

License Number _____

License Issued _____

CITY OF LA CROSSE

APPLICATION FOR PUBLIC VEHICLE FOR HIRE

License Fee: \$ 540.⁰⁰

Invoice #: 168465

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

BUSINESS INFORMATION

Business Name (Real/Legal)	Luxury Limos, LLC
Trade Name (DBA)	Luxury Limos
Address	1524 Flat Rd., Suite 110, Holmen, WI 54636
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	N/A - Holmen
Telephone	608-317-5589
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	N/A - Drivers paid hourly, do not have lease vehicles.

OWNER INFORMATION

Owner(s) Name <i>(First, Full Middle, Last)</i>	Steven John Dolezel (for WL&LL LLC)
Owner(s) Date of Birth	[REDACTED]
Home Address	3220 Emerald Valley Dr., Onalaska, WI 54650
Telephone	Home 608-540-1940 781-3047 Cell

- 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	Noble Insurance Service LLC	
Address	W5822 County Road OS, Onalaska, WI 54650	
Telephone/Email	Telephone 608-779-5500	Email sherryn@nobleinsurance.net

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 ___	Zone Rates ___	Vehicle Rental Rate <u>X</u>
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	See Attached Page For Rate Fees		

VEHICLE INFORMATION

Number of Vehicles to be Licensed	9
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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
See Attached Page			

*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 *John J. Deibel* DATE 11-11-19

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE *[Signature]* DATE 11-18-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/07/19

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		CONTACT NAME:	
NOBLE INSURANCE SERVICE LLC		PHONE (A/C. No. Ext): (608)779-5500	
W5822 County Road OS		FAX (A/C. No): (608)779-5503	
Onalaska, WI 54650		E-MAIL ADDRESS: sherryn@nobleinsurance.net	
100194133		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A: SCU	
LUXURY LIMOS LLC		INSURER B: MARKEL	
DBA: LUXURY LIMOS		INSURER C: HUDSON	
1524 FLAT RD, STE 110		INSURER D:	
HOLMEN, WI 54636		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		WP009719	05/17/19	05/17/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HXS100045502	05/17/19	05/17/20	EACH OCCURRENCE \$ 3,500,000 AGGREGATE \$ 3,500,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC014458501	03/01/19	03/01/20	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
					05/17/19	05/17/20	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS ADDITIONAL INSURED AS RESPECTS TO THE OPERATIONS OF THE NAMED INSURED. RE: ATTACHED SCHEDULE OF AUTOS.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF LA CROSSE
400 LA CROSSE ST
LA CROSSE, WI 54601

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

Daisy May Toft

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VEHICLE SCHEDULE

AGENCY CUSTOMER ID:

AGENCY	NOBLE INSURANCE SERVICE LLC
CARRIER	SCU
NAIC CODE	
DATE (MM/DD/YYYY)	11/08/19
POLICY NUMBER	WP009719
EFFECTIVE DATE	05/17/19
NAMED INSURED(S)	LUXURY LIMOS LLC

VEHICLE DESCRIPTION		VEH #	YEAR	MAKE	MODEL	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	CLASS	TERM	GVM / GCW	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW	USE	COMML.	RETAIL	SERVICE	FARM	DRIVE TO WORK / SCHOOL		
LIMOSINE-8		1	2002	LINCOLN	TOWNCAR	111FN81W32Y603185																					
VEHICLE TYPE		SYM / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE			
TOTAL PREM: \$		SYN / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
LIMOSINE		2	2003	LINCOLN	TOWNCAR	111FM81W32Y658003																					
VEHICLE TYPE		SYM / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
TOTAL PREM: \$		SYN / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
FULL SIZE VAN		3	2002	FORD	ECONLINE	1FDXE45542HA00861																					
VEHICLE TYPE		SYM / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
TOTAL PREM: \$		SYN / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
LIMOSINE		4	2003	LINCOLN	TOWNCAR	111FM81W32Y600165																					
VEHICLE TYPE		SYM / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
TOTAL PREM: \$		SYN / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
FULL SIZE VAN		5	2003	FORD	ECONLINE	1FTNS24L73HB54632																					
VEHICLE TYPE		SYM / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	
TOTAL PREM: \$		SYN / AGE		COMP / OTC		COLL		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE		VEHICLE TYPE	



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

11/08/19

AGENCY NOBLE INSURANCE SERVICE LLC		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S) LUXURY LIMOS LLC	

VEHICLE DESCRIPTION

VEH # 10	YEAR 2014	MAKE: LINCOLN	MODEL: NAVIGATOR	BODY TYPE: SUV	V.I.N.: 5LMJJ3J51EEL00291	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required In KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP/ OTC		AA	ST AMT	\$	\$
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$				

VEH # 11	YEAR 2013	MAKE: LINCOLN	MODEL: MKX	BODY TYPE: SUV	V.I.N.: 2LMDJ8JK5DBL12938	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required In KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP/ OTC		AA	ST AMT	\$	\$
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$				

VEH # 12	YEAR 2017	MAKE: FORD	MODEL: TRANSIT	BODY TYPE: FULL SIZE VAN	V.I.N.: 1FDES8PM9HKB38386	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required In KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP/ OTC		AA	ST AMT	\$	\$
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$				

VEH # 13	YEAR 2016	MAKE: LINCOLN	MODEL: NAVIGATOR	BODY TYPE: SUV	V.I.N.: 5LMJJ3LT1GEL01259	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required In KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP/ OTC		AA	ST AMT	\$	\$
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$				

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required In KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP/ OTC		AA	ST AMT	\$	\$
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$				

POLICY CHANGES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement Number: 3

This endorsement changes Policy Number: WP009719 Effective: 11/19/2019 (12:01 A.M. Std. Time)

Issued to: Luxury Limos LLC DBA Luxury Limos

The following Additional Interest(s) are ADDED/AMENDED:

NO.	AI - Additional Insured LI - Leased with Driver Including Non-Trucking	LP - Loss Payee	AL - Lessor-Additional Insured and Loss Payee LX - Leased with Driver Excluding Non-Trucking
	AI	City of La Crosse	400 La Crosse St La Crosse WI, 54601

The following REVISED form(s) are ATTACHED:

TL-164 (9/16) Additional Insured - Designated Person or Organization

ENDORSEMENT PREMIUM: \$ No Change
NEW TOTAL POLICY TERM PREMIUM: \$ 30,232.00
PRO RATE FACTOR: .490

All other terms and conditions of this policy remain unchanged.

Date: 11/20/2019 DA



Producer's Signature

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Luxury Limos LLC

VEHICLE MAKE: Lincoln

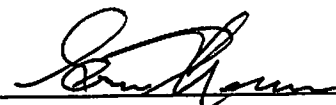
MODEL: Towncar

YEAR: 2002

VIN: 1L1FM81W32Y603185

	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: SEAN THEIMAN

Business: ALL PRO AUTO LLC Address: Box 175 Horsham Wis Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Ford MODEL: Limo Bus YEAR: 2002

VIN: 1FDXE45S42HA00861

	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: SEAN THELMA

Business: ALL PRO AUTO Address: PK 145 HANCOCK MI Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Limousine YEAR: 2003

VIN: 1L1FM81W23Y658003

	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: SEAN THELANDER

Business: ALL PRO AUTO LLC Address: BOX 145 HOLMEN WI Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Limousine YEAR: 2003

VIN: 1L1FM81W23Y600165

	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: SEAN THELMA

Business: ALL PRO AUTO LLC Address: Box 145 Hulmea WI Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Ford

MODEL: Limo Van

YEAR: 2003

VIN: 1FTNS24L73HB54632

	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: Sean Titelman

Business: ALL PWD AUTO LLC Address: Box 145 Holmen WI Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: MKX YEAR: 2013

VIN: 2LMDJ8JK6DBL12938

	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: SEAN THOMAS

Business: ALL PRO AUTO LLC Address: Box 145 Houlton ME Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Lincoln MODEL: Navigator L YEAR: 2014

VIN: 5LMJJ3J51EEL00291

	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: SEAN THELMA

Business: ACU PRO AUTO LLC Address: Box 115 Holmen WI Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Lincoln

MODEL: Navigator L

YEAR: 2016

VIN: 5LMJJ3LT1GEL01259

	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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	/
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: Jean Thelma

Business: ALL PRO AUTO LLC Address: Box 145 Hickman WY Date: 11 11 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: Luxury Limos LLC

VEHICLE MAKE: Ford

MODEL: Starcraft Limo Bus

YEAR: 2017

VIN: 1FDES8PM9HKB36386

	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: SEAN T. HOLMAN

Business: ALL PRO AUTO LLC Address: BOX 145 HOLMEN WI 53032 Date: 11 11 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).