

License Number _____

License Fee \$ 200.00
 Receipt # 110640

License Issued _____

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	CARING HEARTS HOME CARE & TRANSPORTATION LLC		
BUSINESS ADDRESS	W5942 BAKER RD HOLMEN WI 54636		
	Zoning: _____	NA - Town of Farmington _____ Confirmed by: _____	
BUSINESS TELEPHONE	608-317-3657 or 608-782-2464		
WISCONSIN SELLER PERMIT <small>(Req'd if vehicles are leased to drivers)</small>	drivers paid hourly wage, do not lease		
OWNER(S) NAME <small>(First, Full Middle, Last)</small>	SUSAN CATHERINE STETTER	DUPLICATE RECEIPT	
OWNER(S) DATE OF BIRTH	██████████	405 CITY CLERK/LICENSES 0640 PG30643209D 001 131108 11/08/13 3:02PM PAID 200.00	
OWNER(S) ADDRESS	W5942 BAKER RD HOLMEN WI 54636		
OWNER(S) TELEPHONE	608-857-3657 = FAX 782-2464		

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	Quilts One		
POLICY NUMBER	1777010		
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	yes yes	\$1 million liability \$1 million umbrella	

METHOD OF CHARGING	Metered Rates _____	Zone Rates <input checked="" type="checkbox"/>	Vehicle Rental Rate _____
SCHEDULE OF RATES <small>(or attach Schedule which will be posted in the vehicles)</small>	\$9.65 1way anywhere in city of LACROSSE, WI \$14.81 in LACROSSE County Out of LACROSSE Co. add 1.05 per mile		
NUMBER OF VEHICLES TO BE LICENSED	4		

VEHICLE ID NUMBER	YEAR, MAKE & MODEL <small>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</small>	CAPACITY <small>(incl. driver)</small>	STATE & LICENSE PLATE NO
164HR54K8YU124566	2000 <i>Pontiac Le Jardin</i>	5	963 - FLG WI
164HR52K5VH515276	1997 <i>Pontiac Le Jardin</i>	5	909 - TFX WI
164HP54K01U282640	2001 <i>Pontiac Le Jardin</i>	5	420 - LKE WI
164HR54K25U106592	2005 <i>Pontiac Le Jardin</i>	5	657 - JZR WI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/19/2013

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 The Insurance Center 920 Association Drive W Appleton, WI 54914	CONTACT NAME: Brian P. Hess PHONE (Ac. No. Ext.): (920) 734-8735 FAX (Ac. No.): (920) 734-8920 E-MAIL ADDRESS: bhess@tucinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : GuideOne National Insurance Company INSURER B : GuideOne Insurance INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Caring Hearts Home Care & Transportation, LLC W5942 Baker Road Holmen, WI 54636	NAIC #

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		PGO511004998	9/21/2013	9/21/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/>					MED EXP (Any one person) \$ 5,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		1777010	9/21/2013	9/21/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	PGO511005001	9/21/2013	9/21/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/>	<input type="checkbox"/>				\$
B	<input type="checkbox"/>	<input type="checkbox"/>	01296757	9/21/2013	9/21/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E. L. EACH ACCIDENT \$ 100,000 E. L. DISEASE - EA EMPLOYEE \$ 100,000 E. L. DISEASE - POLICY LIMIT \$ 500,000
	<input type="checkbox"/>	<input type="checkbox"/>				\$
	<input type="checkbox"/>	<input type="checkbox"/>				\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of LaCrosse, its elected and appointed officials, officers, employees and authorized agents is included as additional insured on the auto liability and excess liability policies.

CERTIFICATE HOLDER City of La Crosse 400 La Crosse Street 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>B. P. A.</i>

Caring Hearts Home Care & Transportation, LLC

10/15/2013

Veh #	Year	Make	Model	VIN
2	1997	Buick	LeSabre	1G4HR52K5VH515276
4	2001	Buick	LeSabre	1G4HP54K010282640
5	2000	Buick	LeSabre	1G4HR54K8YU124566
6	2005	Buick	LeSabre	1G4HR54K25U106592

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Caring Hands Home Care and Transportation LLC

ADDRESS W5942 Oaks Road, Holmen, WI 54636

VEHICLE MAKE Quik MODEL Le Galue YEAR 2000

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers Lamps/Reflectors			X
Tail Lamps (incl. cover)			X
Back Up Lamps			X
Brake Lamps			X
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			4/37
Windshield (incl. wipers & washers)			X
Windows (side, rear)			X
Windshield Defroster			X
Horn			X
Mirrors			X
Speed Indicator			X
Restraining Devices & Seats			X
Brakes (incl. parking brake)			Fronts-80% / Rear-25%
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			X

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: William P Green Printed Name: William Green

Business Cornelles Address 300 S. Holmen Dr Date 11-8-2013
Holmen WI 54636

Sec. 20.16(F)(1) 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).



MAILING LABEL ONLY

0008628
STETTER SUSAN C
W5942 BAKER RD
HOLMEN, WI 54636

Amount Received: \$ 10.00

MAILING LABEL ONLY

WISCONSIN CERTIFICATE OF TITLE

Table with 4 rows and 6 columns containing vehicle identification, title number, issue date, chassis type, odometer status, and product number.

Titled Owner(s)
STETTER SUSAN C
W5942 BAKER RD
HOLMEN, WI 54636

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority.

Lien Holder(s)
00001852 RIVER CITY COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail
PREVIOUSLY TITLED IN: MN

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov

10-1-1334368

THIS DOCUMENT VOID WITHOUT WATERMARK - HOLD TO LIGHT TO VIEW

Any alteration, correction, fluid, or erasure voids this title

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Caring Hearts Home Care and Transportation LLC
 ADDRESS W5842 Baker Road, Holmes, WI 54636
 VEHICLE MAKE Genie MODEL Te Jubee YEAR 1997

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarker Lamps/Reflectors			X
Tail Lamps (incl. cover)			X
Back Up Lamps			X
Brake Lamps			X
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System	<u>Muffler getting holes</u>		
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			Fr/8/32 / R/6/32
Windshield (incl. wipers & washers)	<u>WASHER Don't work Part ordered</u>		
Windows (side, rear)			X
Windshield Defroster			X
Horn			X
Mirrors			X
Speed Indicator			X
Restraining Devices & Seats			X
Brakes (incl. parking brake)			X
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			X

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: Cordell R Adams Printed Name: Cordell Adams

Business Cordell's Ford of Excellence LLC Address 300 S Holman Drive Date 11-6-2013

Sec. 20.16(F)(1) 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).

MS
11E



0003376

MAILING LABEL ONLY

0003136
STETTER JOHN P
W5942 BAKER RD
HOLMEN, WI 54636

Amount Received: \$ 10.00

MAILING LABEL ONLY

CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 1G4HP54K01U282640		Year 2001	Make BUICK			
Title Number S3102A030003-3	Issue Date 04/12/2013	Chassis Type AUTO	Odometer Reading 57440	Odometer Status ACTUAL	Odometer Date 01/29/2007	
Product Number 54424070299	Body Style 4DR SEDAN	Color	Fleet No			

Titled Owner(s)
STETTER JOHN P
W5942 BAKER RD
HOLMEN, WI 54636

In accordance with s. 342(1)(b) Wis. Stats., your title has been delivered to the first lien holder (lender) shown on this document. The department will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

1G4HP54K01U282640

Lien Holder(s)
00001852 RIVER CITY COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail
PREVIOUSLY TITLED IN: MN
EXEMPT FROM ODOMETER - 10 YEARS OLD

THIS IS NOT A TITLE: Title Sent to Lien Holder

This document is not valid for transfer of ownership. The title has been delivered to the lien holder listed first on this Confirmation of Ownership. You will receive your valid Wisconsin title once all liens have been paid.

Please read the reverse side of this document for more information.



MAIL ADDRESS:
Wisconsin Department of Transportation
P.O. Box 7949, Madison, WI 53707-7949

T096S 6 2012

QUESTIONS
Contact the Division of Motor Vehicles at
414-296-1000, 608-296-1466
www.dmv.wisconsin.gov

1B4HP54K01U282640

CERTIFICATE OF INSPECTION

4961667

NAME OF BUSINESS Caring Hearts Home Care and Transportation LLC

ADDRESS W5942 Baker Road, Holmen, WI, 54636

VEHICLE MAKE Quirk MODEL Le Sabre YEAR 2001

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	✓	11-6-2017	CA
Parking Lamps			CA
Directional Lamps	✓	11-6-2013	CA
Flashing Warning Lamps			CA
Sidemarkers Lamps/Reflectors			CA
Tail Lamps (incl. cover)			CA
Back Up Lamps			CA
Brake Lamps			CA
Steering System	✓	11/12/13 ^{MM}	
Hood & Trunk Latches			CA
Emission/Exhaust System			CA
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	✓	11/12/13 ^{MM}	
Windshield (incl. wipers & washers)			CA
Windows (side, rear)			CA
Windshield Defroster			CA
Horn			CA
Mirrors			CA
Speed Indicator			CA
Restraining Devices & Seats			CA
Brakes (incl. parking brake)	✓	11/12/13 ^{MM}	
Heater			CA
Air Conditioning			CA
Door Handles (interior & exterior)			CA

Left Front O
RF 5/32
RR 5/32
RR 5/32

Need all

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: Cordell R Adams Printed Name: Cordell R Adams

Business Cordell's Study of Excellence LLC Address 300-S Holmen drive Holmen Date 11-6-2013

Sec. 20.16(F)(1) 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).



MAILING LABEL ONLY

0004317
STETTER JOHN P
W5942 BAKER RD
HOLMEN, WI 54636

Amount Received: \$ 10.00

MAILING LABEL ONLY

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 1G4HR54K25U106592		Year 2005	Make BUICK		
Title Number S1293A030001-2	Issue Date 10/20/2011	Chassis Type AUTO	Odometer Reading 5555	Odometer Status ACTUAL	Odometer Date 11/28/2005
Product Number 79297053335	Body Style 4DR SEDAN	Color Light Blue		Fleet No.	

Titled Owner(s)
STETTER JOHN P
W5942 BAKER RD
HOLMEN, WI 54636

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

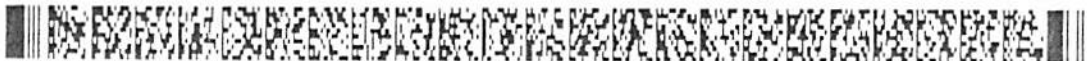
Lien Holder(s)
00001852 RIVER CITY COMMUNITY CREDIT UNION, LA CROSSE

1G4HR54K25U106592

Additional Vehicle Detail

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
5555

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov
001852

10-1-1401070

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

This document void without watermark. Hold to light to view.

Any alteration, correction, fluid, or erasure voids this title.

1G4HR54K25L106592

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Caring Ideas Home Care and Transportation LLC
 ADDRESS W5942 Helen Road Holmen, WI 54636
 VEHICLE MAKE Jeep MODEL Jeep YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			CA
Parking Lamps		11-6-13	CA
Directional Lamps			CA
Flashing Warning Lamps			CA
Sidemarkers Lamps/Reflectors		11-6-13	CA
Tail Lamps (incl. cover)			CA
Back Up Lamps			CA
Brake Lamps			CA
Steering System			CA
Hood & Trunk Latches			CA
Emission/Exhaust System			CA
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	2 Rear	Date of Repair 11/13/13	CA
Windshield (incl. wipers & washers)			CA
Windows (side, rear)			CA
Windshield Defroster			CA
Horn			CA
Mirrors			CA
Speed Indicator			CA
Restraining Devices & Seats			CA
Brakes (incl. parking brake)			CA
Heater			CA
Air Conditioning			CA
Door Handles (interior & exterior)			CA

LF 5/32
 RF 6/32
 LR 2/32
 RR 3/32
 Spare New

1/3 left on all 4

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: Cordell R Adams Printed Name: Cordell R Adamson

Business Cordell's Stud of Excellence LLC Address 300 S. Holmen Drive Date 11-6-13

Sec. 20.16(F)(1) 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).