

License Number _____
 License Issued _____

License Fee \$ 50.00
 Receipt # 126173

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

Cust# 176203

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	<u>NSDA Services, LLC</u>
BUSINESS ADDRESS	<u>2711 South Ave Lacrosse</u> Zoning: <u>C-1 Local Business</u> Confirmed by: <u>D Reinhart</u>
BUSINESS TELEPHONE	<u>608-304-3294</u>
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	<u>N/A</u>

OWNER(S) NAME (First, Full Middle, Last)	<u>Maggie Elizabeth Bina</u>
OWNER(S) DATE OF BIRTH	<u>[REDACTED]</u>
OWNER(S) ADDRESS	<u>1647 Denton St. Lacrosse WI</u>
OWNER(S) TELEPHONE	<u>6087801212</u>

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

INSURANCE CARRIER	<u>Progressive Insurance</u>
POLICY NUMBER	<u>03722236-0</u>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>Pending</u>

METHOD OF CHARGING	Metered Rates <input type="checkbox"/> Zone Rates <input type="checkbox"/> Vehicle Rental Rate <input checked="" type="checkbox"/>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>\$100.00/hr, 3hr minimum</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>1</u>

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
<u>1F1N470F45ED45148</u>	<u>2005 Ford Excursion</u>	<u>15</u>	<u>WI 774-XLA</u>

*vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.

✓
ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. *THE INSPECTION AND CERTIFICATE MUST BE COMPLETED BY AN A.S.E. CERTIFIED TECHNICIAN.*

ATTACH A **CERTIFICATE OF INSURANCE**. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

✓
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 Magar Bin DATE 5.27.15

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

Payment Amount: 50.00

176203 - NSD9 SERVICES LLC
001854-012000-126173 - 2015
General Billing - 126173 - 2015
CITY OF LA CROSSE, WI

WISCONSIN CERTIFICATE OF TITLE

This document void without watermark. Hold to light to view.

Any alteration, correction, fluid, or erasure voids this title.

Vehicle Identification Number 1F1NU40S45ED45148	Year 2005	Make FORD			
Title Number 15105L6017-3	Issue Date 04/15/2015	Chassis Type TRUK	Odometer Reading	Odometer Status EXEMPT	Odometer Date
Product Number 86576151058	Body Style SPORTUTILITY	Color WHITE	Fleet No.		

Titled Owner(s)
 BINA MAGGIE E
 1647 DENTON ST
 LA CROSSE, WI 54601-5770

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

1F1NU40S45ED45148

Lien Holder(s)
 NONE.

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: MD

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949

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

T055S 8/2010
 13-2-6623414

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE



WISCONSIN Certificate of Vehicle Registration

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Plate Number 774XLA	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color WHITE	Registration Number 15105L60173
Vehicle Identification Number 1F1NU40S45ED45148	Year 2005	Make FORD	Expiration Date 04/14/2016	Amount Received \$ 699.50		

0000000
 BINA MAGGIE E
 1647 DENTON ST
 LA CROSSE, WI 54601-5770

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
 Contact the 414-266-1000
 Division of Motor 608-266-1466
 Vehicles at:
 www.dot.wisconsin.gov



MAGGIE BINA
DBA: NSDA SERVICES
1647 DENTON ST
LA CROSSE, WI 54601

Underwritten by:
Artisan and Truckers Casualty Co
May 11, 2015
Policy Period: May 11, 2015 - May 11, 2016
Page 1 of 2

Dear MAGGIE BINA,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-895-2886. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressivecommercial.com.

Welcome MAGGIE BINA!

Thank you for choosing Progressive for your commercial insurance needs. We're excited that you've joined us, and we look forward to providing the superior service our customers have come to expect from us.

What we have for you

Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

What to do next

- Send in the information needed to complete your insurance purchase
- Go to progressivecommercial.com and log in to our online service site
- Watch for your new policy information (coming soon)

What we want you to know

You're important to us, and we're here for you and your business 24 hours a day, seven days a week--whether you need to update your policy, report or check the status of a claim, or simply ask us a question. So please call us anytime at 1-800-895-2886 or visit us at progressivecommercial.com.

Again, thank you for putting your trust in us for your commercial insurance needs.

Sincerely,



John Barbagallo
President, Commercial Lines
Progressive

Receipt of initial payment for the policy

This is receipt of \$679.00 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call Progressive at 1-800-876-7206.

Form WELLTR (05/06)

Policy number: 03722236-0

Policyholder: MAGGIE BINA

May 11, 2015

Policy period: May 11, 2015 - May 11, 2016

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and return the requested information to Progressive as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Your Checklist

Thank you for taking a moment to review the following information. By returning the items requested below, we can finalize your insurance purchase.

Please know that your insurance premium is based on this information. Without documentation to confirm your eligibility for certain rates, your premium may change. We appreciate your taking the time to complete these requests, and we thank you for your business!

Sign and return

 Your application

Return to: Progressive
P.O. Box 94739
Cleveland, OH 44101
Fax: 1-800-556-0014

Form CHDLST W1 (05/08)

Application for Insurance

Please review, sign where indicated, and return

Policy number: 03722236-0
 Named Insured: MAGGIE BINA
 DBA: NSDA SERVICES
 May 11, 2015
 Page 1 of 4

Policy and premium information for policy number 03722236-0

Insurance company:	Artisan and Truckers Casualty Co P.O. BOX 94739 Cleveland, OH 44101
Named Insured:	MAGGIE BINA DBA: NSDA SERVICES 1647 DENTON ST LA CROSSE, WI 54601 e-mail address: NONE Phone Number: 1-608-780-1212
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	May 11, 2015 - May 11, 2016
Effective date and time:	May 11, 2015 at 05:26PM ET
Total policy premium:	\$3,395.00
Initial payment required:	\$679.00
Initial payment received:	\$679.00
Payment plan:	10 Payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
MAGGIE BINA	02/17/1988	27	Single	*****5707	WI	0		No	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,060
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist	\$250,000 each person/\$500,000 each accident		48
Underinsured Motorist	\$250,000 each person/\$500,000 each accident		49
Medical Payments	See Auto Coverage Schedule		24
Comprehensive			127
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			87
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$3,395

Auto coverage schedule

1. **2005 FORD EXCURSION XLT** Stated Amount: * \$10,000 (including Permanently Attached Equip)
 VIN: 1F1NU40F45ED45148 Garaging Zip Code: 54601 Territory: 58 Radius: 50 miles
 Personal use: N Body type: Limousine Use class: S

Liability Premium	Liability	UMBI	UMBI	Med Pay	
	\$3060	\$48	\$49	\$24	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$127	\$1,000	\$87	\$3,395

Vehicle questions

1. Please indicate the stretch length of this vehicle: 121 To 180 inches

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Financial responsibility information

Name	Home address	Age	Date of birth
MAGGIE BINA	1647 DENTON ST LA CROSSE, WI 54601-0000	27	02/17/1988

Business information

Business type	Sub business type	Other
Passenger Transportation (For Hire)	Black Car Services	
Applicant	Employer ID number	
Individual/Sole Proprietor		

Additional policy questions

1. Year the current business was established: 2015
 2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

Prior insurance questions

Prior insurance: No

Underwriting questions

- Does the applicant require any Waivers of Subrogation? No If yes, how many? 0
 How many Additional Insureds are required? 0
 Are any state or federal filings required? No

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the Insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

I understand that this policy may be rescinded and declared void if I have knowingly concealed or misrepresented any material fact or circumstance (including, but not limited to, material misrepresentations regarding my license or driving history, or the license or driving history of any relative or person of driving age residing in my household; the description of the vehicles to be insured; the location of the principal place of garaging; the purposes for which a listed vehicle will be used; or my place of residence).

Notice of information practices

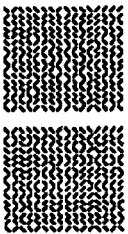
The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made by check, draft, or other remittance, the coverage afforded by this policy is conditioned on the check, draft or other remittance being honored by the bank or financial institution when presented for payment. If a check, draft, or other remittance is not honored, the Company may cancel this policy, or if the check, draft or remittance was given with the intent to deceive the Company, this policy shall be rescinded and declared void from inception.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect any payment from the card issuer, the Company may cancel this policy for nonpayment of premium. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.



Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$5.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

THIS APPLICATION IS AN ENDORSEMENT AND A PART OF YOUR POLICY.

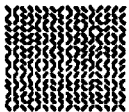
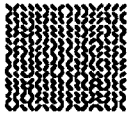
**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X

Maggie Bina

5/12/15



Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Policy number: 03722236-0

Policyholder: MAGGIE BINA

May 11, 2015

Policy period: May 11, 2015 - May 11, 2016

Page 1 of 1

Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Jun 11, 2015	\$310.78	Oct 11, 2015	\$310.78	Feb 11, 2016	\$310.76
Jul 11, 2015	\$310.78	Nov 11, 2015	\$310.78		
Aug 11, 2015	\$310.78	Dec 11, 2015	\$310.78		
Sep 11, 2015	\$310.78	Jan 11, 2016	\$310.78		

Total Premium: \$3,395.00

Payment Option: 10 Payments

An installment fee of \$9.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.


Form Z159 (05/06)

Your ID Cards

Keep these cards handy—in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

<p style="text-align: center;">MAGGIE BINA</p>  <p>Form A022 (03/11)</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-895-2886 or go to claims.progressive.com.</p> <p style="text-align: right;">PROGRESSIVE</p> <p style="text-align: center;">KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p style="text-align: center;">INSURANCE IDENTIFICATION CARD - Wisconsin</p> <p>Policy Number: 03722236-0 Effective Date: 05/11/2015 Expiration Date: 05/11/2016 Policy Type: Commercial Insurer: Artisan and Truckers Casualty Co 1-800-895-2886 P.O. BOX 94739 Cleveland, OH 44101</p> <p>Named Insured(s): MAGGIE BINA DBA: NSDA SERVICES</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2005</td><td>FORD</td><td>EXCURSION XLI</td><td>1F1NU40F45ED45148</td></tr></table> <p style="text-align: center;">Manage your policy anytime with just a few clicks at progressivecommercial.com</p>	Year	Make	Model	VIN	2005	FORD	EXCURSION XLI	1F1NU40F45ED45148
Year	Make	Model	VIN						
2005	FORD	EXCURSION XLI	1F1NU40F45ED45148						

CERTIFICATE OF INSPECTION

NAME OF BUSINESS _____

ADDRESS _____

VEHICLE MAKE Ford MODEL Excursion Limo 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: [Signature] Printed Name: Jan Gibson

Business ALL-OUT REPAIR Address 204 HULL ST Date 5/13/15

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).

COMMERCIAL LEASE

LANLORD: Dennis Cole

TENANT: NSDA SERVICES LLC

ADDRESS: 2711 South Ave. Suite, La Crosse, WI 54601

PURPOSE: For COMMERCIAL USE only.

TERM: Twelve (12) months From: June 01, 2015 To: May 31, 2016

RENTAL FOR TERM: \$2,100.00

MONTHLY RENTAL: \$175.00

LEASED PREMISES: Approx. ___?___ Sq. Ft office plus use of common area and bathrooms.

SPACES LEASED: Suite H

PAID WITH THIS LEASE: \$ 175.00 (First month's rent)

1. Lease of Premises. The Landlord leases to the Tenant the above-described premises for the terms and at the rental set forth above upon the following provisions, each of which shall be both covenants and conditions, and the Landlord and the Tenant covenant and agree to abide by and perform each and every provision hereof.

2. Rental Payments. The Tenant agrees to pay the forgoing rental in the manner above prescribed, all payments to be made to the Landlord at the address hereinabove specified, or at such other place as Landlord may from time to time designate in writing. Rent is due on or before the first day of each month. Payments will be made out to DENNIS COLE and mailed to the following address:

Dennis Cole
W3737 Highland Dr.
La Crosse, WI 54601
608-780-9990

3. Use of Premises. The Tenant is hereby permitted to use and occupy the premises for commercial purposes only. Further the tenant will be allowed to sublet the leased premises with approval of the new tenant by the landlord. Such permission will not be unreasonably withheld. The tenant will not permit the leased premises to be used for any immoral or unlawful purpose, or purpose that will injure the reputation of the same or of the building of which they are a part, or disturb the tenants of such building or in the neighborhood; and will not use or keep in or about the said premises any article or thing which would in any way affect the validity of the Standard Fire Insurance Policy of the State of Wisconsin; and will not permit any alterations of or upon any part of the leased premises, except by written consent of the Landlord; and all alterations and additions to the leased premises shall remain for the benefit of the Landlord unless otherwise additions to the leased premises shall remain for the benefit of the Landlord unless otherwise provided in said consent as aforesaid. Tenant agrees not to keep in or about the premises any pet unless specifically authorized as a special condition in the lease.

The Tenant further agrees to obey all ordinances of the City of La Crosse and any and all lawful orders, rules, and regulations of the proper health officers of said city.

4. Utilities. Landlord shall be responsible for electric and heat. Tenant agrees to use discretion in the regulation of heat and electric. Landlord shall pay for all property other operating costs including taxes,