

License Number _____
 License Issued _____

CITY OF LA CROSSE, WI
 General Billing - 121076
 001199-0009 Tara F.
 117409 - BULLET CAB

License Fee \$ 400
358.00
 Receipt # 120801

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

400.00

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	BULLET CAB <u>Sinkoss USA LLC</u>
BUSINESS ADDRESS	2709 SOUTH AVE STE H, LA CROSSE WI 54601 Zoning: Commercial
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	2611 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	<u>INTEGRITY GROUP</u>
POLICY NUMBER	<u>2082854</u>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>1 mil 1 mil Umbrella</u>

METHOD OF CHARGING	Metered Rates <u>X</u> <input checked="" type="checkbox"/> Zone Rates ___ Vehicle Rental Rate ___
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>\$2.00 mile, \$1.50 start up, .50 per extra per person \$20.00 hour wait time</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>67</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
5GZDV23L35D192520	2005 Saturn Relay	7	WI BULL3T 1
5TDZA23L1555266754	2005 Toyota Sienna	7	WI BULL3T 2
1GNDV23L36D228572	2006 Chevrolet Uplander	7	WI BULL3T 3
4C3EL46T04N141279	2004 Chrysler Sebring	7	WI 692-VGC
2FAFP71W16X145629	2006 Ford Crown Victoria	5	<u>WI 314-VRR</u>
JTDKB20U977558500	2007 Toyota Prius	4	WI 520-WYB


INXBR32E57Z827192 2007 Toyota Corolla 4 WI (temp)

✓ 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 NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

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  DATE 10/21/14

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

1NXBR32E282003541	2008 Toyota Corolla	5	
JTDBL40E899038247	2009 Toyota Corolla	5	
JTDBL40E199064270	2009 Toyota Corolla	5	- add to renewal and paid (Inv 121234) on 11-10-14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

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).

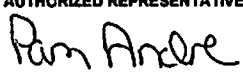
PRODUCER Coverra Insurance Services, Inc. 1111 Linden Drive Suite 1 PO Box 277 Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C No. Ext): 608-526-6345 FAX (A/C No.): 608-526-3158 E-MAIL ADDRESS: pandre@coverrainsurance.com
	INSURER(S) AFFORDING COVERAGE
INSURED BULLCAB-01 Bullet Cab, Sinkoss USA LLC 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:

COVERAGES **CERTIFICATE NUMBER:** 873606656 **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	8/28/2014	8/28/2015	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 - COMPOP 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	8/28/2014	8/28/2015	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		00082963	8/28/2014	8/28/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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 Saturn Relay 3 - VIN: 5GZDV23L35D192520
2006 Ford Crown Victoria - VIN: 1FAPP71W16X145629
2006 Chev Uplander - VIN: 1GNDV23L36D228572
2007 Toyota Prius - VIN: JTDKB20U877551850
2005 Toyota Sienna - VIN: 5TOZA23L555266754
2007 Toyota Corolla - VIN: 1NXBR32E57Z827192
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 
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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**

2008 Toyota Corolla - VIN: 1NXBR32E28Z003541
 2009 Toyota Corolla - VIN: JTDBL40E899038247
 2009 Toyota Corolla - VIN: JTDBL40E199084270
 City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are listed as additional insured on the automobile policy.

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	
<p>Unit #000 Additional Insured CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE WI 54601</p>	

Named Insured: *SINKOSS USA LLC*
Policy No. CA *2082854*

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

Endorsement	CA 39
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Policy Number: CA 2082854

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.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS SINKOSS USA LLC dba 'BULLET CAB'
 ADDRESS 2709 SOUTH AVE, LA CROSSE WI 54601
 VEHICLE MAKE SATURN MODEL RELAY 2 YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Sidemarkers Lamps/Reflectors			✓
Tail Lamps (incl. cover)			✓
Back Up Lamps			✓
Brake Lamps			✓
Steering System			✓
Hood & Trunk Latches			✓
Emission/Exhaust System			✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: JR. HORNFIELD

Business DR JS Address 103 TWILITE ST LACROSSE MN Date 10/21/14

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 dba 'Bullet Cab'
 ADDRESS 2709 - SOUTH AVE, LA CROSSE WI 54601
 VEHICLE MAKE TOYOTA MODEL SIENNA YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	_____	_____ ✓
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ ✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: JAY HOLLIFIELD
 Business DR JS Address 103 TWILITE ST LACROSSE MN Date 10/21/14

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 2709 SOUTH AVE. LA CROSSE WI 54601
 VEHICLE MAKE CHEVROLET MODEL UPLANDER YEAR 2006

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: SAF HOFUSCO

Business DR JS Address 103 TWILITE ST LACROSSE MN Date 10/21/14

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 dba' Bullet Cab'
 ADDRESS 2709 SOUTH AVE, LA CROSSE WI 54601
 VEHICLE MAKE CHRYSLER MODEL SEBRING YEAR 2004

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: JAY HULLERD

Business DR JS Address 103 TWILITE ST LACROSSE MN Date 10/21/14

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 SIXROSS USA LLC dba 'Bullet Cab'
 ADDRESS 2709 SOUTH AVE, 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)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: JAS HOLLAND

Business DR. JS Address 103 TWILIGHT ST LACROSSE MN Date 10/21/14

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 'dba' Bullet cab'
 ADDRESS 2709 SOUTH AVE., LA CROSSE WI 54601
 VEHICLE MAKE TOYOTA MODEL PRIUS YEAR 2007

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	_____	_____ ✓
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ ✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: JAS HOHNFELD

Business DR JS Address 103 TWILITE ST WACKEBET MN Date 10/21/14

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 'dba' Bullet-cab'

ADDRESS 2709 SOUTH AVE, LA CROSSE WI 54601

VEHICLE MAKE TOYOTA MODEL COROLLA YEAR 2007

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	_____	_____ ✓
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ ✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: JAY HOLLAND

Business DR JS Address 103 TWILITE ST LA CROSSE WI Date 10/21/14

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 USL LLC 'Bullet Cab'
 ADDRESS 2709 SOUTH AVE LA CROSSE WI 54601
 VEHICLE MAKE TOYOTA MODEL Corolla YEAR 2009

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	_____	_____ ✓
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ ✓
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.

A.S.E. Certified Technician Signature: [Signature] Printed Name: PAUL WILSON
 Business DR. J'S BAR Address 103 DULITE ST Date 11/06/14

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).