

License Number \_\_\_\_\_

License Fee: \$ 240.00

License Issued \_\_\_\_\_

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

Invoice #: 174353

License Period: January 1st, 2021 to December 31st, 2021

**BUSINESS INFORMATION**

Business Name <i>(Real/Legal)</i>	Sinkoss USA LLC
Trade Name <i>(DBA)</i>	Bullet Cab
Address	2001 State Road, La Crosse, WI 54601 / 2641 15th St. S, La Crosse, WI 54601
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	C-1 - Local Business
Telephone	608-519-3200
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	456-1028197527-02

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Mian Mukhtar Ahmad
Owner(s) Date of Birth	9/12/1962
Home Address	2641 15th St. S., La Crosse, WI 54601
Telephone	Home _____ Cell 608-797-2511

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

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION**

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

ATTACH A CERTIFICATE OF INSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. The policy must be endorsed naming the City of La Crosse as Additional Insured and said endorsement page must accompany the certificate.

**RATE INFORMATION**

Method of Charging	Metered Rates <u>x</u> Zone Rates _____ Vehicle Rental Rate _____
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	Start/Pick-Up: \$1.50 Mileage: \$2.00/mile Extras: \$ .50/person Wait Time: \$20.00/hour

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	4
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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			

*Please the attachment*



\*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).

NA 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 M. K. [Signature] DATE 10/22/20

LICENSE [ ] APPROVED [ ] DENIED  
SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

Bullet Cab 2021 Vehicle Listing			
Year, Make & Model	VIN	License Plate	Capacity
2012 Dodge Caravan	2C4RDGCG4CR198640	129-YPE	7
2014 Dodge Caravan	2C4RDGCG7ER170141	AEA-2908	7
2014 Toyota Camry	4T4BF1FKXER338237	ABA-5052	5
<del>2009</del> Toyota Corolla	JTDBL40E899038247	<del>916-XCV</del>	5

2012  
 2T1B04EE1CC859908 → A1Y 372-8





# WISCONSIN

0005565

## Certificate of Vehicle Registration

Product Number 78070202024				Registration Number 20202D90114		
Plate Number AJY3728	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color BLACK	Fleet No. 13
Vehicle Identification Number 2T1BU4EE1CC859908		Year 2012	Make TOYT	Expiration Date 06/13/2021	Amount Received \$ 620.70	

**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:  
wisconsin.dmv.gov  
608-264-7447

0005143  
SINKOSS USA LLC  
2001 STATE RD  
LA CROSSE, WI 54601-5837

# WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number <b>2T1BU4EE1CC859908</b>		Year 2012	Make TOYOTA			
Title Number 20202D9011-4	Issue Date 07/20/2020	Chassis Type AUTO	Odometer Reading <b>106220</b>	Odometer Status <b>ACTUAL</b>	Odometer Date 05/23/2020	
Product Number 14813202024	Body Style SEDAN	Color BLACK			Fleet No. 13	

**Titled Owner(s)**  
SINKOSS USA LLC  
2001 STATE RD  
LA CROSSE, WI 54601-5837

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, 2T1BU4EE1CC859908

**Additional Vehicle Detail**  
PREVIOUSLY TITLED BY: VA

**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  
022601

T055S 8/2015

18-1-6474339

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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2020

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).

<b>PRODUCER</b> Coverra Insurance Services, Inc. 535 Industrial Drive P.O. Box 253 Sparta WI 54656	<b>CONTACT NAME:</b> Nichole Csete <b>PHONE (A/C No. Ext):</b> 608-269-2127 <b>E-MAIL ADDRESS:</b> ncscte@coverrainurance.com	<b>FAX (A/C. No):</b> 608-269-2130
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Bullet Cab, Sinkoss USA LLC dba 2641 15th St S La Crosse WI 54601	<b>INSURER A:</b> Integrity Group	
	<b>INSURER B:</b> West Bend Mutual	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2011367789

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.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLA2082853	6/28/2020	6/28/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		GLA2082853	6/28/2020	6/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	A385149	12/4/2019	12/4/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

City of La Crosse, its elected &amp; appointed officials, officers, employees &amp; authorized agents are listed as additional insured on the automobile policy.

Vehicle list of taxis:

2012 Dodge Caravan VIN: 2C4RDGCG4CR198640

-2014 Dodge Caravan VIN: 2C4RDGCG7ER170141

-2014 Toyota Camry VIN: 4T4BF1FKXER338237

-2009 Toyota Corolla VIN: JTDBL40E899038247

-2012 Toyota Corolla VIN: 2T1BU4EE1CC859908

**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

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COVERRA INSURANCE SERVICES INC  
 3803 CREEKSIDE LN  
 HOLMEN, WI  
 54636

Integrity Insurance Company  
 P.O. Box 539  
 Appleton, Wisconsin 54912-0539

ABR

(608) 526-2127  
 Agent No. 48-193-00  
 abriggs@coverrainurance.com  
 www.coverrainurance.com

Named Insured and Address

**Policy Type:** Commercial Liability

**Poloy Number:** GLA 2082853-06  
**Issue Date:** 11/18/20  
**ACCT. NO:** 0000191098  
**Change Effective Date:** 11/13/20  
**From:** 06/28/20  
**To:** 06/28/21  
 12:01 a.m. standard time.

SINKOSS USA LLC  
 DBA BULLET CAB  
 2641 15TH ST S  
 LA CROSSE WI 54601

**POLICY PREMIUM RECAP STATEMENT**

Line of Business/Coverages	Pro-Rated Premium Totals	Commission
Commercial General Liability Coverage Part	\$506.00	17%
Third Party Administration Fee - Cyber Coverage	\$17.50	00%
Certified Acts of Terrorism - General Liability	\$1.00	17%

Your Pro-Rated Premium Is

**\$524.50**

**THIS IS NOT A BILL.** Any outstanding balance due will be billed at a later date.

Integrity Insurance Company  
 P.O. Box 539  
 Appleton, Wisconsin 54912-0539

**COMMERCIAL POLICY CHANGE  
 ENDORSEMENT IL 16**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured/Mailing Address: SINKOSS USA LLC DBA BULLET CAB 2641 15TH ST S LA CROSSE WI 54601	Agency Name/Address/Code Number: COVERRA INSURANCE SERVICES INC 3803 CREEKSIDE LN HOLMEN, WI 54636 48-193-00
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Policy Number: Mod: GLA 2082853-06	Effective Date of Change: 11/13/20 at 12:01 AM Standard Time	End No. 01
---------------------------------------	---	---------------

The following item(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Insured's Name                             | <input type="checkbox"/> Limits/Exposures                      |
| <input type="checkbox"/> Insured's Mailing Address                  | <input type="checkbox"/> Deductibles                           |
| <input type="checkbox"/> Insured's Legal Entity/Business of Insured | <input type="checkbox"/> Covered Property/Location Description |
| <input checked="" type="checkbox"/> Premium Determination           | <input type="checkbox"/> Classification/Class Codes            |
| <input checked="" type="checkbox"/> Additional Interested Parties   | <input type="checkbox"/> Rates                                 |
| <input checked="" type="checkbox"/> Coverage Forms and Endorsements | <input type="checkbox"/> Vehicle(s)                            |

Is (are) changed to read [See Additional Page(s)]:

\* APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART.  
 ADDING CG 20 26 ADDITIONAL INSURED - DESIGNATED PERSON OR  
 ORGANIZATION FOR CITY OF LA CROSSE.

\_\_\_\_\_  
 Authorized Representative

Issue Date: 11/18/20  
 ACCT. NO:0000191098

Annual Premium Change: 50.00 ADD'L  
 Pro Rata Premium Change: 31.00 ADD'L

Premium does not include service charges.

COVERRA INSURANCE SERVICES INC  
 3803 CREEKSIDE LN  
 HOLMEN, WI  
 54636

Integrity Insurance Company  
 P.O. Box 539  
 Appleton, Wisconsin 54912-0539

ABR

(608) 526-2127  
 Agent No. 48-193-00  
 abriggs@coverrainurance.com  
 www.coverrainurance.com

**Named Insured and Address**

**Policy Type:** *Commercial Liability*

**Reason Issued:** *Policy Change - Multiple Changes*  
**Policy Number:** *GLA 2082853-06*  
**Change Effective Date:** *11/13/20*  
**Issue Date:** *11/18/20*  
**ACCT. NO:** *0000191098*

SINKOSS USA LLC  
 DBA BULLET CAB  
 2641 15TH ST S  
 LA CROSSE WI 54601

**From: 06/28/20 To: 06/28/21** 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the applications, the commercial lines policy jacket, common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Commercial Policy Declarations**

**Business Description** TAXI SERVICE

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial General Liability Coverage Part	\$306.00
Certified Acts of Terrorism	\$1.00
Third Party Administration Fee - Cyber Coverage	\$17.50

Your Estimated Total Policy Premium Is **\$524.50**

Premium does not include service charges.

The Additional Premium From This Policy Change Is \$31.00

**THIS IS NOT A BILL.** This additional premium will appear on your next billing statement, and remaining payments will be adjusted accordingly.



Integrity Insurance Company  
P.O. Box 539  
Appleton, Wisconsin 54912-0539

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Policy Number: GLA 2082853-06                      RENEWAL OF GLA 2082853 05

Amendment Of Policy Effective: Nov. 13, 2020

Named Insured: SINKOSS USA LLC

Audit Frequency: Not Applicable

The Insured Is Limited Liability Co.

Limits Of Insurance:

General Aggregate Limit (Other Than Products - Completed Operations)	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal And Advertising Injury Limit	\$1,000,000
Medical Expense Limit, Any One Person	\$5,000
Damage To Premises Rented To You Limit	\$100,000

Total Commercial General Liability Coverage Part Advanced Premium:	\$506.00
The Pro-Rated Additional Premium Is:	\$31.00

These Declarations Are Part Of The Policy Declarations Containing The Name Of  
The Insured And The Policy Period.

Form No. Cgl Cov 1/86

Issued 11/18/20

**COMMERCIAL GENERAL LIABILITY COVERAGE PART / FORMS INVENTORY**

Policy Number: GLA 2082853-06 RENEWAL OF GLA 2082853 05

Amendment Of Policy Effective: Nov. 13, 2020

Named Insured: SINKOSS USA LLC

**COMMERCIAL GENERAL LIABILITY COVERAGE PART FORMS AND ENDORSEMENTS**

IL 03	(03/89)	Cancellation Privilege Notice
IL 43	(05/11)	Common Policy Conditions Changes
IL 00 17	(11/98)	Common Policy Conditions
IL 00 21	(07/02)	Nuclear Energy Liability Exclusion Endorsement
IL 00 03	(07/02)	Calculation of Premium
IL 02 83	(11/18)	Wisconsin Changes - Cancellation And Nonrenewal
IL 09 85	(01/15)	Disclosure Pursuant To Terrorism Risk Insurance Act
CG 00 01	(04/13)	Commercial General Liability Coverage Form
CG 20 26	(04/13)	Additional Insured - Designated Person Or Organization
CG 21 06	(05/14)	Exclusion - Access Or Disclosure Of Confidential Or ...
CG 21 47	(12/07)	Employment Practices Liability Exclusion
CG 21 70	(01/15)	Cap On Losses From Certified Acts Of Terrorism
CG 44	(05/11)	Medical Payment Changes
IL 15	(06/15)	Lead Exclusion
CC 10	(01/16)	Cyber Coverage
CG 25 04	(05/09)	Designated Location(s) General Aggregate Limit
CG 20 23	(04/13)	Additional Insured - Executors, Administrators, Trust...
CG 01 24	(01/93)	Wisconsin Changes - Amendment Of Policy Conditions
CG 09	(06/15)	Asbestos, Silica OR Mixed Dust Exclusion

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

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

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
  - 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

# CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Sinkoss USA LLC DBA Bullet Cab

VEHICLE MAKE: Dodge

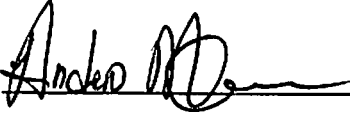
MODEL: Grand Caravan

YEAR: 2012

VIN: 2C4RDGCG4CR198640

	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: ARDEN McCullison

Business: OWNER Address: 803 Jackson St Lay 54601 Date: 10/22/20

*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: Sinkoss USA LLC DBA Bullet Cab

VEHICLE MAKE: Dodge

MODEL: Grand Caravan

YEAR: 2014

VIN: 2C4RDGCG7ER170141

	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 &amp; jack</i> ) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	_____ ✓
Windshield ( <i>incl. wipers &amp; 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 &amp; 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: Arden McCullen

Business: Owner Address: 803 Jackson St Box 54601 Date: 10/22/20

*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).*

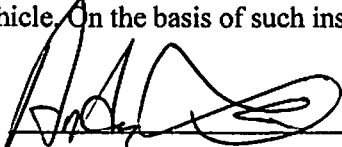


# CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Sinkoss USA LLC DBA Bullet Cab  
 VEHICLE MAKE: Toyota MODEL: Camry YEAR: 2014  
 VIN: 4T4BF1FKXER338237

	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: Andrew McCuller

Business: Owner Address: 803 Jackson St Lux 94601 Date: 10/22/20

*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 SINKOSS USA LLC dba "Bullet-Cab"  
 VEHICLE MAKE TOYOTA MODEL COROLLA YEAR 2012  
 VIN 2T1BU4EE1CC859908

	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: Andrew McCullison Printed Name: Andrew McCullison  
 Business: Andrew's Auto Address: 803 Jackson St Date: 10/18/20  
tax

*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).*