

License Number _____
 License Issued _____

License Fee \$ 500.00
 Receipt # 110641

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	TOP HAT INC DBA CTS TAXI
BUSINESS ADDRESS	226 HOOD ST LA CROSSE WI 54601 Zoning: <u>Commercial</u> Confirmed by: _____
BUSINESS TELEPHONE	608-782-1069 Top Hat 608-784-7700 CTS Taxi
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	<u>456-000011285-03</u>

DUPLICATE RECEIPT

OWNER(S) NAME (First, Full Middle, Last)	BEVERLY ANNE SCOTT	405 CITY CLERK/LICENSES PG306432117 001 131111	0641
OWNER(S) DATE OF BIRTH	██████████	11/08/13 5:11PM PAID	500.00
OWNER(S) ADDRESS	<u>403 G. H. H. #111 LaCROSSE WI 54603</u>		
OWNER(S) TELEPHONE	608-783-5949 or 608-792-5949		

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	<u>American Country</u>
POLICY NUMBER	<u>CPP 4025637</u>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>\$ 2 Million CSL</u>

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)	<u>\$1.50 initial p.u. \$2.00 per mile \$25.00 wait time</u> <u>\$.50 extra person \$50.00 clean fee</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>10</u>

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			

- ✓ 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.
- ✓ 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 (Sec. 20.16 of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT Bey Scott DATE 11/8/13

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

<u><i>Year, Make, Model</i></u>	<u><i>VIN</i></u>	<u><i>License Plate</i></u>	<u><i>Capacity</i></u>
2003 Chevrolet Impala	2G1WF52E239299654	336-HHV WI	5
2007 Ford Taurus	1FAFP53U87A150403	341-HHV WI	6
2006 Dodge Grand Caravan	1D4GP24R76B615384	860-SCL WI	7
2008 Chevy Uplander	1GNDV23158D149048	342-HHV WI	5
2005 Dodge Grand Caravan	2D4GP44L95R432107	684-SSL WI	7
2007 Chevy Uplander	1GNDV23147D116847	464-SSN WI	7
2009 Dodge Grand Caravan	2D8HN44E19R620474	237-MJH WI	7
2012 Ford Transit Connect	NM0KS9CN1CT110571	752-UPS WI	5
2013 Dodge Grand Caravan	2C4RDGBG0DR566900	295-UYG WI	7
2003 Dodge Entervan	1D4GP24393B218539	986-ZYD WI	5



CERTIFICATE OF LIABILITY INSURANCE

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

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 AdvisorNet Property and Casualty LLC 701 4th Avenue South Suite 1620 Minneapolis MN 55415	CONTACT NAME: Julie Pelischek PHONE (A/C No. Ext.): (866) 896-0281 FAX (A/C No.): (612) 313-7574 E-MAIL ADDRESS: jpelischek@advisornetpc.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Republic Franklin Insurance INSURER B: American Country Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 12475
INSURED Top Hat, Inc. dba CTS Taxi 226 Hood Street Lacrosse WI 54601		

COVERAGES CERTIFICATE NUMBER: 13-14 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP4025637	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	WI 1-18-01 Loading/Unloading Incl	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured/Underinsured \$ 100,000
	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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Abuse/Molestation		CPP4025637	1/1/2013	1/1/2014	Each Occurrence \$500,000 Aggregate \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Vehicle list attached:

 Comp/collision ded - \$1,000/\$1,000

CERTIFICATE HOLDER (608) 789-7552 City of La Crosse Attn: Nikki Elsen 400 La Crosse Street La Crosse, WI 54601-3396	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 D Burkart CPCU/BL2
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COMMENTS/REMARKS

T295 2013 Dodge Gand Caravan 2C4RDGBG0DR566900

T237 2009 Dodge Grand Caravan 2D8HN44E19R620474

T444 2003 CHEVY IMPALA 2G1WF52E239299654

T752 2012 Ford Transit Connect NMOKS9CN1CT110571

T410 2006 Dodge Grand Caravan 1D4GP24R76B615384

T448 2003 DODGE ENTERVAN 1D4GP24393B218539

T709 2007 FORD TAURUS 1FAPP53U87A150403

T925 2008 CHEV UPLANDER IGNDV23158D149048

T684 2005 DODGE GR CARAVAN
2D4GP44L95R432107

T464 2007 CHEVY UPLANDER 1GNDV23147D116847

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2G1WF52E239299654		Year 2003	Make CHEVROLET		
Title Number 082960376031-7	Issue Date 10/22/2008	Chassis Type AUTO	Odometer Reading 29931	Odometer Status ACTUAL	Odometer Date 08/02/2004
Product Number 93558984470	Body Style 4DR SEDAN	Color WHITE	Fleet No T444		

Titled Owner(s)
TOP HAT INC
226 HOOD ST
LA CROSSE, WI 54601

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. 2G1WF52E239299654

Lien Holder(s)
00018043 COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail
PREVIOUSLY TITLED IN: FL

THIS IS A REPLACEMENT TITLE

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

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466, 800-924-3570
www.dot.wisconsin.gov

7-1-6944092

1000 02/2004

100810

KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE



WISCONSIN

Certificate of Vehicle Registration

0000930

Plate Number 336HHV	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color WHITE	Registration Number L123550069992	Fleet No. T444
Vehicle Identification Number 2G1WF52E239299654	Year 2003	Make CHEV	Expiration Date 12/31/2013	Amount Received \$ 80.00			

INTRASTATE FOR HIRE CARRIER YEAR

0000893
TOP HAT INC
226 HOOD ST
LA CROSSE, WI 54601

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at:
414-266-1000
800-924-3570
www.dot.wisconsin.gov



CERTIFICATE OF INSPECTION

444

NAME OF BUSINESS CTS Taxi
ADDRESS 226 Hood St LaCrosse, WI 54601
VEHICLE MAKE CHEVROLET MODEL IMPALA 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: [Signature] Printed Name: Jan Gibson
Business ALL-OUT REPAIR Address 204 HOOD LA CROSSE WI Date 11/5/13

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).

CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 1FAFP53U87A150403		Year 2007	Make FORD			
Title Number S3212A318001-2	Issue Date 07/31/2013	Chassis Type AUTO	Odometer Reading 24238	Odometer Status ACTUAL	Odometer Date 08/27/2007	
Product Number 51837072765	Body Style 4DR SEDAN	Color WHITE			Fleet No. T709	

Titled Owner(s)
 TOP HAT INC
 226 HOOD ST
 LA CROSSE, WI 54601

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.

1FAFP53U87A150403

Lien Holder(s)
 00018043 COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: NJ

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
 PO Box 7949, Madison, WI 53707-7949
63242

T056S 6/2012

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
www.dot.wisconsin.gov
018043



WISCONSIN

0000940

Certificate of Vehicle Registration

Product Number 14016072762		Registration Number L123550010817				
Plate Number 341HHV	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color WHITE	Fleet No. T709
Vehicle Identification Number 1FAFP53U87A150403		Year 2007	Make FORD	Expiration Date 12/31/2013	Amount Received \$ 80.00	

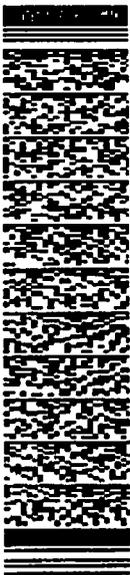
INTRASTATE FOR HIRE CARRIER

YEAR

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

0000903
 TOP HAT INC
 226 HOOD ST
 LA CROSSE, WI 54601

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



CERTIFICATE OF INSPECTION

709

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St LaCrosse, WI 54601

VEHICLE MAKE Ford MODEL TAURUS 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: [Signature] Printed Name: Jan Gilson

Business All-out Repair Address 204 HOOD ST, LA CROSSE Date 11/9/13

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).



www.dot.wisconsin.gov
 Vehicles at
 Division of Motor Vehicles at
 Contact the 174-266-1000
 14-266-1000
 Ownership
 Title, Not Valid for Transfer of
 The Registration Certificate is not a

0
 TOP HAT INC OR SCOTT BEVERLY A
 226 HOOD ST
 LA CROSSE, WI 54601

Vehicle Identification Number	1D4GP24R76B615384		Year	2006	Make	DODG	Expiration Date	05/06/2014	Amount Received	\$ 80.00
Plate Number	860SCL	Registration	AUT AUT	TRUK	Class	A	Color	SILVER/ALUMINUM	Filet No.	470
Product Number	90151101698		Registration Number	1311204150062						



0002688

KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE

QUESTIONS:
 Contact the Division of Motor Vehicles at
 174-266-1000 608-266-1466
 www.dot.wisconsin.gov

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



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.

Additional Vehicle Detail
 TITLED IN WI AS: PRIOR TAXI
 PREVIOUSLY TITLED IN: ID

Lien Holder(s)
 00046918 CITIZENS AUTOMOBILE FINANCE INC, SACRAMENTO

The person, firm, or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) 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 earned forward onto this document.

Titled Owner(s)
 TOP HAT INC OR SCOTT BEVERLY A
 226 HOOD ST
 LA CROSSE, WI 54601

Vehicle Identification Number	1D4GP24R76B615384		Year	2006	Make	DODGE					
Title Number	101690405103-0	Issue Date	06/18/2010	Class Type	TRUK	Odometer Reading	34024	Odometer Status	ACTUAL	Odometer Date	06/17/2010
Product Number	47988101697	Body Style	VAN		Color	SILVER/ALUMINUM					
Filet No.											

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

This document void without watermark - Hold to light to view



CERTIFICATE OF INSPECTION

~~#6874~~

NAME OF BUSINESS CTS Taxi # 410

ADDRESS 226 Hood St. La Crosse, WI 54601

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2004

	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: [Signature] Printed Name: Jana Gibson

Business All Out Repair Address 204 Hood St La Crosse Date 11/7/13

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).

CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 1GNDV23158D149048		Year 2008	Make CHEVROLET		
Title Number S3212A318009-2	Issue Date 07/31/2013	Chassis Type TRUK	Odometer Reading 46294	Odometer Status ACTUAL	Odometer Date 09/23/2009
Product Number 25642092660	Body Style VAN	Color		Fleet No. T925	

Titled Owner(s)
 TOP HAT INC
 226 HOOD ST
 LA CROSSE, WI 54601

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.

1GNDV23158D149048

Lien Holder(s)
 00018043 COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: FL

THIS IS NOT A TITLE: Title Sent to Lien Holder

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



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
4/2014

T056S 6/2012

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
www.dot.wisconsin.gov
01/04/13



WISCONSIN

0000933

Certificate of Vehicle Registration

Plate Number 342HHV		Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Product Number 10310092661	Registration Number L123550006656
Vehicle Identification Number 1GNDV23158D149048		Year 2008	Make CHEV	Expiration Date 12/31/2013	Fleet No. T925	Amount Received \$ 80.00	

INTRASTATE FOR HIRE CARRIER

YEAR

0000896
 TOP HAT INC
 226 HOOD ST
 LA CROSSE, WI 54601

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

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



CERTIFICATE OF INSPECTION

925

NAME OF BUSINESS CTS Taxi
ADDRESS 226 Hood St. LaCrosse, WI 54601
VEHICLE MAKE Chevrolet MODEL Uplander YEAR 2008

	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: [Signature] Printed Name: Jon Gibon
Business All Out Repair Address 204 HOOD ST, LACROSSE 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).

CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 2D4GP44L95R432107		Year 2005	Make DODGE		
Title Number S3212A318010-2	Issue Date 07/31/2013	Chassis Type TRUK	Odometer Reading 38874	Odometer Status ACTUAL	Odometer Date 12/21/2010
Product Number 45792103611	Body Style VAN	Color		Fleet No. <i>T 684</i>	

Titled Owner(s)

TOP HAT INC OR LAWRENCE BEVERLY ANNE
226 HOOD ST
LA CROSSE, WI 54601

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.

2D4GP44L95R432107

Lien Holder(s)

00018043 COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail

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
PO Box 7949, Madison, WI 53707-7949
47883

T056S 6/2012

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-266-1466
www.dot.wisconsin.gov
018043



0000000 *684*

Certificate of Vehicle Registration

Plate Number 684SSL	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Product Number 54473103616	Registration Number 12352L10126
Vehicle Identification Number 2D4GP44L95R432107		Year 2005	Make DODG	Expiration Date 12/20/2013	Fleet No.	
INTRASTATE FOR HIRE CARRIER				YEAR	Amount Received \$ 83.00	

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

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

TOP HAT INC OR SCOTT BEVERLY A
226 HOOD ST
LA CROSSE, WI 54601



684-55L

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St. LaCrosse, WI 54601

VEHICLE MAKE _____ MODEL _____ YEAR _____

	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: [Signature] Printed Name: Jan Gibson

Business ALL OUT REPAIR Address 204 HOOD ST Date 11/4/14

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).

WISCONSIN CERTIFICATE OF TITLE

This document void without watermark - Hold to light to view

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

Vehicle Identification Number 1GNDV23147D116847		Year 2007	Make CHEVROLET			
Title Number 110320417020-5	Issue Date 02/01/2011	Chassis Type TRUK	Odometer Reading 50365	Odometer Status ACTUAL	Odometer Date 01/13/2011	
Product Number 88464110322	Body Style VAN	Color WHITE	Fleet No.			

Titled Owner(s)
TOP HAT INC AND SCOTT BEVERLY A
226 HOOD ST
LA CROSSE, WI 54601

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)
00002823 FORD MOTOR CREDIT COMPANY, ATLANTA

Additional Vehicle Detail
TITLED IN WI AS: PRIOR TAXI
PREVIOUSLY TITLED IN: IA

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
 52825

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
 www.dot.wisconsin.gov
 32820

T055S 8/2010
10-1-0361167

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE



WISCONSIN Certificate of Vehicle Registration

0000000

464

Plate Number 464SSN	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A
Vehicle Identification Number 1GNDV23147D116847	Year 2007	Make CHEV	Color WHITE	
INTRASTATE FOR HIRE CARRIER			Expiration Date 12/19/2013	Amount Received \$ 83.00

Product Number 16750110321	Registration Number 12352L10111
Fleet No.	

TOP HAT INC AND SCOTT BEVERLY A
226 HOOD ST
LA CROSSE, WI 54601

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
 Contact the 414-266-1000
 Division of Motor 608-266-1466
 Vehicles at:
 www.dot.wisconsin.gov



464

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi
ADDRESS 226 Hood St. LaCrosse, WI 54601
VEHICLE MAKE CHEVY MODEL UPLANDER LS 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: [Signature] Printed Name: Jon Gibson

Business ALL-OUT REPAIR Address 204 HOOD ST LA CROSSE 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).

CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 2D8HN44E19R620474		Year 2009	Make DODGE			
Title Number 13002CA38007-4	Issue Date 01/02/2013	Chassis Type TRUK	Odometer Reading 60843	Odometer Status ACTUAL	Odometer Date 12/27/2012	
Product Number 15352123625	Body Style VAN	Color SILVER/ALUMINUM			Fleet No. T 237	

Titled Owner(s)
 TOP HAT INC OR SCOTT BEVERLY A
 226 HOOD ST
 LA CROSSE, WI 54601

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.

2D8HN44E19R620474

Lien Holder(s)
 00046918 RBS CITIZENS NA, SACRAMENTO

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: IL

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
 PO Box 7949, Madison, WI 53707-7949
54208

T056S 6/2012

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
www.dmv.wisconsin.gov
810640



WISCONSIN

0002687

Certificate of Vehicle Registration

Product Number 98294123629				Registration Number R311204150630		
Plate Number 237MJH	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color SILVER/ALUMINUM	Fleet No. 237
Vehicle Identification Number 2D8HN44E19R620474		Year 2009	Make DODG	Expiration Date 05/30/2014	Amount Received \$ 75.00	

YEAR

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

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

0002569
 TOP HAT INC OR SCOTT BEVERLY A
 226 HOOD ST
 LA CROSSE, WI 54601



CERTIFICATE OF INSPECTION

237

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St. Wausau, WI 54601

VEHICLE MAKE DOODGE MODEL GRAND CARAVAN YEAR 2009

	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: [Signature] Printed Name: Jan Gibson

Business All Out Repair Address 204 Hood St. Wausau Date 11/7/13

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).

262-0-3875-2

TOP HAT INC

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number NMOKS9CN1CT110571		Year 2012	Make FORD		
Title Number 190770554004-2	Issue Date 03/18/2013	Chassis Type TRUK	Odometer Reading 11	Odometer Status ACTUAL	Odometer Date 02/14/2013
Product Number 77058130456	Body Style VAN	Color RED	Fleet No.		

Titled Owner(s)
SOUTHGATE LEASING CORP
4440 S. 108TH ST
MILWAUKEE, WI 53228

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) 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)
00040727 US BANK NA, OSHKOSH

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 7849, Madison, WI 53707-7849

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

11-1-1495372

KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE



WISCONSIN Certificate of Vehicle Registration

0000000 #752

Plate Number 752UPS	Registration AUT AUT AUTO	Chassis AUTO	Gross Weight	Period A	Color RED	Registration Number 13045P40074	Fleet No.
Vehicle Identification Number NMOKS9CN1CT110571	Year 2012	Make FORD	Expiration Date 02/13/2014	Amount Received \$ 75.00			

TITLE MAILED TO SECURED PARTY

OWNER: SOUTHGATE LEASING CORP
LESSEE: TOP HAT INC ICO SOUTHGATE LEASING CORP
 PO BOX 270557
 MILWAUKEE, WI 53227

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
 Contact the Division of Motor Vehicles at:
 414-266-1000
 608-266-1466
www.dot.wisconsin.gov

2620 3875-2

#752

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi
ADDRESS 226 Hood St. McCrossie, WI 54601
VEHICLE MAKE FORD MODEL TRANSIT CONNECT YEAR 2012

	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: [Signature] Printed Name: Jan Gibson
Business ALL OUT REPAIR Address ~~226~~ 204 HOOD ST. Date 11/7/13

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).

T 295

0001192



WISCONSIN

Certificate of Vehicle Registration

Product Number 31163132634					Registration Number 13268CA380078	
Plate Number 295UYG	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color WHITE	Fleet No.
Vehicle Identification Number 2C4RDGBG0DR566900			Year 2013	Make DODG	Expiration Date 09/19/2014	Amount Received \$ 154.50

0
 TOP HAT INC OR LAWRENCE BEVERLY ANNE
 226 HOOD ST
 LA CROSSE, WI 54601

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
 Contact the 414-266-1000
 Division of Motor 608-266-1466
 Vehicles at:
 www.dot.wisconsin.gov



CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 2C4RDGBG0DR566900		Year 2013	Make DODGE			
Title Number 13268CA38007-8	Issue Date 09/25/2013	Chassis Type TRUK	Odometer Reading 186	Odometer Status ACTUAL	Odometer Date 09/20/2013	
Product Number 12892132631	Body Style VAN	Color WHITE			Fleet No.	

Titled Owner(s)
 TOP HAT INC OR LAWRENCE BEVERLY ANNE
 226 HOOD ST
 LA CROSSE, WI 54601

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.

2C4RDGBG0DR566900

Lien Holder(s)
 00046947 BMO HARRIS BANK NA, SACRAMENTO

Additional Vehicle Detail

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
 PO Box 7949, Madison, WI 53707-7949

T056S 6/2012

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St. LaCrosse, WI 54601

VEHICLE MAKE Dodge MODEL GRAND CARAVAN YEAR 2013

	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: [Signature] Printed Name: Tom Gilson

Business All Out Repair Address 204 Hood St LaCrosse Date 11/7/13

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).

WISCONSIN CERTIFICATE OF TITLE

This document void without watermark - Hold to light to view

Any alteration, correction, hand or erasure voids this title

Vehicle Identification Number 1D4GP24393B218539		Year 2003	Make DODGE		
Title Number 080360401010-5	Issue Date 02/05/2008	Chassis Type TRUK	Odometer Reading 163812	Odometer Status ACTUAL	Odometer Date 12/28/2007
Product Number 12086080320	Body Style VAN	Color		Fleet No. 448	

Titled Owner(s)
TOP HAT INC
226 HOOD ST
LA CROSSE, WI 54601

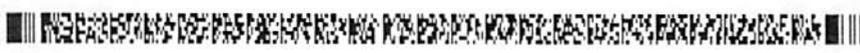
The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not 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)
00018043 COMMUNITY CREDIT UNION, LA CROSSE

Additional Vehicle Detail
PREVIOUSLY TITLED IN: MI

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

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1148, 608-261-2583, 800-624-3570
www.dot.wisconsin.gov

6-3rd 5667254

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE



WISCONSIN Certificate of Vehicle Registration

0000000

Plate Number 986ZYD	Registration HSV HSV	Chassis TRUK	Gross Weight	Period A	Color	Product Number 98354080329	Registration Number R3018L70020
Vehicle Identification Number 1D4GP24393B218539	Year 2003	Make DODGE	Expiration Date 12/31/2013	Amount Received \$ 78.00			

PLATE(S) STAY WITH VEHICLE WHEN SOLD

YEAR

TOP HAT INC
226 HOOD ST
LA CROSSE, WI 54601

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
Contact the 414-266-1000
Division of Motor 608-266-1466
Vehicles at:
www.dot.wisconsin.gov



CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi # STS 174842 448
 ADDRESS 226 Hood St. Kaukauna, WI 54601
 VEHICLE MAKE DODGE MODEL CARAVAN SE YEAR 2003

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

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: Jon Gilson
 Business All-Out Repair Address 204 Hood St. Date 11/4/14

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).