="checkbox"/>	<u>10-29-15</u>	<input checked="" type="checkbox"/>
Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Door Handles (interior & exterior)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Robby Helgeson Printed Name: Robby Helgeson

Business Boyer Repair Address N 5630 Cnty rd, Anchorage Date 10-29-15

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 A-1 Taxi Service Inc

ADDRESS 3001 Lakeshore LaCrosse

VEHICLE MAKE Ford MODEL FreeStar YEAR 05

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			<input checked="" type="checkbox"/>
Parking Lamps			<input checked="" type="checkbox"/>
Directional Lamps			<input checked="" type="checkbox"/>
Flashing Warning Lamps			<input checked="" type="checkbox"/>
Sidemarkers Lamps/Reflectors			<input checked="" type="checkbox"/>
Tail Lamps (incl. cover)			<input checked="" type="checkbox"/>
Back Up Lamps			<input checked="" type="checkbox"/>
Brake Lamps			<input checked="" type="checkbox"/>
Steering System			<input checked="" type="checkbox"/>
Hood & Trunk Latches			<input checked="" type="checkbox"/>
Emission/Exhaust System			<input checked="" type="checkbox"/>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	<input checked="" type="checkbox"/>	<u>11-2-15</u>	
Windshield (incl. wipers & washers)			<input checked="" type="checkbox"/>
Windows (side, rear)			<input checked="" type="checkbox"/>
Windshield Defroster			<input checked="" type="checkbox"/>
Horn			<input checked="" type="checkbox"/>
Mirrors			<input checked="" type="checkbox"/>
Speed Indicator			<input checked="" type="checkbox"/>
Restraining Devices & Seats			<input checked="" type="checkbox"/>
Brakes (incl. parking brake)			<input checked="" type="checkbox"/>
Heater			<input checked="" type="checkbox"/>
Air Conditioning			<input checked="" type="checkbox"/>
Door Handles (interior & exterior)			<input checked="" type="checkbox"/>

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: Robyn Helgeson Printed Name: Robyn Helgeson

Business Bear's Repair Address N 5630 Cnty OT on Alaska Date 11-2-15

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 A-1 TAXI SERVICE, INC

ADDRESS 3001 Lake Shore La Crosse WI

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 06

	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>
Sidemarkers 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>0</u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	<u>11-7-15</u>	_____
Windshield (incl. wipers & washers)	_____	_____	<u>X</u>
Windows (side, rear)	_____	_____	<u>0</u>
Windshield Defroster	_____	_____	<u>0</u>
Horn	_____	_____	<u>0</u>
Mirrors	_____	_____	<u>0</u>
Speed Indicator	_____	_____	<u>0</u>
Restraining Devices & Seats	_____	_____	<u>X</u>
Brakes (incl. parking brake)	_____	_____	<u>X</u>
Heater	_____	_____	<u>0</u>
Air Conditioning	_____	_____	<u>X</u>
Door Handles (interior & exterior)	_____	_____	<u>0</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: Robin Helgeson Printed Name: Robin Helgeson

Business Gen's Repair Address N 5630 Cnty Ot, Onalaska Date 11-7-15

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)
11/10/2015

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. 1111 Linden Drive Suite 1 PO Box 277 Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-6345 E-MAIL ADDRESS: pandre@coverrainurance.com	FAX (A/C, No): 608-526-3158
	INSURER(S) AFFORDING COVERAGE	
INSURED A-1TAXI-02 A-1 Taxi Service Inc 1417 State St PO Box 2982 La Crosse WI 54602	INSURER A: Integrity Group	
	INSURER B: James River Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2010675199

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 INSR	SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLA2057303	11/12/2015	11/12/2016	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 type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA 2057304	11/12/2015	11/12/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PENDING	11/12/2015	11/12/2016	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

2005 Ford Freestar - VIN: 2FMZA52205BA85309
 2004 Chev Venture - VIN: 1GNDX03E74D197713
 2006 Chrys Town & Country - VIN - 1A4GP45R76B740208

City of La Crosse, its elected and appointed officials, officers, employees and authorized agents are listed as additional insured on the automobile policy. Please refer to attached additional insured endorsement CA39

CERTIFICATE HOLDER**CANCELLATION**

City of La Crosse
 400 La Crosse St
 La Crosse WI 54601

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

Pam Andre

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Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

Endorsement	CA 39
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Policy Number: CA 2057304

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.

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