

License-Number _____

License Fee \$ 300.00

License Issued _____

Receipt # 121196

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	DJL INC DBA LUXURY LIMOUSINES
BUSINESS ADDRESS	1524 FLAT RD STE 110 HOLMEN WI 54636 Zoning: NA - Holmen
BUSINESS TELEPHONE	608-317-5589
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	Drivers paid hourly; do not lease vehicles.

OWNER(S) NAME (First, Full Middle, Last)	DON JOHN LEE
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	1045 N LAUDERDALE PL ONALASKA WI 54650
OWNER(S) TELEPHONE	608-304-1117

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [X] NO
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [X] NO
 IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	Veitenhaus Insurance Services LLC
POLICY NUMBER	70APS048681
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	\$5,000,000

METHOD OF CHARGING	Metered Rates ___ Zone Rates ___ Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	See Attached
NUMBER OF VEHICLES TO BE LICENSED	6

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			

CITY OF LA CROSSE, WI
General Billing - 121196 - 2014
001226-0032 Amber W. - 11/07/2014 11:33AM
7531 - DJL INC DBA LUXURIOUS LIMOUSIN

Payment Amount: 300.00

/ 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

Donald J Fee

DATE 11-5-14

LICENSE [] APPROVED [] DENIED

SIGNATURE OF

POLICE REPRESENTATIVE

DATE



1524 Flat Road, Suite 110, Holmen, WI 54636
608.317.5589 | info@luxurylimosinc.com

Rate Sheet

Coach Bus (36 passengers)

\$250 for the 1st hour, \$200 for the 2nd hour, \$50 each additional hour

Limo Bus (22-24 passengers)

\$300 for the 1st hour, \$200 for the 2nd hour, \$50 each additional hour

Limo Bus (14 passengers)

\$250 for the 1st hour, \$150 for the 2nd hour, \$50 each additional hour

Stretch Limousine Car (9 passengers)

\$200 for the 1st hour, \$50 each additional hour

Limousine Van (9 passengers)

\$200 for the 1st hour, \$50 each additional hour

Lincoln Navigator (6 or 7 passengers)

\$150 for the 1st hour, \$50 each additional hour

Limousine Car (6 passengers)

\$150 for the 1st hour, \$50 each additional hour

Vehicle Schedule - Luxury Limousines Inc

Year	Make	Model	VIN	License Plate	Capacity
2002	Lincoln	Towncar Stretch Limo	1L1FM81W32Y603185	148RWH	8
2002	Ford	Limo Bus	1FDXE45S42HA00861	LUXLIMO	15
2003	Lincoln	Towncar Stretch Limo	1L1FM81W23Y658003	466TNW	10
2003	Lincoln	Towncar Stretch Limo	1L1FM81W23Y600165	LUXLIM3	11
2003	Ford	Limo Van	1FTNS24L73HB54632	535TGG	11
2014	Lincoln	Navigator L	5LMJJ3J51EEL00291	299UDJ	7



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/11/2014 9:42 AM

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 VEITENHAUS INSURANCE SERVICES LLC SHIRLEY WICKE 4260 S. HOWELL AVENUE MILWAUKEE, WI 53207		CONTACT NAME Northern States Agency, Inc. PHONE (A/C No Ext) 6516462651 FAC (A/C No) E-MAIL ADDRESS	
INSURED DJL INC. DBA: LUXURY LIMO'S 103 10TH AVE S ONALASKA, WI 54650		INSURER(S) AFFORDING COVERAGE NATIONAL INDEMNITY COMPANY NAIC # 20087 INSURER B INSURER C INSURER D INSURER E INSURER F	

COVERAGES **CERTIFICATE NUMBER:** 73,051 **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.

INGR LTR	TYPE OF INSURANCE	ADDL INSD	SUDR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
A	AUTOMOBILE AUTHORITY <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	Y		70APS048681	05/17/2014 12:01 AM	05/17/2015 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUTORY LIMITS 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)
Certificate Holder is named as Additional Insured on this policy.
Vehicle Schedule: see attached

CERTIFICATE HOLDER City of La Crosse 400 La Crosse Street Attn: Nikke Eilsen 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>Tom J...</i>
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Vehicle Schedule

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam Deductible	In-Tow Limit	Cargo Limit
2003 LINCOLN TOWN CAR 1L1FM81W23Y800185	Covered	C	18,000	1000/1000	N/A	N/A
2003 LINCOLN TOWN CAR 1L1FM81W23Y858003	Covered	C	18,000	1000/1000	N/A	N/A
2002 FORD VAN 1FDXE45842HA00801	N/A		N/A	N/A	N/A	N/A
2002 LINCOLN TOWN CAR 1L1FM81W32Y803185	N/A		N/A	N/A	N/A	N/A
2005 GMC C5500 1GDJ5V1275F625334	Covered	C	45,000	1000/1000	N/A	N/A
2014 LINCOLN NAVIGATOR 5LMJJ3J51EEL00291	Covered	C	65,400	1000/1000	N/A	N/A
2014 FORD STARCRAFT 1FDFE4FS2EDA23867	Covered	C	75,000	1000/1000	N/A	N/A
2003 FORD ECONOLINE 1FTNS24L73HB54632	N/A		N/A	N/A	N/A	N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

In consideration of payment of the additional premium listed below, LIABILITY COVERAGE is extended to include the additional insured named herein, provided that:

- 1) such insurance applies only to the ownership, maintenance or use of a covered auto, and
- 2) such insurance applies only to acts or omissions by you, your agents or your "employees" while such covered auto is being used in your business; and
- 3) such insurance does not apply to the acts or omissions of the additional insured or any of the additional insured's agents or "employees" other than you; and
- 4) such inclusion of additional insured shall not increase our limit of liability under this policy.

ADDITIONAL INSURED:

CITY OF LA CROSSE
 400 LA CROSSE STREET ATTN: NIKKE EILSEN
 LA CROSSE, WI 54601

All other terms, conditions and agreements remain unchanged.

Additional Premium: \$ 493

Company Name National Indemnity Company	Policy Number 70 APS 048681
Named Insured DJL INC.	Endorsement Effective 05/17/2014 12:01 AM
Countersigned by <div style="text-align: right;">(Authorized Representative)</div>	

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOUMEN MS 54636

VEHICLE MAKE LINCOLN MODEL TOWN CAR STRETCH YEAR 2002

	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:  Printed Name: Paul L. Anderson

Business ANDY'S MAIN STREET AUTO Address 605 S MAIN ST HOUMEN MS 54636 Date 11-5-14

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 OJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE FORD MODEL Limo Bus YEAR 2002

	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: Paul Olsen Printed Name: Paul W. Andersen

Business Andersen's MAINT AUTO Address 6055 MAIN HOLMEN WIS 54636 Date 11-5-04

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 OJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MODEL TOWN CAR STRETCH YEAR 2003

	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: *Paul J. Pelin* Printed Name: Paul J. Anderson

Business ANDY'S MAIN ST AUTO Address 605 MAIN HOLMEN WIS 54636 Date 11-5-14

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 OJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MODEL TOWNCAR STRENGTH YEAR 2003

	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:  Printed Name: Paul L. Anderson

Business ANDY'S MARKET AUTO Address 605 MAIN ST HOLMEN WIS 54636 Date 11-5-14

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 OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE FORD MODEL LIMO VAN YEAR 2003

	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:  Printed Name Paul L. Baker

Business ANDY'S MAINST AUTO Address 605 MAIN ST HOLMEN WIS 54636 Date 11-5-14

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 OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MODEL NAVIGATOR L YEAR 2014

	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: *Paul W Anders* Printed Name: Paul W Anders

Business ANDY'S MAIN ST AUTO Address 605 MAIN HOLMEN WIS 54636 Date 11-5-14

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).