

License Number _____

License Fee: \$ _____

License Issued _____

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

Invoice #: _____

License Period: January 1st, 2026 to December 31st, 2026

BUSINESS INFORMATION

Business Name (Real/Legal)	TMT Medical Transport LLC
Trade Name (DBA)	Twilight Medical Transport
Address	1100 Kane St La Crosse WI 54601
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	
Telephone	608-881-9222
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	



OWNER INFORMATION

Owner(s) Name <i>(First, Full Middle, Last)</i>	Ronald Chatel
Owner(s) Date of Birth	
Home Address	1441 George St La Crosse WI 54603
Telephone	Home _____ Cell [REDACTED]

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [X] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [X] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

INSURANCE INFORMATION

Insurance Carrier/Agent	SC NATIONAL SPECIALTY / DEBRUYNE INS. AGENCY	
Address	1375 FUR DR, WISCONSIN DELLS, WI 53965	
Telephone/Email	Telephone	608-432-6049

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 <u> </u> Vehicle Rental Rate <u> </u>
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	START/PICK-UP: \$2.00, MILEAGE: \$2.50/MILE, WHEELCHAIRS \$25.00, WHEELCHAIR RETURNS(LOCAL) \$1.00/MILE, WHEELCHAIR RETURNS(OUT OF ARE/ <u>1.00/MILE</u> WAITING TIME: \$40.00/HOUR.

VEHICLE INFORMATION

Number of Vehicles to be Licensed	<u>3</u> 10
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <i>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</i>	CAPACITY <i>(incl. driver)</i>	STATE & LICENSE NO
5TDX23DC4HS771998	2017 TOYOTA SIENNA	3	WI AZH 8830
4T3BK3BB9FU115476	2015 TOYOTA VENZA	5	WI AMS 8764
5TDKK3DC2ES476117	2014 TOYOTA SIENNA	6	WI AYV 7808
WDZPE7GDXP241413	2016 MERCEDES BENZ SPRINTER	7	WI AZL 9215
5TDZZ3DC8HS899749	2017 TOYOTA SIENNA	5	WI AYV 7807

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

~~5TDZK3DC5ES480662~~ 2014 Toyota Sienna | 5

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 Donald Chastel DATE 1-19-26

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

#13

NAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLC

VEHICLE MAKE FORD MODEL SIEGNE YEAR 2014

VIN 5TDJ2K3JCSE5480662

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

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: Colin Beper Printed Name: ANDREW BEPERMAN

Business: ANDYS AUTO SERVICE Address: 641 So 2nd Ave Date: 12-28-25
Chalaski WI

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

#3

NAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLC

VEHICLE MAKE PORTA MODEL VENZA YEAR 2015

VIN 4T3BK3BB9FU115476

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

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: Andrew Begeyman Printed Name: ANDREW BEGEMAN

Business: ANDYS AUTO SERVICE Address: 641 So 2nd ave Date: 12-22-25
ANCHORAGE

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

41

NAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLC

VEHICLE MAKE TOYOTA MODEL SEVILLA- YEAR 2014

VIN 5TOKK3DC2ES476117

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

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: Andrew Bebey Printed Name: ANDREW BEBEY

Business: Only Auto Service Address: 641 502nd Ave Date: 12-23-2015

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).