

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

License Fee: \$ \_\_\_\_\_

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

Invoice #: \_\_\_\_\_

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

License Period: January 1, 2022 to December 31, 2022

**BUSINESS INFORMATION**

Business Name <i>(Real/Legal)</i>	Top Hat, Inc
Trade Name <i>(DBA)</i>	CTS Taxi
Address	226 Hood Street Suite 110, La Crosse WI 54601
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	Commercial
Telephone	608-784-7700 (CTS) 608-782-1069 (Top Hat)
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	456-0000011285-03

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Beverly Anne Scott (Lawrence)
Owner(s) Date of Birth	[REDACTED]
Home Address	1913 Crescent Hills Dr. La Crescent, MN 55947
Telephone	<i>Home</i> _____ <i>Cell</i> 608-782-5949

- 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 NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Carrier/Agent	Coverra Insurance Services, Inc
Address	3803 Creekside Lane, Holmen WI 54636
Telephone/Email	<i>Telephone</i> 608-526-2127 <i>Email</i> _____

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

**RATE INFORMATION**

Method of Charging	Metered Rates <u>  x  </u> Zone Rates <u>    </u> Vehicle Rental Rate <u>    </u>
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	Start/Pick-up: \$2.00 Mileage: \$2.00/mile Extras: \$.50/person Wait: \$25.00/hour Clean Fee: \$50.00

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	3
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <i>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</i>	CAPACITY <i>(incl. driver)</i>	STATE & LICENSE NO

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

ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE certifying that the vehicle to be used for hire is in good mechanical condition. The inspection and certificate must be completed by an A.S.E. Certified Technician.

ATTACH A CERTIFICATE OF INSURANCE. All insured vehicles shall be identified on the certificate by Make, Model and VIN. Said policy must be endorsed naming the City of La Crosse as additional insured. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. Note: A statement of additional insured on the certificate is not acceptable; we must receive the endorsement page.

\_\_\_\_\_ ATTACH A PHOTOCOPY OF THE TITLE/CONFIRMATION OF OWNERSHIP & REGISTRATION FOR EACH VEHICLE (the title/confirmation must be in the name of business or owner); required for original vehicle application only. Note: A salvage title may not be used as a public vehicle until the vehicle has been repaired and inspected by an authorized salvage vehicle inspector and rebranded for road use (a copy of the inspection must be provided).

\_\_\_\_\_ ATTACH PHOTOCOPY OF LEASE OR RENTAL AGREEMENT, if applicable. This is required of new applicants or when there is a change in business address only.

*The above hereby makes application for a Public Vehicle For Hire License within the City of La Crosse pursuant to Chapter 10, Article XIII of the Code of Ordinances of the City of La Crosse.*

*I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Ch. 10, Article XIII of the La Crosse Municipal Code).*

SIGNATURE OF APPLICANT Benjamin Scott DATE 11/4/21

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

<u>Year, Make, Model</u>	<u>VIN</u>	<u>License Plate</u>	<u>Capacity</u>
2014 Dodge Grand Caravan	2C4RDGBG0ER129304	336-UYG	7 amb
2011 Dodge Grand Caravan	2D4RN3DG7BR638811	646-YYY	7 amb
2013 Dodge Grand Caravan	2C4RDGBGXDR562160	292-UYG	7 amb

### CERTIFICATE OF INSPECTION

NAME OF BUSINESS: CTS Taxi

VEHICLE MAKE: Dodge

MODEL: Grand Caravan

YEAR: 2013

VIN: 2C4RDGB6XDR562160

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

*(Handwritten 'X' marks in the 'NO REPAIR NECESSARY' column)*

**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: Bart Woyczik

Business: Fred's Brake & Tyres Address: 832 Rose St. Date: 11/1/17

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

### CERTIFICATE OF INSPECTION

NAME OF BUSINESS: CTS Taxi

VEHICLE MAKE: Dodge


MODEL: Grand Caravan

YEAR: 2014

VIN: 2C4RDGB60ER129304

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Side Marker 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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	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:  Printed Name: Bart Woyzick

Business: Ford's Brake & Alignment Address: 832 Rose St. Date: 11/1/21

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

### CERTIFICATE OF INSPECTION


NAME OF BUSINESS: CTS Taxi

VEHICLE MAKE: Dodge MODEL: Grand Caravan YEAR: 2011

VIN: 2D4RN3DG7BR638811

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Side Marker 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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	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:  Printed Name: Bart Wojcik

Business: Fred's Brake & Alignment Address: 832 Rose St. Date: 11/1/21

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/2/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636	<b>CONTACT NAME:</b> Pam Andre <b>PHONE (A/C No, Ext):</b> 608-269-2127 <b>FAX (A/C, No):</b> 608-519-2818 <b>E-MAIL ADDRESS:</b> pandre@coverrainurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURER A:</b> Secura Insurance, A Mutual Company	<b>NAIC #</b>
<b>INSURED</b> Top Hat Inc dba Access Transit Access Mobility Products 226 Hood St La Crosse WI 54601	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

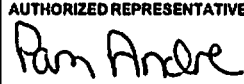
**COVERAGES**                      **CERTIFICATE NUMBER: 790438044**                      **REVISION NUMBER:**

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

INBR LTR	TYPE OF INSURANCE	ADDL INSD	BUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP3278398	12/31/2020	12/31/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			A3278399	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU3278400	12/31/2020	12/31/2021	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> 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)  
City of La Crosse is listed as additional insured on the automobile policy.

Scheduled vehicles:  
2014 Dodge Grand Caravan -#T336 VIN: 2C4RDGBG0ER129304  
2011 Dodge Grand Caravan - #646 VIN: 2D4RN3DG7BR638811  
2013 Dodge Grand Caravan - #292 VIN: 2C4RDGBGXDR562160

<b>CERTIFICATE HOLDER</b>  City of La Crosse 400 La Crosse St 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 
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**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.

<b>Named Insured:</b> Top Hat Inc
<b>Endorsement Effective Date:</b> 12/31/2020

### **SCHEDULE**

<b>Name Of Person(s) Or Organization(s):</b>
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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.



**SUPPLEMENTAL FORM DECLARATION FOR CA2048 1013**

**DESIGNATED INSURED**

Endorsement Effective: 12/31/2020  
Named Insured: Top Hat Inc

**SCHEDULE**

<b>Name of Person (s) or Organization(s):</b>
City of La Crosse, 401 La Crosse St, La Crosse, WI 54601
Kraemer Brothers LLC & Klondike Cheese, PO Box 219, Plain, WI 53577
MTM Inc, 16 Hawk Ridge Dr, Lake Saint Louis, MO 63367