

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

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

License Fee \$ 500<sup>00</sup>  
 Receipt # 142241  
 Cust# 7531

**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	10

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			



1524 Flat Road, Suite 110, Holmen, WI 54636  
608.317.5589 | [info@luxurylimosinc.com](mailto: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 or Toyota Sienna Van (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



1524 Flat Road, Suite 110, Holmen, WI 54636  
608.317.5589 | [info@luxurylimosinc.com](mailto: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 or Toyota Sienna Van (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

## Vehicle Schedule - DJL Inc DBA Luxury Limos Inc

Year	Make	Model	VIN	License #	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	10
2007	Cadillac	Sedan DTS	1G6KD57Y87U201950	511YBH	6
2013	Lincoln	MKX	2LMDJ8JK6DBL12938	983UEP	5
2014	Lincoln	Navigator L	5LMJJ3J51EEL00291	299UDJ	8
2015	Toyota	Sienna XLE	5TDYK3DC4FS561035	468YUG	7
2016	Lincoln	Navigator L	5LMJJ3LT1GEL01259	811TVY	7

**CERTIFICATE OF INSPECTION**

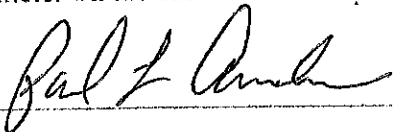
NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN TOWNCAR MODEL BLACK STRETCH LIMO 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:  Printed Name: PAUL L ANDERSON

Business AWPTS MAIN STREET AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

*Sec. 11-584 Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe operation of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a certified technician (other than vehicle owner/employee).*

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN TOWN CAR MODEL BLACK STRETCH 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 J. Anderson Printed Name: PAUL L ANDERSON

Business PAUL'S MAIN STREET AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

§ 11.01(2) - 589 Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe and reliable condition of public passenger vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle as performed by 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 HOLMEN WIS 54636

VEHICLE MAKE MINOLTA TOUR CAR MODEL BLADE SLASH 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 L ANDERSON

Business AWDES MAINT & AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

Wisconsin Statute 11-589 (2) Every public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of all motor vehicles, applicants must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a Wisconsin 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 HOLMEN WIS 54636

VEHICLE MAKE CADILLAC 1950 MODEL CADILLAC BLACK 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: *Paul L Anderson* Printed Name: PAUL L ANDERSON

Business PAUL'S MAINT & REPAIR AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

Section 1-534 of the public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the public safety, all motor vehicles applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by an A.S.E. certified technician (other than vehicle owner/employee).



**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS DJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 PLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE MINNICO MODEL NAVIGATOR 4 DR 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 P. Anderson Printed Name: Paul L. Anderson

~~Inspected by~~ Paul P. Anderson ~~Address~~ 604 MAIN ST HOLMEN WIS Date 11-7-16

Inspection of a passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, the applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle. The City Clerk is not responsible for the condition of the vehicle or the safety of the driver or passengers.

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LYCORN MODEL AMG6002 L BLK YEAR 2016

	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 L. Anderson* Printed Name: PAUL L ANDERSON

Business AWPES MAIN STREET AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

Wis. Stat. § 11-589 Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, all motor vehicles applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle as follows: by 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 HOLMEN WIS 54636

VEHICLE MAKE FORD VAN MODEL CARQUEST VAN RUCU YEAR 2003

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

**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 L Anderson Printed Name: PAUL L ANDERSON

Business AWD'S MAIN STREET AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

§ 11-584. Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle from an A.S.E. certified technician (other than vehicle owner/employee).

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS OJL IWL DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MKZ MODEL MKZ PLATZ 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: Paul L Anderson Printed Name: PAUL L ANDERSON

Business AWDES MAIN STREET AUTO Address 604 MAIN ST HOLMEN WIS Date: 11-7-16

*Wisconsin Statute 11-589: Each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of all persons in vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a certified A.S.E. technician (other than vehicle owner/employee).*

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE Ford MODEL Limo Bus 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:  Printed Name: PAUL L ANDERSON

Business PAWPS main street AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

Wis. Sec. 11-557 each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe operation of all motor vehicles applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle as inspected by an A.S.E. certified technician (other than vehicle owner/employee).

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE TOYOTA/SIENNA XLS MODEL SIENNA XLS/LIMITED YEAR 2015

	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 L Anderson* Printed Name: PAUL L ANDERSON

Business PAUL'S MAINTENANCE AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-16

Section 2-589 each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe operation of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle as inspected by an A.S.E. certified technician (other than vehicle owner/employee).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2016

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).

<b>PRODUCER</b> Western Experts in Transp. PO Box 1835 Kingstons, WA 98346	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>360-297-4844</b>		FAX (A/C, No): <b>360-297-4882</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Zurich American Insurance Co.</b>			<b>16535</b>
<b>INSURED</b> Luxury Limos, Inc DJL Inc, dba: 103 10th Ave S. Onalaska, WI 54650	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

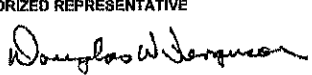
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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/OP AGG \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>X</b>	<b>BAP1056882-01</b>	<b>05/17/2016</b>	<b>05/17/2017</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>5,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Commercial Applica</b>		<b>BAP1056882-01</b>	<b>05/17/2016</b>	<b>05/17/2017</b>	

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

**Certificate holder is additional insured as respects to the operations of the named insured. RE: attached schedule of autos**

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;"><b>LACROSS</b></p> City of La Crosse 400 La Crosse Street La Crosse, WI 54601	<b>CANCELLATION</b>  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 
--	--

# ACORD VEHICLE SCHEDULE

DATE  
05/24/2016

<b>PRODUCER</b> PHONE (A/C, No, Ext): <b>360-297-4844</b> <b>Western Experts in Transp.</b> <b>PO Box 1835</b> <b>Kingston, WA 98346</b>		<b>APPLICANT</b> (First Named Insured) <b>Luxury Limo's</b>	
<b>CODE:</b> AGENCY CUSTOMER ID <b>LUX-220</b>		<b>FOR COMPANY USE ONLY</b>	
<b>EFFECTIVE DATE</b> <b>05/17/16</b>		<b>EXPIRATION DATE</b> <b>05/17/17</b>	
<b>DIRECT BILL</b> AGENCY BILL		<b>PAYMENT PLAN</b> AUDIT	

## VEHICLE DESCRIPTION

VEH #	YEAR	MAKE	MODEL	VEH TYPE	V.I.N.	SYM/AGE	COST NEW
1	2002	Lincoln	Town Car	STRETCHED	1L1FM81W32Y603185		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					
2	2003	Lincoln	Town Car	STRETCHED	1L1FM81W23Y658003		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					
3	2002	Ford	E450	BUS	1FDXE45S42HA00861		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					
4	2003	Lincoln	Town Car	STRETCHED	1L1FM81W23Y600165		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					
5	2005	GMC	C5500	BUS	1GDJ5V1275F525334		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					
6	2007	Cadillac	DTS	STRETCHED	1G6KD57Y87U201950		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					
7	2014	Ford	E450	BUS	1DFDE4FS2EDA23867		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT		COLL	
TOTAL PREM		MISC DR/CR:					



<b>ACORD™ VEHICLE SCHEDULE</b>		DATE <b>05/24/2016</b>
PRODUCER: <b>Western Experts in Transp.</b> PHONE (A/C, No, Ext): <b>360-297-4844</b> PO Box 1835 Kingston, WA 98346		APPLICANT (First Named Insured) <b>Luxury Limo's</b>
CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID <b>LUX-220</b>		EFFECTIVE DATE: <b>05/17/16</b> EXPIRATION DATE: <b>05/17/17</b> DIRECT BILL: _____    PAYMENT PLAN: _____    AUDIT: _____ AGENCY BILL: _____
FOR COMPANY USE ONLY		

VEH #	YEAR	MAKE	MODEL	VEH TYPE	V.I.N.	SYM/AGE	COST NEW
8	2014	Lincoln	Navigator	SUV	5LMJJ3J51EEL00291		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT	\$	COLL	
AA		X		\$1,000			
TOTAL PREM				\$			
9	2013	Lincoln	MKX	SUV	2LMDJ8JK6DBL12938		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT	\$	COLL	
AA		X		\$1,000			
TOTAL PREM				\$			
10	2013	IC Corpora	3000	BUS	5WEXWSKK8DH409312		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT	\$	COLL	
AA		X		\$1,000			
TOTAL PREM				\$			
11	2015	Toyota	Sienna	VAN	5TDYK3DC4FS561035		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT	\$	COLL	
AA		X		\$1,000			
TOTAL PREM				\$			
12	2016	Lincoln	Navigator	SUV	5LMJJ3LT1GEL01259		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT	\$	COLL	
AA		X		\$1,000			
TOTAL PREM				\$			
13	2003	Ford	E250	VAN	1FTNS24L73HB54632		
CITY, STATE, ZIP WHERE GARAGED		Holmen WI 54636		LIC STATE	TERR	GVW/GCW	CLASS
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	MED PAY UNINS MOTOR	FT
15 MILES +	FARM	SERVICE					FTW
DEDUCTIBLES		ACV	COMP	ST AMT	\$	COLL	
AA				\$			
TOTAL PREM				\$			

**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.

<p><b>Named Insured:</b></p> <p><b>Endorsement Effective Date:</b></p>
--

**SCHEDULE**

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

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.