

License Number _____

License Fee \$ 400.00

License Issued _____

Receipt # 131179

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

To the Honorable Mayor, Common Council, City Clerk, and Chief of Police of the City of La Crosse:
 The undersigned hereby makes application for a Public Vehicle for Hire License.

BUSINESS NAME	DJL INC DBA LUXURY LIMOUSINES
BUSINESS ADDRESS	1524 FLAT RD STE 110 HOLMEN WI 54636 Zoning: NA - Holmen
BUSINESS TELEPHONE	608-317-5589
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	Drivers paid hourly; do not lease vehicles.

OWNER(S) NAME (First, Full Middle, Last)	DON JOHN LEE
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	1045 N LAUDERDALE PL ONALASKA WI 54650
OWNER(S) TELEPHONE	608-304-1117

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 DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	Zurich American Insurance Company
POLICY NUMBER	BAP1056882
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	\$5,000,000

METHOD OF CHARGING	Metered Rates ___ Zone Rates ___ Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	See Attached
NUMBER OF VEHICLES TO BE LICENSED	8

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
SEE ATTACHED			

CITY OF LA CROSSE, WI
General Billing - 131197 - 2015
002306-0018 Paula G. 11/06/2015 03:58PM
7531 - DJL INC DBA LUXURIOUS LIMOUSIN

Payment Amount: 400.00

✓ 8

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 NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

✓ For New

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

H Paul H...

DATE 11-6-15

LICENSE [] APPROVED [] DENIED

SIGNATURE OF

POLICE REPRESENTATIVE

DATE

Vehicle Schedule - Luxury Limousines Inc

Year	Make	Model	VIN	License Plate	Capacity
2002	Lincoln	Towncar Stretch Limo	1L1FM81W32Y603185	148RWH	8
2002	Ford	Limo Bus	1FDXE45S42HA00861	LUXLIMO	15
2003	Lincoln	Towncar Stretch Limo #2	1L1FM81W23Y658003	466TNW	10
2003	Lincoln	Towncar Stretch Limo #3	1L1FM81W23Y600165	LUXLIM3	11
2003	Ford	Limo Van	1FTNS24L73HB54632	535TGG	11
<i>New</i> → 2007	Cadillac	Sedan	1G6KD57Y87U201950	511YBH	6
2013	Lincoln	MKX	2LMDJ8JK6DBL12938	983UEP	5
2014	Lincoln	Navigator L	5LMJJ3J51EEL00291	299UDJ	8



1524 Flat Road, Suite 110, Holmen, WI 54636
608.317.5589 | info@luxurylimosinc.com

Rate Sheet

Coach Bus (36 passengers)

\$300 for the 1st hour, \$200 for the 2nd hour, \$50 each additional hour

Limo Bus (24-28 passengers)

\$300 for the 1st hour, \$200 for the 2nd hour, \$50 each additional hour

Limo Bus (14 passengers)

\$250 for the 1st hour, \$50 each additional hour

Stretch Limousine Car (9 passengers)

\$200 for the 1st hour, \$50 each additional hour

Limousine Van (9 passengers)

\$200 for the 1st hour, \$50 each additional hour

Lincoln Navigator (6 or 7 passengers)

\$150 for the 1st hour, \$50 each additional hour

Limousine Car (6 passengers)

\$150 for the 1st hour, \$50 each additional hour

Lincoln MKX or Cadillac Sedan (4 passengers)

\$100 for the 1st hour, \$50 each additional hour



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/6/2015

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 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 Schueller/Harrington & Associates 735 N. Water St., Suite 1128 Milwaukee WI 53202	CONTACT NAME: Lynsey Wajgel PHONE (A/C, No, Ext): (414) 765-2300 E-MAIL ADDRESS: lynseyw@schuellerharrington.com	FAX (A/C, No): (414) 765-9911
	INSURER(S) AFFORDING COVERAGE	
INSURED DJL Inc., DBA: Luxury Limo's 103 10th ave S. Onalaska WI 54650	INSURER A: Zurich American Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1552712528

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 GENL 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 - COM/PROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		BAP1056882	5/17/2015	5/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured/Underinsured \$ 30000
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2002 Lincoln Town Car 3185, 2002 Ford 0861, 2013 Lincoln MKX 2938, (2014 Ford E450 3867), 2014 Lincoln Navigator 0291, (2005 GMC 5334), 2003 Ford E250 4632, 2003 Lincoln Town Car 0165, 2003 Lincoln Town Car 8003, 2007 Cadillac 1950, (2013 Starcraft Batista 9312)

City of La Crosse is listed as additional insured in regards to automobile liability.

* circled are exempt from license

CERTIFICATE HOLDER

Elsenn@cityoflacrosse.org

City of La Crosse
 400 La Crosse Street
 La Crosse, WI 54601

CANCELLATION

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

Thomas Delahunt/LW

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Policy Number
BAP 1056882-00

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 004

ZURICH AMERICAN INSURANCE COMPANY

Named Insured DJL INC

Effective Date: 11-06-15
12:01 A.M., Standard Time

Agent Name WESTERN EXPERTS IN TRANSPORTATION LLC

Agent No. 72380-000

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- BUSINESS AUTOMOBILE
-

NO CHARGE

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional NO CHARGE	Return NO CHARGE
--	--	----------------------	------------------

Tax and Surcharge Changes

Additional	Return
------------	--------

Countersigned By:

AUTHORIZED AGENT

Policy Number
BAP 1056882-00

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 004

ZURICH AMERICAN INSURANCE COMPANY

Named Insured DJL INC

Effective Date: 11-06-15
12:01 A.M., Standard Time

Agent Name WESTERN EXPERTS IN TRANSPORTATION LLC

Agent No. 72380-000

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED) HAS BEEN ADDED TO THE POLICY:

CITY OF LA CROSSE
400 LA CROSSE STREET
LA CROSSE WI 54601

THE FOLLOWING FORM(S) HAS BEEN AMENDED:
CA 20 48 10-13 DESIGNATED INSURED

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED FOR
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Name Of Person(s) Or Organization(s): CITY OF LA CROSSE 400 LA CROSSE STREET LA CROSSE, WI 54601
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS DJL, Inc DBA Luxury Limousines
 ADDRESS 1524 Flat Road, Suite 110, Holmen, WI 54636
 VEHICLE MAKE LINCOLN MODEL TOWN CAR STEREO YEAR 2002

	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: Paul Anderson Printed Name: Paul Anderson

Business ANDY'S MAIN STREET AUTO Address 605 S. MAIN ST HOLMEN WI 54636 Date 11-6-15


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 DJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT RD SUITE 110 HOUNSLEY WI 54636
 VEHICLE MAKE Ford MODEL Limo Bus YEAR 2002

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

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: Paul Anderson

Business ANDERSON AUTO Address 605 SUMMIT HILLS WI 54636 Date 11-6-15

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 DJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT RD, SUITE 110, HOLMEN WI 54636
 VEHICLE MAKE LINCOLN MODEL TOWN CAR STREET YEAR 2003

	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: *Paul Anderson* Printed Name: Paul L. Anderson

Business ANDY'S MAIN STREET AUTO Address 605 MAIN ST HOLMEN WI 54636 Date 11-6-15

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 DJL INC. DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT ROAD, SUITE 110, HOLMEN, WI
 VEHICLE MAKE LINCOLN MODEL TOWN CAR STRETCH YEAR 2003 54636

	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: Paul Anderson Printed Name: Paul Anderson

Business Andy's Main St Auto Address 605 MAIN ST, HOLMEN, WI Date 11-6-15
54636

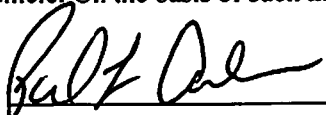
Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS DJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FEAT RD, SUITE 110, HOLMEN WI 54636
 VEHICLE MAKE FORD MODEL Limo Van YEAR 2003

	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: Paul C Peterson

Business ANDY'S MAIN STREET AUTO Address 605 MAIN STREET HOLMEN, WI 54636 Date 11-6-15

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 OJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT RD STE 110 HOUMEN WIS 54636
 VEHICLE MAKE 2007 MODEL Cadillac YEAR ~~2007~~ DTS

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

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

A.S.E. Certified Technician Signature: Travis Seidel Printed Name: Travis Seidel

Business S+S FLEET SERVICE Address 229 Milwaukee ST LACROSSE Date 9-25-15

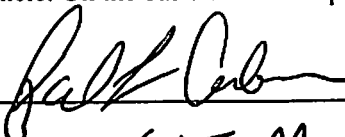
Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS DJL, Inc. DBA LUXURY LIMOUSINES
 ADDRESS 1524 FEAT ROAD, SUITE 110, HOLMEN, WI 54636
 VEHICLE MAKE LINCOLN MODEL MKX YEAR 2013

	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: Paul L. Anderson

Business ANDY'S MAIN STREET AUTO Address 605 MAIN STREET HOLMEN WI 54636 Date 11-6-15

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 DJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FEAT ROAD, SUITE 110, HOLMEN WI 54636
 VEHICLE MAKE LINCOLN MODEL NAVIGATOR L YEAR 2014

	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: *Paul Anderson* Printed Name: Paul Anderson

Business ANDY'S MAIN STREET AUTO Address 605 MAIN STREET HOLMEN WI 54636 Date 11-6-15

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).



WISCONSIN

Certificate of Vehicle Registration

Plate Number	511YBH	Registration	AUT AUT	Chassis	AUT AUTO	Product Number	27884152618	Registration Number	15261L90429
Vehicle Identification Number	1G6KD57Y87U201950	Year	2007	Make	CADI	Expiration Date	09/17/2016	Amount Received	\$ 342.00

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at: 414-266-1000
 Division of Motor Vehicles at: 608-266-1466
 Vehicles at: www.dot.wisconsin.gov

0000000
 DJL INC
 103 10TH AVE S
 ONALASKA, WI 54650-3073



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number	1G6KD57Y87U201950	Year	2007	Make	CADILLAC
Title Number	15261L9042-9	Issue Date	09/18/2015	Chassis Type	AUTO
Product Number	16556152615	Body Style	4DR SEDAN	Color	BLACK
		Fleet No.			
Odometer Reading	242000	Odometer Status	NOT ACTUAL		
Odometer Date	09/18/2015				

Titled Owner(s)

DJL INC
 103 10TH AVE S
 ONALASKA, WI 54650-3073

Lien Holder(s)

NONE

Additional Vehicle Detail

PREVIOUSLY TITLED IN: IL

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
 P O Box 7949, Madison, WI 53707-7949

15-1-0136188

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
 www.dot.wisconsin.gov