License Number _____

License Issued _____

License Fee: $ 300.00

Invoice #: 174639

Cust # 196696

CITY OF LA CROSSE
APPLICATION FOR PUBLIC VEHICLE FOR HIRE

License Period: January 1st, 2021 to December 31st, 2021

BUSINESS INFORMATION

Business Name *(Real/Legal)*	Luxury Limos, LLC
Trade Name *(DBA)*	Luxury Limos
Address	1524 Flat Rd., Suite 110, Holmen, WI 54636
Zoning District *New addresses must be verified compliant by a building inspector.*	N/A - Holmen
Telephone	608-317-5589
Wisconsin Seller Permit No. *Required if vehicles are leased to drivers.*	N/A - Drivers paid hourly, do not have lease vehicles.

OWNER INFORMATION

Owner(s) Name *(First, Full Middle, Last)*	Steven John Dolezel (for WL&LL LLC)
Owner(s) Date of Birth	02-16-1962
Home Address	3220 Emerald Valley Dr., Onalaska, WI 54650
Telephone	*Home* 608-781-3047 *Cell*

- 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 NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

_____ _____

_____ _____

INSURANCE INFORMATION

Insurance Carrier/Agent	Noble Insurance Service LLC
Address	W5822 County Road OS, Onalaska, WI 54650
Telephone/Email	*Telephone* 608-779-5500 *Email* sherryn@nobleinsurance.net

ATTACH A **CERTIFICATE OF INSURANCE** INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE.
The policy must be endorsed naming the City of La Crosse as Additional Insured and said endorsement page must accompany the certificate.

RATE INFORMATION

Method of Charging	Metered Rates ___ Zone Rates ___ Vehicle Rental Rate X
Schedule of Rates *(or attach Schedule to be posted the vehicles)*	See Attached Page For Rate Fees

VEHICLE INFORMATION

Number of Vehicles to be Licensed	5

VEHICLE ID NUMBER	YEAR, MAKE & MODEL *(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)*	CAPACITY *(incl. driver)*	STATE & LICENSE NO
See Attached Page			

**vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.*

X 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.

X 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 of Insurance at the time of filing. *Note: A statement of additional insured on the certificate is not acceptable; we must receive the endorsement page.*

NA ATTACH A PHOTOCOPY OF THE **TITLE/CONFIRMATION OF OWNERSHIP & REGISTRATION** FOR EACH VEHICLE (the title/confirmation must be in the name of business or owner); required for original vehicle application only. *Note: A salvage title may not be used as a public vehicle until the vehicle has been repaired and inspected by an authorized salvage vehicle inspector and rebranded for road use (a copy of the inspection must be provided).*

NA ATTACH PHOTOCOPY OF **LEASE OR RENTAL AGREEMENT**, if applicable. This is required of 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 [signature] DATE 11-10-20

LICENSE [ ] APPROVED [ ] DENIED

SIGNATURE OF POLICE REPRESENTATIVE_____ DATE_____

Luxury Limos 2021 Vehicle Listing				
Year, Make & Model	**VIN**	**License Plate**	**Capacity**	
2002 Lincoln Towncar	1L1FN81W32Y603185	AES-7133	8	
2003 Lincoln Limousine	1L1FM81W23Y658003	AES-7131	10	
~~2002 Ford Limo Bus~~	~~1FDXE45S42HA00861~~	~~AEY-6684~~	~~15~~	Remove
~~2003 Lincoln Limousine~~	~~1L1FM81W23Y600165~~	~~AES-7130~~	~~11~~	Remove
~~2003 Ford Limo Van~~	~~1FTNS24L73HB54632~~	~~AEY-6686~~	~~11~~	Remove
2014 Lincoln Navigator L	5LMJJ3J51EEL00291	PM-9579	8	
~~2013 Lincoln MKX~~	~~2LMDJ8JK5DBL12938~~	~~AES-7132~~	~~5~~	Remove
2017 Ford Starcraft Limo Bus	1FDES8PM9HKB36386	AEY-6687	15	
2016 Lincoln Navigator L	5LMJJ3LT1GEL01259	XD-92575	7	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/10/20

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 have ADDITIONAL INSURED provisions or 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

NOBLE INSURANCE SERVICE LLC
W5822 County Road OS
Onalaska, WI 54650
100194133

CONTACT NAME: SHERRY NOBLE
PHONE (A/C, No, Ext): (608)779-5500 FAX (A/C, No): (608)779-5503
E-MAIL ADDRESS: sherryn@nobleinsurance.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: SCU	
INSURER B: MARKEL	
INSURER C: GENSTAR	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

LUXURY LIMOS LLC
DBA: LUXURY LIMOS
1524 FLAT RD, STE 110
HOLMEN, WI 54636

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y		WP013601	05/17/20	05/17/21	COMBINED SINGLE LIMIT (Ea accident)	$ 1,500,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
C	☐ UMBRELLA LIAB ☐ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			IXG933432	05/17/20	05/17/21	EACH OCCURRENCE	$ 3,500,000
							AGGREGATE	$ 3,500,000
								$
B	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		MWC014458501	03/01/20	03/01/21	☐ PER STATUTE ☐ OTH-ER	
							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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2002 Lincoln Towncar Stretch Limo- VIN# 1L1FM81W32Y603185
2003 Lincoln Towncar Stretch Limo #2 - VIN# 1L1FM81W23Y658003
2014 Lincoln Navigator L -VIN# 5LMJJ3J51EEL00291
2015 Lincoln Navigator L - VIN# 5LMJJ3LT1GEL01259
2017 Ford Starcraft Limo Bus - VIN# 1FDES8PM9HKB36386

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

Dawn L Callaway

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

*This endorsement is **EFFECTIVE** 05/17/2020 *and is part of Policy Number: WP013601

*Issued to: Luxury Limos LLC DBA Luxury Limos

*Entry optional if shown in the Common Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

PROVISIONS

The following is added to Paragraph **c.** in **A.1., Who Is An Insured,** of **SECTION II - COVERED AUTOS LIABILITY COVERAGE** in the **BUSINESS AUTO COVERAGE FORM** and Paragraph **e.** in **A.1., Who Is An Insured,** of **SECTION II - COVERED AUTOS LIABILITY COVERAGE** in the **MOTOR CARRIER COVERAGE FORM**, whichever Coverage Form is part of your policy:

This includes any person or organization designated in the Schedule Of Additional Insured Persons Or Organizations, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured". This provision specifically identifies such person or organization, but does not alter coverage provided in the Coverage Form.

SCHEDULE OF ADDITIONAL INSURED PERSONS OR ORGANIZATIONS

Name and Address of Person or Organization:

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

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

Rental Rates

Limo Bus (14 passengers)

$300 for the 1st hour, $60 each additional hour

Stretch Limousine Car (9 passengers)

$150 for the 1st hour, $60 each additional hour

Lincoln Navigator (6 or 7 passengers)

$100 for the 1st hour, $60 each additional hour

Limousine Car (6 passengers)

$100 for the 1st hour, $60 each additional hour

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Towncar YEAR: 2002

VIN: 1L1FM81W32Y603185

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps *(incl. cover and aim)*			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Side Marker 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: SCAN THELMANN

Business: ACL PRO AUTO LLC Address: Box 145 HOLMEN WIS Date: NOV 2020

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 11/2017

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Limousine YEAR: 2003

VIN: 1L1FM81W23Y658003

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps *(incl. cover and aim)*			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Side Marker 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: SCAN THURMAN

Business: ALPRO AUTO LLC Address: BX 145 Hamon WIS Date: NOV 2020

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 11/2017

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Navigator L YEAR: 2014

VIN: 5LMJJ3J51EEL00291

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps *(incl. cover and aim)*			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Side Marker 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: SEAN THELMON

Business: ALL PRO AUT LLC Address: BX 145 Hamon WI 5 Date: NOV 2020

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 11/2017

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Ford MODEL: Starcraft Limo Bus YEAR: 2017

VIN: 1FDES8PM9HKB36386

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps *(incl. cover and aim)*			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Side Marker 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: SEAN THELMANN

Business: ALL PRO AUTO LLC Address: BX 145 HOLMEN WIS Date: NOV 2020

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev 11/2017

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Navigator L YEAR: 2016

VIN: 5LMJJ3LT1GEL01259

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps *(incl. cover and aim)*			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Side Marker 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: SEAN THELMANN

Business: ALLPRO AUTO LLC Address: BOX 175 HOCMEN WIS Date: NOV 2020

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 11/2017