

✓

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 AND THE ENDORSEMENT PROVIDED.

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 (Ch. 10, Article XIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT

DATE

10-20-15

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE

DATE

| <u>Year, Make, Model</u> | <u>VIN</u> | <u>License Plate</u> | <u>WI</u> | <u>Capacity</u> |
|------------------------------|--------------------|----------------------|-----------|-----------------|
| 2005 Toyota Prius | JTDKKB20U457037309 | 687-UKF | WI | 5 |
| 2005 Dodge Sprinter | 2B6LB31ZX1K555452 | 263-USB | WI | 5 |
| 2010 Ford Transit | NM0LS6BN0AT015226 | 832 HZC | WI | 7 |
| 2007 Toyota Prius | JTDKKB2OU177563920 | 789-USB | WI | 5 |
| 2005 Dodge Springer | WD8PD74495S789305 | 999-WTV | WI | 8 |
| 2006 Dodge Caravan | 2D4GP44L56R737489 | 666-WKX | WI | 8 |
| 2005 Dodge Caravan | 1D4GP25R75B353220 | 231-XHD | WI | 7 |
| 2006 Dodge Caravan | 1D4GP45R26B642244 | 233-XHD | WI | 7 |
| 2007 Dodge Caravan | 1D8GP45R97B115317 | 127-XHD | WI | 7 |
| 2006 Dodge Caravan | 1D4GP24R06B5338017 | 232-XHD | WI | 7 |
| 2005 Chrysler Town & Country | 1C4GP45R45B415634 | 477-XHD | WI | 7 |



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------|--|--|
| AGENCY Coverra Insurance Services, Inc. | | NAMED INSURED Bee Cab Inc 1224 Island St La Crosse WI 54601 | |
| POLICY NUMBER | | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

2007 Toyota Prius - VIN: JTDKB20U177563920
 2005 Toyota Prius - VIN: JTDKB20U457037309
 2006 Dodge Caravan - VIN: 1D4GP45R26B642244
 2007 Dodge Caravan - VIN: 1D8GP45R97B115317
 2005 Dodge Caravan - VIN: 1D4GP25T758353220
 2005 Dodge Sprinter - VIN: 2B6LB31ZX1K555452
 2005 Dodge Sprinter - VIN: WD8PD74495S789305
 2010 Ford Transit - VIN: NMOLS6BN0AT015226

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

Endorsement

CA 60

Policy Number: CA 2654312

Business Auto Optimum

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.

With respect to the coverage provided by this endorsement, the provisions of the Business Auto Coverage Form apply unless modified by the endorsement.

SECTION II - LIABILITY COVERAGE

A. Broad Form Insured

Paragraph A.1., Who Is An Insured, is amended to include as an insured:

d. Any legally incorporated entity of which you own more than 50 percent of the voting stock during the period for which this endorsement is effective, if there is no similar insurance available to that organization. However:

- (1) The Named Insured does not include any organization:
 - (i) that is a partnership or joint venture; or
 - (ii) that is an insured under any other policy, or has exhausted its Limit of Insurance under any other policy.

Paragraph d.(1)(i) above does not apply to a policy written to apply specifically in excess of this policy.

- (2) Coverage for newly acquired or formed organizations is afforded only for 180 days from the date of acquisition or formation.
- (3) Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired that organization.

e. Employees As Insureds - Non-ownership

Any employee of yours is an "insured":

- (i) While using a covered "auto" you do not own, hire or borrow; or
- (ii) While operating an "auto" hired or rented without a driver under contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.

f. Blanket Additional Insureds

Any person or organization whom you are required in a written contract or agreement to include as an additional "insured" with respect to your ownership, maintenance or use of a covered "auto". This provision only applies to written contracts or agreements that are signed prior to any "bodily injury" or "property damage" to which coverage applies.

Coverage under this provision (f.) shall be primary and non-contributory with respect to the person or organization included as an "insured" under this provision (f.), but only if the written contract or agreement requires coverage to be primary and non-contributory.

B. Increased Supplementary Payments

Paragraphs 2.a.(2) and (4) Supplementary Payments are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earning up to \$500 a day because of time off from work.

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

Endorsement

CA 60

Policy Number: CA 2654312

Business Auto Optimum

C. Amended Fellow Employee Exclusion

Exclusion 5., under Paragraph B., Exclusions, of SECTION II - LIABILITY, does not apply if the "bodily injury" results from the use of a covered "auto" you own or hire.

The insurance provided under this provision is excess over any other collectible insurance.

SECTION III - PHYSICAL DAMAGE COVERAGE

The following coverages are added to Paragraph A. Coverage, of the PHYSICAL DAMAGE COVERAGE:

5. Hired Auto Physical Damage Coverage

If hired "autos" are covered "autos" for Liability Coverage, and if Comprehensive, Specified Causes of Loss, or Collision coverage are provided under the Business Auto Coverage Form for any "auto" you own, then the Physical Damage coverages provided are extended to "autos" you hire, subject to the following:

- a. The most we will pay for "loss" to any hired "auto" is the lesser of:
 - (1) \$75,000;
 - (2) Actual Cash Value; or
 - (3) Cost of Repair.
- b. For each hired "auto", our obligation to pay for "loss" will be reduced by the deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning.
- c. The insurance provided under this coverage extension is excess over any other collectible insurance.
- d. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

- e. Subject to a maximum limit of \$500 per "accident", we will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable for, and the lessor incurs an actual financial loss.

6. Air Bag Coverage

We will pay up to a maximum of \$1,000 per occurrence to have air bags in your covered "auto" replaced for an incurred "loss" resulting from accidental deployment. Collision, Specified Causes of Loss, and Comprehensive deductibles do not apply to this coverage.

7. Additional Living Expense

We will pay up to \$25 a day, to a maximum of \$400 for additional living expenses, meaning food, lodging and telephone costs, incurred by you due to a covered "loss" caused by:

- a. Comprehensive only if the Declarations indicate that Comprehensive Coverage is provided for that "auto".
- b. Specified Causes of Loss only if the Declarations indicate that Specified Causes of Loss Coverage is provided for that auto.
- c. Collision only if the Declarations indicate that Collision Coverage is provided for that auto.

This coverage applies only in the event that the "loss":

- a. Disables a covered "auto"; and
- b. Occurs more than 100 miles from the insured address shown in the Declarations or the garaging address of your covered "auto", if it is different from the insured address.

We will pay the additional living expenses incurred until your covered "auto" is returned to use or we pay for its "loss".

Endorsement

CA 60

Policy Number: CA 2654312

Business Auto Optimum

8. Locked Vehicle Coverage

We will pay to have your covered "auto" unlocked if your vehicle's keys are locked inside your covered "auto". Collision, Specified Causes of Loss, and Comprehensive deductibles do not apply to this coverage.

9. Rental Reimbursement Coverage

The following coverage is added to Section III Physical Damage A. Coverage:

- a. This coverage applies only to a covered "auto" described in the policy.
- b. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductible applies to this coverage.
- c. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, at a maximum of 30 days.
- d. Our payment is limited to the lesser of the following amounts:
 - (1) Necessary and actual expenses incurred.
 - (2) A maximum payment of \$60 per day.
- e. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- f. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the PHYSICAL DAMAGE COVERAGE Coverage Extension.

10. Loan Lease Gap Coverage

In the event of a total "loss" to a covered "auto" shown in the Schedule or Declarations we will pay any unpaid amount due on the lease or loan for a covered "auto", less:

- a. The amount paid under the Physical Damage Coverage Section of the policy; and
- b. Any:
 - (1) Overdue lease/loan payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Security deposits not returned by the lessor;
 - (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - (5) Carry-over balances from previous loans or leases.

The following changes have been made to **SECTION III - PHYSICAL DAMAGE COVERAGE:**

A. Towing and Labor

Paragraph A.2. Towing under **SECTION III - PHYSICAL DAMAGE COVERAGE**, is deleted and replaced by the following:

2. Towing and Labor

We will pay towing and labor costs incurred up to the limits shown below, each time a covered "auto" classified and rated as a private passenger type, "light truck" or "medium truck" is disabled:

Endorsement

CA 60

Policy Number: CA 2654312

Business Auto Optimum

- a. For private passenger type vehicles or "light trucks" we will pay to up \$75 per disablement. "Light trucks" are trucks that have a gross vehicle weight (GVW) of 10,000 pounds or less.
- b. For "medium trucks" we will pay up to \$175 per disablement. "Medium trucks" are trucks that have a gross vehicle weight (GVW) of 10,001-20,000 pounds.

However, the labor must be performed at the place of disablement.

B. Physical Damage Increased Transportation Expense Coverage

Coverage for temporary transportation expense under Paragraph A.4.a. Coverage Extension is increased to \$50 per day, up to a maximum limit of \$1,000.

C. Glass Repair - Waiver of Deductible

The following is added to Paragraph D. Deductible of SECTION III - PHYSICAL DAMAGE COVERAGE:

No deductible applies to glass damage if the glass is repaired rather than replaced.

SECTION IV - BUSINESS AUTO CONDITIONS

A. Unintentional Failure to Disclose Hazards

Paragraph B., General Conditions, is amended by adding the following:

9. Unintentional Failure to Disclose Hazards

If you unintentionally fail to disclose any hazards or exposures existing as of the inception date of the Business Auto Coverage Form, the coverage afforded by this policy will not be prejudiced. However, you must report the undisclosed hazard or exposure as soon as practicable after its discovery, and we have the right to collect additional premium for same.

B. Waiver Of Transfer Of Rights Of Recovery Against Others To Us - Automatic Status Under An Insured Contract

Paragraph A.5. Transfer Of Rights Of Recovery Against Others To Us is amended by the addition of the following paragraphs:

- a. We waive any right of recovery we may have against any person or organization described in Paragraph b. below because of payments we make for "bodily injury" or "property damage" caused by an "accident" and resulting from the ownership, maintenance, or use of a covered "auto" in performance of work being performed under a contract with that person or organization.
- b. The waiver applies only to a person or organization with whom you have a written contract or agreement in which you are required to waive the rights of recovery under this policy, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

CERTIFICATE OF INSPECTION

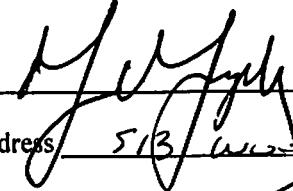
NAME OF BUSINESS Bee Cab Inc 1JTDKB20U457037309

ADDRESS 1224 Island St

VEHICLE MAKE Toyota MODEL Prius YEAR 2005

| | 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:  Printed Name: Mark Murphy
 Business Murphy frame & Axle Address 513 Island Date 10-15-15

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 a 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 Bee Cab Inc 1 2B6LB31ZX1K555452

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Sprinter YEAR 2005

| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|---|--------------|----------------|---------------------|
| Headlamps (incl. cover and aim) | _____ | _____ | _____✓_____ |
| Parking Lamps | _____ | _____ | _____✓_____ |
| Directional Lamps | _____ | _____ | _____✓_____ |
| Flashing Warning Lamps | _____ | _____ | _____✓_____ |
| Sidemarkers/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: Mark Murphy

Business Murphy Frame & Auto Address 513 Wood St Date 10-15-15

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 a 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

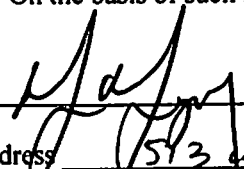
NAME OF BUSINESS Bee cab Inc / NMOL 56BNOATO15226

ADDRESS 1224 Island

VEHICLE MAKE Ford MODEL transit YEAR 2010

| | 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:  Printed Name: MARK MURPHY

Business Murphy frame & Axle Address 593 Wood St Date 10-15-15

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 a 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 Bee Cab Inc / JTDKB204177563920

ADDRESS 1224 Island

VEHICLE MAKE Toyota MODEL Prius 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: Mark Murphy

Business Murphy frame & Axle Address 513 Island St Date 5-15-15

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 a 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 Bee Cab Inc 1 W D 8 P D 7 4 4 5 5 7 8 9 3 0 5

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caliber Sprinter YEAR 2005

| | 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 | _____ ✓ _____ | _____ <u>10-14-15</u> _____ | _____ _____ |
| 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: MORIK MURPHY

Business Murphy Frame & Axle Address 513 Wood St Date 10-14-15

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 a 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 Bee cab Inc. / 2D4GP44L56R737489

ADDRESS 1774 Island

VEHICLE MAKE Dodge MODEL caravan YEAR 2006

| | 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: Mark Murphy

Business Murphy Frame & Axle Address 515 Wood St Date 10-14-15

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 a 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 Bee Cab Inc / 104GP25R75B353220

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan YEAR 2005

| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|---|--------------|----------------|---------------------|
| Headlamps (incl. cover and aim) | | | ✓ |
| Parking Lamps | ✓ | 10-14-15 | |
| 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: Mark Murphy

Business Murphy Framed Axle Address 513 Wood St Date 10-14-15

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 a 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 Bee Cab Inc 1104GP45R26B642247

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan YEAR 2000

| | 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: Mark Murphy

Business Murphy Frame & Axle Address 513 Wood St Date 10-14-15

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 a 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 Bee Cab Inc 1108GP4SR97B115317

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan 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: Mark Murphy

Business Murphy Frame & Axle Address 513 Wood St Date 10-17-15

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 a 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 Bee Cab Inc 11046P24R06B5338017

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan YEAR 2006

| | 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:  Printed Name: Mark Murphy

Business Murphy frame LAX Address 1513 Wood St Date 10-14-15

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 a 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 Bee Cab Inc 11C46P45R4SB415634

ADDRESS 1224 Island

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2005

| | 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:  Printed Name: Mark Murphy

Business Murphy Insurance Address 513 Wood Date 10-15-15

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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).