

License Number _____

License Issued _____

License Fee: \$ 1660.00

Invoice #: 1108461

**CITY OF LA CROSSE
APPLICATION FOR PUBLIC VEHICLE FOR HIRE**

License Period: January 1st, 2020 to December 31st, 2020

BUSINESS INFORMATION

Business Name (Real/Legal)	Bee Cab, Inc.
Trade Name (DBA)	Bee Cab
Address	1320 Saint Andrew St., La Crosse, WI 54603
Zoning District <small>New addresses must be verified compliant by a building inspector.</small>	Heavy Industrial
Telephone	608-784-4233
Wisconsin Seller Permit No. <small>Required if vehicles are leased to drivers.</small>	456-000157354-03

OWNER INFORMATION

Owner(s) Name <small>(First, Full Middle, Last)</small>	Craig Allen Redenbaugh Sue Ann Redenbaugh
Owner(s) Date of Birth	
Home Address	1526 Wood St., La Crosse, WI 54603 <u>1506 Island La Crosse, WI 54603</u>
Telephone	Home 608-785-7846 Cell 608-304-1493 or 608-784-1634

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

INSURANCE INFORMATION

Insurance Carrier/Agent	Coverra Insurance Services, Inc.
Address	3803 Creekside Lane, Holmen, WI 54636
Telephone/Email	Telephone 608-526-2127 Email ncsete@coverrainurance.com

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 <u>X</u> Zone Rates ____ Vehicle Rental Rate ____
Schedule of Rates <small>(or attach Schedule to be posted the vehicles)</small>	Start/Pick-up: \$1.50 Mileage: \$2.00 <u>2.25</u> /mile Extras: \$.50/person Wait: \$20.00/hour

VEHICLE INFORMATION

Number of Vehicles to be Licensed	11
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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 NO
See Attached			

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

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 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.*

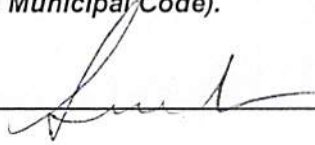
ATTACH A PHOTOCOPY OF THE **TITLE/CONFIRMATION OF OWNERSHIP & REGISTRATION** FOR EACH VEHICLE (the title/confirmation must be in the name of business or owner); required for original vehicle application only. *Note: A salvage title may not be used as a public vehicle until the vehicle has been repaired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

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 _____



DATE _____

11-12-19

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____

DATE _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/8/2019

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 Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-2127 FAX (A/C, No): 608-519-2818 E-MAIL ADDRESS: ncsele@coverrainurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Bee Cab Inc 1224 Island St La Crosse WI 54601	INSURER A: Secura Insurance, A Mutual Company	
	INSURER B: Integrity Group	
	INSURER C: Society Insurance	
	INSURER D:	
	INSURER E:	


COVERAGES **CERTIFICATE NUMBER:** 1336974198 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" 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 OTHER:		CP3241324	7/18/2019	7/18/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA 2654312 A3241992	7/18/2019 7/18/2019	7/18/2020 7/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WP18025239	7/14/2019	7/14/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are included as additional insured on the automobile policy, when required by written contract.

Vehicles Listed on Integrity Policy:
2007 Toyota JTDKB20U47324622
2005 Chry 2C4GP54L15R444013
2007 Dodge 1D8GP45R97B115317
2005 Toyota JTDKB20U257044291
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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Bee Cab Inc 1224 Island St 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

- 2013 Toyota JTDKN3DU1D1679205
- 2005 Toyota JTDKB20U753093770
- 2006 Dodge 2D4GP44L56R737489
- 2006 Dodge 1D4GP45R06B565583
- 2005 Toyota JTDKB20U153062224
- 2010 Toyota JTDKN3DU0A0210995
- 2010 Toyota JTDKN3DU8A0162579
- 2006 Dodge 1D4GP24R06B538017
- 2005 Chry 1C4GP45R95B271532
- 2010 Toyota JTDKN3DU7A0089544
- 2006 Toyota JTDKB22U163156912
- 2005 Toyota JTDKB20U253013470
- 2008 Dodge 1D8HN44HX8B114634
- 2004 Toyota JTDKB22UX40008840
- 2006 Dodge 1D4GP45R26B642244
- 2008 Toyota JTDKB20U187711906
- 2005 Toyota JTDKB20U057025481
- 2010 Dodge 1B3CB4HA0AD613906
- 2005 Toyota JTDKB20U457037309
- 2005 Dodge 1D4GP25R75B353220
- 2005 Toyota JTDKB20U753055262
- 2008 Dodge 1D8HN54P38B105707

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

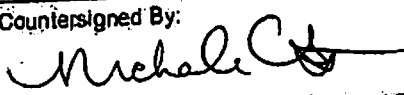
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 7/8/17	Countersigned By:  (Authorized Representative)
Named Insured: Bee Cab Inc	

SCHEDULE

Name of Person(s) or Organization(s): City of La Crosse 400 La Crosse St. La Crosse, WI 54601
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

CERTIFICATE OF INSPECTION

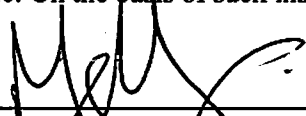
NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Ford MODEL: Transit YEAR: 2010

VIN: NM0LS6BN0AT015226

	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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	✓
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: Mark Murphy

Business: Murphy Trans A/C Address: 513 Wood Date: 11-7-17

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

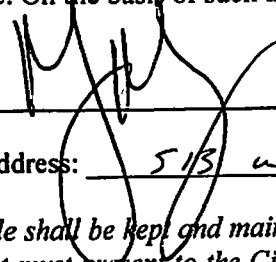
MODEL: Caravan

YEAR: 2007

VIN: 1D8GP45R97B115317

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

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: Mark Murphy

Business: Murphy Frame & All Address: 515 Wood Date: 11-7-19

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Toyota

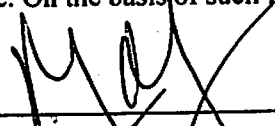
MODEL: Prius

YEAR: 2007

VIN: JTDKB2OU177563920

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

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: MARK MURPHY

Business: Murphy Frame & Axle Address: 513 Wood Date: 11-7-19

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

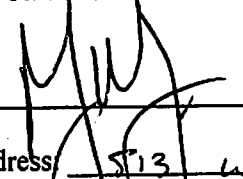
MODEL: Caravan

YEAR: 2006

VIN: 1D4GP24R06B5338017

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

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A.S.E. Certified Technician: Signature:  Printed Name: Mark Murphy

Business: Murphy Service & Rep Address: 513 Wood Date: 11-7-19

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

MODEL: Caravan

YEAR: 2006

VIN: 1D4GP45R26B642244

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

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: Mark Murphy

Business: Murphy Frame & Auto Address: 513 Wood Date: 11-7-19

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

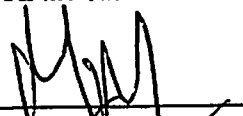
MODEL: Caravan

YEAR: 2006

VIN: 2D4GP44L56R737489

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

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: Mark Murphy

Business: Murphy Frame & Axle Address: 813 West Date: 11-7-19

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Chrysler

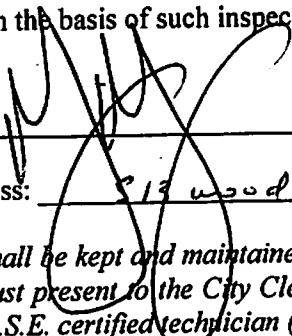
MODEL: Town & Country

YEAR: 2005

VIN: 1C4GP45R45B415634

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

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: Mark Murphy

Business: Murphy Frame & Auto Address: 513 Wood Date: 11-7-19

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

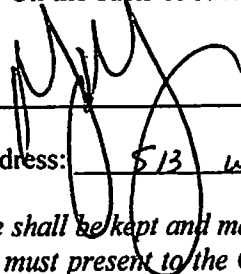
MODEL: Caravan

YEAR: 2005

VIN: 1D4GP25R75B353220

	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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	_____ ✓
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: Mark Murphy

Business: Murphy Frame & Mill Address: 513 Wood Date: 11-7-19

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

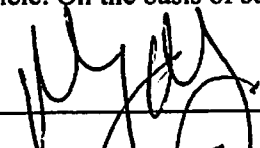
MODEL: Sprinter

YEAR: 2005

VIN: 2B6LB31ZX1K555452

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

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: Mark Murphy

Business: Murphy Frame & Auto Address: 513 Wood Date: 11-7-19

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Dodge

MODEL: Sprinter

YEAR: 2005

VIN: WD8PD74495S789305

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓ _____
Parking Lamps	_____	11-7-19	_____
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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	_____ ✓ _____
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: Mark Murphy

Business: Murphy Frame & Auto Address: 513 Wood Date: 11-7-19

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab, Inc.

VEHICLE MAKE: Toyota

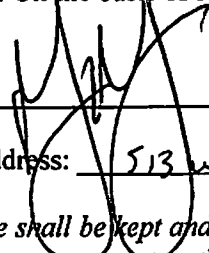
MODEL: Prius

YEAR: 2005

VIN: JTDKB20U457037309

	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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	_____ ✓ _____
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: Mark Murphy

Business: Murphy Frame & Air Address: 513 Wood Date: 11-19

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