

License Number _____

License Issued _____

License Fee \$ 850.00

Receipt # 120753

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	BEE CAB INC
BUSINESS ADDRESS	1224 ISLAND ST LA CROSSE WI 54603 Zoning: Heavy Industrial
BUSINESS TELEPHONE	608-784-4233
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-000157354-03

OWNER(S) NAME (First, Full Middle, Last)	CRAIG ALLEN REDENBAUGH	SUE ANN REDENBAUGH
OWNER(S) DATE OF BIRTH	██████████	██████████
OWNER(S) ADDRESS	1526 WOOD ST LA CROSSE WI 54603	
OWNER(S) TELEPHONE	608-785-7846 or 608-304-1493	

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	<u>murphy Insurance</u>
POLICY NUMBER	<u>20-CP-003221334-4</u>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>1,000,000 / 1,000,000</u>

METHOD OF CHARGING	Metered Rates <u>X</u>	Zone Rates <u> </u>	Vehicle Rental Rate <u> </u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>1.50 start 2.00/mi 50¢/extra person \$20/hr wait</u>		
METHOD OF CHARGING	Metered Rates <u> </u>	Zone Rates <u> </u>	Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>[Handwritten scribbles]</u>		
NUMBER OF VEHICLES TO BE LICENSED	<u>17</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
SEE ATTACHED			

✓ 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 *[Signature]* DATE 10-15-14

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CITY OF LA CROSSE, WI
General Billing - 120753 - 2014
001162-0118 Amber W. 10/17/2014 01:54PM
4465 - BEE CAB, INC.
Payment Amount: 850.00

1998 Oldsmobile Silhouette✓	1GHDX03E9WD184192	477-HXU	WI	8
1998 Chrysler Town & Country✓	1C4GP64L4WB668494	952-JCV	WI	7
2003 Chrysler Town & Country✓	2C4GP44323R352657	370-SLV	WI	7
2002 Dodge Caravan✓	1B4GP25392B595475	820-TME	WI	8
2003 Toyota Prius✓	JT2BK18U430076530	485-UCM	WI	5
2002 Toyota Prius✓	JT2BK18U420048757	818-UCM	WI	5
2005 Toyota Prius✓	JTDKB20U457037309	687-UKF	WI	5
2001 Toyota Prius✓	JT2BK12U310034288	436-VDP	WI	5
2001 Toyota Prius✓	JT2BK12U510010106	158-RPN	WI	5
2001 Toyota Prius✓	JT2BK12U410005981	435-VDP	WI	5
2005 Dodge Sprinter✓	WD0PD7441558486642	263-USB	WI	5
1999 Chrysler Town & Country✓	1C4GP64LXXB505964	293-UAL	WI	7
2004 Honda Civic✓	JHMES96624S018251	262-USB	WI	5
2010 Ford Transit✓	NM0LS6BN0AT015226	832-HZC	WI	7
2007 Toyota Prius✓	JTDKB20U177563920	789-USB	WI	5
* 2005 Dodge Caravan	WD8PD744955789305	999-WTV		8
* 2006 Dodge Caravan✓	2D4GP44L56R737489	666WKX		8

* New Vehicles

A0115256



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2014

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 WISOTA INS & FINANCIAL SE INC LA CROSSE WI C/O: SCOBIE GROUP-MIDWEST GENERAL	CONTACT NAME: MARY KEENEN	
	PHONE (A/C No. Ext): 608-784-3272 FAX (A/C No.): 608-784-3278	
	E-MAIL ADDRESS: corporate1480@gmail.com	
	PRODUCER CUSTOMER I.D.#	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: NATIONAL INDEMNITY COMPANY	20060
	INSURER B: SCOTTSDALE INS COMPANY	41297
	INSURER C: GENERAL STAR INDEMNITY	37362
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
BEE CAB INC
1224 ISLAND ST
LA CROSSE WI 54601

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 INSR	UBR RYP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY			CPS1445011@2	08/10/2013	08/10/2014	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			70APS048459	05/07/2014	05/07/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			IXG417896	11/12/2013	11/12/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				EL EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE - EA EMPLOYEE \$
							EL DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> PHYSICAL DAMAGE			70APS048459	05/07/2014	05/07/2015	PER POLICY SCHEDULE 20,000
A	<input checked="" type="checkbox"/> IN TOW LIMIT						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to page 2 addendum

CERTIFICATE HOLDER

City Of La Crosse
400 La Crosse St.
La Crosse WJ 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

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY WISOTA INS & FINANCIAL SE		NAMED INSURED BEE CAB INC 1224 ISLAND ST LA CROSSE WI 54601	
POLICY NUMBER 70APS048459		EFFECTIVE DATE: 05/07/2014	
CARRIER NATIONAL INDEMNITY COMPANY	NAIC CODE 20060		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

2003 CHRYSLER TOWN & COUNTRY 2C4GP44323R352657
 1998 OLDSMOBILE SILHOUETTE 1GHDX03E9WD184192
 1998 CHRYSLER TOWN & COUNTRY 1C4GP64L4WB668494
 2002 DODGE CARAVAN 1B4GP25392B595475
 1999 CHRYSLER TOWN & COUNTRY 1C4GP64LXXB505964
 2001 TOYOTA PRIUS JT2BK104510010106

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS 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" 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.

Endorsement Effective: 05/07/2014 12:01 AM	Countersigned By: (Authorized Representative)
Named Insured: BEE CAB INC	

SCHEDULE

Name of Person(s) or Organization(s):	CITY OF LACROSSE 400 LA CROSSE STREET LA CROSSE, WI 54601
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2014

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 Meritrust Insurance 1523 Rose St Suite #1 La Crosse, WI 54603	CONTACT NAME: Scott Tanke	FAX (A/C, No): (608)519-3867	
	PHONE (A/C, No, Ext): (608)784-2587	E-MAIL ADDRESS: sjtanke@centurytel.net	
INSURED Bee Cab, Inc. (NEMT) 1224 Island Street La Crosse, WI 54603	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Secura Insurance		
	INSURER B: Society Insurance		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 00001285-39649 REVISION NUMBER: 15


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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		20-CP-003221334-4	05/07/2014	05/07/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ Excluded
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:					\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY		20-A-003221335-4	05/07/2014	05/07/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WP566379	07/18/2014	07/18/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Abuse & Molestation		20-CP-003221334-4	05/07/2014	05/07/2015	Each Incident/Aggr 500,000/1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

City Of La Crosse 400 La Crosse St. La Crosse, WI 54601	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  (SDT)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Meritrust Insurance		NAMED INSURED Bee Cab, Inc. (NEMT)	
POLICY NUMBER 20-A-003221335-4		1224 Island Street	
CARRIER Secura Insurance	NAIC CODE	La Crosse, WI 54603	
ADDITIONAL REMARKS		EFFECTIVE DATE:	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Vehicle Schedule

1. 2007 Toyota Prius JTDKB20U177563920
2. 2005 Toyota Prius JTDKB204553124286
3. 2003 Toyota Prius JT2BK18U430076530
4. 2002 Toyota Prius JT2BK18U420048757
5. 2004 Toyota Prius JTDKB22U640036117
6. 2005 Toyota Prius JTDKB20U457037309
7. 2001 Toyota Prius JT2BK12U410020514
8. 2004 Honda Civic JHME5966245018251
9. 2005 Toyota Prius JTDKB20U257044291
10. 2005 Toyota Prius JTDKB20U653042857
11. 2001 Toyota Prius JT2BK12U010022664
12. 2013 Toyota Prius JTDKN3DU1D1679205
13. 2005 Toyota Prius JTDKB20U753093770
14. 2005 Dodge Sprinter WD0PD764155848624
15. 2001 Toyota Prius JT2BK124410005981
16. 2001 Toyota Prius JT2BK12Y0100022664
17. 2001 Toyota Prius JT2BK124310034288
18. 2005 Toyota Prius JTDKB20U153062224
19. 2003 Chrysler Town & Country 2C4GP44L23R374898
20. 2001 Toyota Prius JT2BK12U010021871
21. 2005 Toyota Prius JTDKB20U053112109
22. 2006 Dodge Caravan 2D4GP45R06B565583
23. 2006 Dodge Caravan 2D4GP44L56R737489
24. 2010 Ford Transit Van NM0S6BN0AT015226
25. 2005 Dodge Sprinter WD8PD744955789305

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Oldsmobile MODEL Silhouette YEAR 1998

	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		10-13-14	
Brake Lamps			✓
Steering System			✓
Hood & Trunk Latches			✓
Emission/Exhaust System			✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			✓
Windshield (incl. wipers & washers)			✓
Windows (side, rear)			✓
Windshield Defroster			✓
Horn			✓
Mirrors			✓
Speed Indicator			✓
Restraining Devices & Seats			✓
Brakes (incl. parking brake)			✓
Heater			✓
Air Conditioning			✓
Door Handles (interior & exterior)			✓

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Auto Address [Signature] Date 10-13-14

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 Bell Cab Inc.

ADDRESS 1204 Island

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 1998

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Directional Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Flashing Warning Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Sidemarkers Lamps/Reflectors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tail Lamps (incl. cover)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Back Up Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Brake Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Steering System	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hood & Trunk Latches	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Emission/Exhaust System	<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 checked="" type="checkbox"/>
Windshield (incl. wipers & washers)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Windows (side, rear)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Windshield Defroster	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Horn	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Mirrors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Speed Indicator	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Restraining Devices & Seats	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Brakes (incl. parking brake)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Heater	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Air Conditioning	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Door Handles (interior & exterior)	<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: [Signature] Printed Name: Mark Murphy

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

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 Bec cab INC

ADDRESS 1224 Island

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2003

	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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Auto Address 515 Wood St Date 10-13-14

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).

5475

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc
ADDRESS 1224 Island
VEHICLE MAKE Dodge MODEL Caravan 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: [Signature] Printed Name: Mark Murphy
Business Murphy frame & Axle Address 515 Wood St Date 10-14-14

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).

6530

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
ADDRESS 1224 Island
VEHICLE MAKE Toyota MODEL Prius 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: [Signature] Printed Name: Mark Murphy
Business Murphy Frame & Auto Address 5150 Wood St Date 10-14-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
 ADDRESS 1224 Island
 VEHICLE MAKE Toyota MODEL Prius 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: [Signature] Printed Name: Mark Murphy
 Business Murphy Frame & Axle Address 515 Wood St Date 10-14-14

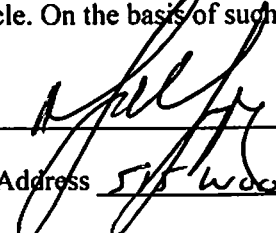
Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
 ADDRESS 1229 Island
 VEHICLE MAKE Toyota MODEL Prius YEAR 2005

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

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

A.S.E. Certified Technician Signature:  Printed Name: Mark Murphy
 Business Murphy Frame & Air Address 515 Wood St Date 10-14-14

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).

4288

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cabs Inc
ADDRESS 1224 Island
VEHICLE MAKE toyota MODEL Prius YEAR 2001

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	<u>10-14-14</u>	_____
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	_____	_____ ✓
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ ✓
Windshield (incl. wipers & washers)	_____	_____	_____ ✓
Windows (side, rear)	_____	_____	_____ ✓
Windshield Defroster	_____	_____	_____ ✓
Horn	_____	_____	_____ ✓
Mirrors	_____	_____	_____ ✓
Speed Indicator	_____	_____	_____ ✓
Restraining Devices & Seats	_____	_____	_____ ✓
Brakes (incl. parking brake)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

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

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
 ADDRESS 1274 Island
 VEHICLE MAKE Toyota MODEL Prius YEAR 2001

	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: [Signature] Printed Name: Mark Murphy
 Business Murphy Fromex Axle Address 515 Wood St Date 10-14-14

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 Ble Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE toyota MODEL Prius YEAR 2001

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Frumes Axle Address 515 Wood Date 10-14-14

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 Ble Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE toyota MODEL Prius YEAR 2001

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 518 Wood Date 10-14-14

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).

6642

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Sprinter YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____
Parking Lamps	_____	_____	_____
Directional Lamps	_____	_____	_____
Flashing Warning Lamps	_____	_____	_____
Sidemarkers 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: Ma. K. Murphy

Business Murphy Frame & Axle Address 515 Wood St Date 10-13-14

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).

5904

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Chrysler MODEL town & country YEAR 1999

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Framed Axle Address 515 Wood St Date 10-13-14

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).

8251

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 F512W

VEHICLE MAKE honda MODEL Civic YEAR 2004

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Parking Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Directional Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Flashing Warning Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Sidemarkers Lamps/Reflectors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Tail Lamps (incl. cover)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Back Up Lamps	<input type="checkbox"/>	<u>10-14-14</u>	<input type="checkbox"/>
Brake Lamps	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Steering System	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hood & Trunk Latches	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Emission/Exhaust System	<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 checked="" type="checkbox"/>
Windshield (incl. wipers & washers)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Windows (side, rear)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Windshield Defroster	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Horn	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Mirrors	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Speed Indicator	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Restraining Devices & Seats	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Brakes (incl. parking brake)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Heater	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Air Conditioning	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Door Handles (interior & exterior)	<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: [Signature] Printed Name: Mark Murphy

Business Murphy Frumex Ayle Address 515 Wood St Date 10-14-14

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab INC.

ADDRESS 1224 Island

VEHICLE MAKE Ford MODEL transit YEAR 2010

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Franchise Axle Address 515 Wood St Date 5-13-14

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc

ADDRESS 1224 Island

VEHICLE MAKE toyota MODEL Prius YEAR 2007

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 815 Wood St Date 10-13-14

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).

9305

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cub Inc

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan YEAR 2005

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 515 Wood St Date 10-13-14

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

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Certificate of Vehicle Registration

Plate Number 999WTV	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color WHITE	Fleet No.
Vehicle Identification Number WD8PD744955789305			Year 2005	Make DODG	Expiration Date 09/07/2015	Amount Received \$ 380.50

Product Number 71090142512	Registration Number 14251L20147
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 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

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



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number WD8PD744955789305	Year 2005	Make DODGE			
Title Number 14251L2014-7	Issue Date 09/08/2014	Chassis Type TRUK	Odometer Reading 156000	Odometer Status NOT ACTUAL	Odometer Date 09/08/2014
Product Number 21754142514	Body Style VAN	Color WHITE	Fleet No.		

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

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.

Lien Holder(s)
 NONE,

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: TN

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
 000651

13-1 4980328

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

This document void without watermark - Hold to light to view

Any alteration, correction fluid, or erasure voids this title

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan YEAR 2000

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

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

A.S.E. Certified Technician Signature: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 515 Wood St Date 10-13-14

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

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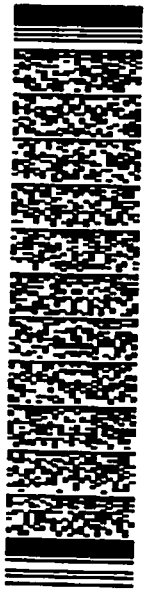
Certificate of Vehicle Registration

Plate Number 666WIX	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Product Number 13532141775	Registration Number 14177L40038
Vehicle Identification Number 2D4GP44L56R737489		Year 2006	Make DODG	Color MAROON/BURGUNDY	Expiration Date 06/19/2015	Fleet No.
					Amount Received \$ 364.00	

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 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

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



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2D4GP44L56R737489	Year 2006	Make DODGE				
Title Number 14177L4003-8	Issue Date 06/26/2014	Chassis Type TRUK	Odometer Reading 71872	Odometer Status NOT ACTUAL	Odometer Date 06/26/2014	
Product Number 53386141777	Body Style VAN	Color MAROON/BURGUNDY	Fleet No.			

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

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.

Lien Holder(s)
 NONE,

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: FL

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
 27617

13-1-4988398
 TC555-B-2010

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

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Hold to light to view watermark

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