

License Number _____

License Issued _____

License Fee: \$ _____

Invoice #: _____

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

License Period:

BUSINESS INFORMATION

Business Name <i>(Real/Legal)</i>	Making A Way Transport, LLC		
Trade Name <i>(DBA)</i>	CTS Taxi		
Address	226 Hood Street	La Crosse, WI 54601	
Zoning District <small>New addresses must be verified compliant by a building inspector.</small>	Commercial		
Telephone	608.784.7700		
Wisconsin Seller Permit No. <small>Required if vehicles are leased to drivers.</small>			

OWNER INFORMATION

Owner(s) Name <small>(First, Full Middle, Last)</small>	Derek Michael Andrjeski		
Owner(s) Date of Birth			
Home Address	1716 Ferry Street, La Crosse, WI 54601		
Telephone	Home N/A	Cell	608.780.5889

- 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	CLG Insurance - Clifton Park		
Address	3 Corporate Drive, Suite 200 Clifton Park, NY 120658		
Telephone/Email	Telephone 518-371-0075	Email	certificates@clginsurance.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 <input checked="" type="checkbox"/>	Zone Rates <input type="checkbox"/>	Vehicle Rental Rate <input type="checkbox"/>
Schedule of Rates <small>(or attach Schedule to be posted the vehicles)</small>	Start/Pick-Up \$2.00; Mileage \$2.00/mile, Extras \$.50/person, Wait \$25.00/hour		

VEHICLE INFORMATION

Number of Vehicles to be Licensed	2
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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
2C4RDGBG6JR199836	Dodge Grand Caravan	6	Wisconsin; ARY3674
2C4RDGBGXDR562160	Dodge Grand Caravan	6	Wisconsin; ARY3634

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

X 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.

X 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.

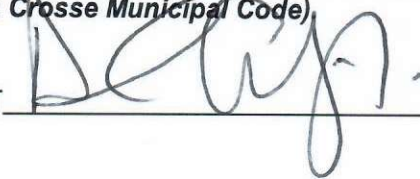
X ATTACH A PHOTOCOPY OF THE TITLE/CONFIRMATION OF OWNERSHIP & REGISTRATION FOR EACH VEHICLE (the title/confirmation must be in the name of business or owner); required for original vehicle application only. Note: A salvage title may not be used as a public vehicle until the vehicle has been repaired 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

11/17/2022

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE

DATE



WISCONSIN

Certificate of Vehicle Registration

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Plate Number ARY3634	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Product Number 10315223216	Registration Number 22321L40148
Vehicle Identification Number 2C4RDGBGXDR562160		Year 2013	Make DODG	Expiration Date 11/30/2023	Fleet No. 292	Amount Received \$ 370.00

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 MAKING A WAY TRANSPORT LLC
 226 HOOD ST
 LA CROSSE, WI 54601-5238

THIS IS NOT A BILL
 This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at:
 wisconsinDMV.gov
 608-264-7447

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2C4RDGBGXDR562160	Year 2013	Make DODGE				
Title Number 22321L4014-8	Issue Date 11/17/2022	Chassis Type TRUK	Odometer Reading 373867	Odometer Status ACTUAL	Odometer Date 11/15/2022	
Product Number 3132223217	Body Style VAN	Color WHITE	Fleet No. 292			

Titled Owner(s)
 MAKING A WAY TRANSPORT LLC
 226 HOOD ST
 LA CROSSE, WI 54601-5238

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)
 NONE,

Additional Vehicle Detail

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

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



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 768073

20 - 1 - 0559659

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-264-7447
 wisconsinDMV.gov

This document void without watermark - Hold to light to view

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


CERTIFICATE OF INSPECTION

#292

NAME OF BUSINESS:
 VEHICLE MAKE: Dodge MODEL: Grand Caravan YEAR: 2013
 VIN: 2C4RDGBGXDR562160

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

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature:  Printed Name: Bert Weyers
 Business: Fred's Brake & Alignment Address: 832 Rose St. 2nd Floor, VT 54003 Date: 11/10/22

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).



WISCONSIN

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Certificate of Vehicle Registration

Plate Number ARY3674	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Product Number 48250223211	Registration Number 22321L40153
Vehicle Identification Number 2C4RDGBG6JR199836		Year 2018	Make DODG	Color WHITE	Expiration Date 11/30/2023	Fleet No. 522
					Amount Received \$ 463.50	

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MAKING A WAY TRANSPORT LLC
226 HOOD ST
LA CROSSE, WI 54601-5238

THIS IS NOT A BILL
This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at:
wisconsindmv.gov
608-264-7447

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2C4RDGBG6JR199836	Year 2018	Make DODGE				
Title Number 22321L4015-3	Issue Date 11/17/2022	Chassis Type TRUK	Odometer Reading 247424	Odometer Status ACTUAL	Odometer Date 11/15/2022	
Product Number 44580223215	Body Style VAN	Color WHITE	Fleet No. 522			

Titled Owner(s)

MAKING A WAY TRANSPORT LLC
226 HOOD ST
LA CROSSE, WI 54601-5238

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.

2C4RDGBG6JR199836

Lien Holder(s)

NONE,

Additional Vehicle Detail

PREVIOUSLY TITLED BY: AZ

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

20 - 1 - 0559658

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-264-7447
wisconsindmv.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

This document void without watermark - Hold to light to view

ANY alteration, correction, fraud, or erasure voids this title

CERTIFICATE OF INSPECTION

#522

NAME OF BUSINESS:

VEHICLE MAKE: Dodge MODEL: Grand Caravan YEAR: 2018

VIN: 2C4RDG6G6JR199836

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

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature: Printed Name: Barney May

Business: Fred's Brake & Alignment Address: 232 West St. LaCrosse Date: 11/14/22

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).



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
11/15/2022

AGENCY CLG Insurance - Clifton Park		CARRIER National Indemnity Company		NAIC CODE 20087
POLICY NUMBER 70APS108811		EFFECTIVE DATE 11/14/2022	NAMED INSURED(S) Making a Way Transport, LLC	

VEHICLE DESCRIPTION

VEH # 1	YEAR 2018	MAKE: Dodge	BODY TYPE: Wheelchair Van	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
MODEL: Grand Caravan		V.I.N.: 2C4RDGBG6JR199836		PP	SPEC	COML						
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP					
LIC STATE WI	TERR	GVW / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 4	RADIUS 50	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FT		COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FTW	COLL		\$	\$		COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 2	YEAR 2013	MAKE: Dodge	BODY TYPE: Van	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
MODEL: Grand Caravan		V.I.N.: 2C4RDGBGXDR562160		PP	SPEC	COML						
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP					
LIC STATE WI	TERR	GVW / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS 50	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FT		COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FTW	COLL		\$	\$		COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 3	YEAR 2011	MAKE: Dodge	BODY TYPE: Wheelchair Van	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
MODEL: Grand Caravan		V.I.N.: 2D4RN3DG7BR638811		PP	SPEC	COML						
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP					
LIC STATE WI	TERR	GVW / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 5	RADIUS 50	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FT		COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FTW	COLL		\$	\$		COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 4	YEAR 2011	MAKE: Chrysler	BODY TYPE: Van	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
MODEL: Town and Country		V.I.N.: 2A4RR5DG2BR664532		PP	SPEC	COML						
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP					
LIC STATE WI	TERR	GVW / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 6	RADIUS 50	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FT		COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FTW	COLL		\$	\$		COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 5	YEAR 2014	MAKE: Dodge	BODY TYPE: Wheelchair Van	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM					
MODEL: Grand Caravan		V.I.N.: 2C4RDGBG5ER471315		PP	SPEC	COML						
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP					
LIC STATE WI	TERR	GVW / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 5	RADIUS 50	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FT		COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FTW	COLL		\$	\$		COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								