

License Number _____
 License Issued _____

License Fee \$ 100.00
 Receipt # 121393

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	TRI-STATE TAXI CO
BUSINESS ADDRESS	158 NORTH MAIN ST (PO BOX 158), STODDARD WI Zoning: NA - Stoddard <i>mail address: 119 Hillview Blvd</i>
BUSINESS TELEPHONE	608-397-4962 <i>Lacrescent MN</i>
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	<i>N/A</i> <i>55947</i>

OWNER(S) NAME (First, Full Middle, Last)	WILLIAM JOSEPH HELLERUD
OWNER(S) DATE OF BIRTH	[REDACTED]
OWNER(S) ADDRESS	158 NORTH MAIN ST
OWNER(S) TELEPHONE	608-457-3091 - <i>608-397-4962</i>

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	<i>Collas Agency - RPS Scobie Group.</i>
POLICY NUMBER	<i>73 APR 306 405</i>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<i>\$2 mil CSL liability</i>

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)	<i>1.50 drop 2.00 mile (36 seconds) 20.00 hr. Wa</i>
NUMBER OF VEHICLES TO BE LICENSED	<i>2</i>

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
2FAFP71W26X164383	2006 Ford Crown Victoria	5	WI 153-WPX
2FAHP71V39X123457	2009 Ford Crown Victoria	5	WI 860-WTV

CITY OF LA CROSSE, WI
 General Billing - 121393 - 2014
 001257-0037 Tax & Fee
 164927 - TRI-STATE TAXI CO
 Payment Amount: 100.00
 11/18/2014 03:33PM

✓ 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 William Jensen DATE 11-17-14

LICENSE [] APPROVED [] DENIED

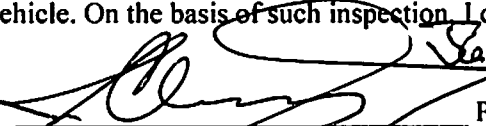
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Tri State Taxi
 ADDRESS 158 N. Main St.
 VEHICLE MAKE 2006 Ford MODEL Ford - CrownVic 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:  Printed Name: James Clavey

Business D and R Automobile Address 204 George St. LaCrosse WI. Date 11/17/14

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 Tri State Taxi
 ADDRESS 158 N. Main St.
 VEHICLE MAKE Ford MODEL Crown Vic. 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 James Chavez Printed Name: _____

Business Dana R Automotive Address 2042 George St. LaCrosse WI Date 11/17/14

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Endorsement # 1

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh #	Year	Make	Model	VIN	Use	Rad	Gar Terr	Gar City, State	GVW/ Seat
A	2	2009	FORD	CROWN VICTORIA	2FAHP71V38X123467		60	17	STODDARD, WI	5


Veh #	New Annual Premium					Proposed Premium				
	Liab	UM	URR	Med Pay	PIP	Liab	UM	UM	Med Pay	PIP
2	4,660	incl.	incl.	244		3,854		incl.	202	
Subtotal						3,854			202	

Pro-Rate Factor: 0.827

Additional Premium \$ 4,056

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name National Liability & Fire Insurance Company	Policy Number 73APR306406
Named Insured WILLIAM J HELLERUD	Endorsement Effective 08/08/2014 4:38 PM
	Countersigned at by  (Authorized Representative)

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

**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 73 COMPANY National Liability & Fire Insurance Company
POLICY NUMBER 73 APR 306405 EFFECTIVE DATE 09/08/2014 4:38 PM EXPIRATION DATE 07/07/2015 12:01 AM
YEAR 2009 MAKE/MODEL FORD CROWN VICTORIA VEHICLE IDENTIFICATION NUMBER 2FAHP71V39X123457
GENERAL AGENCY ISSUING CARD
RPS Scoble Group
3300 Birch Street Suite 1A
Eau Claire, WI 54703-2297
INSURED
WILLIAM J HELLERUD DBA: TRI-STATE TAXI
158 N MAIN ST
STODDARD, WI 54658

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE
CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

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POLICY NUMBER 73 APR 306405 EFFECTIVE DATE 09/08/2014 4:38 PM EXPIRATION DATE 07/07/2015 12:01 AM
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RPS Scoble Group
3300 Birch Street Suite 1A
Eau Claire, WI 54703-2297
INSURED
WILLIAM J HELLERUD DBA: TRI-STATE TAXI
158 N MAIN ST
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