

License Number _____

License Issued _____

License Fee \$ 250⁰⁰

Receipt # 152677

11/10/17

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	COULEE REGION TAXI LLC
BUSINESS ADDRESS	1400 CALEDONIA ST, LA CROSSE WI 54603 Zoning: C-1 LOCAL BUSINESS
BUSINESS TELEPHONE	608-881-2050
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	N/A

OWNER(S) NAME (First, Full Middle, Last)	LA CROSSE CITY/COUNTY TAVERN LEAGUE SAFE RIDE (MICHAEL JOEY BROWN)
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	1906 CALEDONIA ST, LA CROSSE WI 54603
OWNER(S) TELEPHONE	608-386-6242

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	Fleis Insurance Agency, Inc.
POLICY NUMBER	SEE INSURANCE
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	SEE INSURANCE

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)	Start/Pick-Up: \$2.00 Extras" \$.75/person	Mileage: \$2.10/mile Wait: \$22.50/hr.	
NUMBER OF VEHICLES TO BE LICENSED			

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 (Page 3)			

X

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 AND THE ENDORSEMENT PROVIDED.

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 *AW / B...* DATE 11/8/17

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

Coulee Region Taxi LLC Vehicle Listing:

<u>Year, Make, Model</u>	<u>VIN</u>	<u>License Plate</u>	<u>Capacity</u>
2016 Dodge Grand Caravan	2C4RDGBG8GR163087	WI 896-XUH	7
2016 Dodge Grand Caravan	2C4RDGBG5GR161653	WI 256-XXA	7 Sold
2016 Dodge Grand Caravan	2C4RDGBG5GR244499	WI 602-YLR	7
* 2016 Dodge Caravan	2C4RDGBG2GR244747	WI	7
2016 Dodge Town & Country	2C4RC16G9GR290270	WI 486-ZHW	7
2008 Ford Econoline	1FD4E45S58DB46057	WI 581-ZRE	15

11-13-17

* Waiting for title and registration and insurance for 2016 Dodge Caravan VIN 44747.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Cowles Region Taxi

ADDRESS 1400 Caledonia St. Lacrosse WI 54603

VEHICLE MAKE Dodge MODEL Caravan YEAR 2011

	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: D StSaurer Printed Name: D StSaurer

Business D And R Automotive Address 1011 Copeland Ave Date Nov-10-17

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 Cowice Begson Taxi
 ADDRESS 1400 Caledonia ST. LaCrosse WI 54603
 VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2016

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

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

A.S.E. Certified Technician Signature: D StSauer Printed Name: D StSauer
 Business Daniel R. Automotiv Address 1016 Copeland Ave. Date Nov. 10-17

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 Coulee Region Taxi

ADDRESS 1400 Caledonia ST. La Crosse WIS 54603

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2016

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

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

A.S.E. Certified Technician Signature: D. Stamer Printed Name: D. STAMER

Business D And R Automotive Address 416 Copeland Ave. Date Nov. 10-17

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 Coulee Region Taxi
 ADDRESS 14012 Caledonia ST LaCrosse WI 54603
 VEHICLE MAKE Ford MODEL Ecoline YEAR 2008

	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: D. St. Saper Printed Name: D. St. Saper
 Business D and R Automotive Address 1016 Copeland ave. Date Nov. 10.17

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 Coulee Region Taxi
 ADDRESS 1400 Caledonia ST. LaCrosse WI 54603
 VEHICLE MAKE Dodge MODEL Town + Country YEAR 2016

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

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

A.S.E. Certified Technician Signature: D. J. Sauer Printed Name: D. J. Sauer
 Business D and R Automotive Address 1616 Copeland Ave. Date Nov 10 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).



COULE33

OP ID: CM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/22/2017

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 Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 James F. Adkins	CONTACT NAME: James F. Adkins PHONE (A/C, No, Ext): 608-783-5206 FAX (A/C, No): 608-783-5209 E-MAIL ADDRESS: jadkin@fleisinsurance.com														
INSURED Coulee Region Taxi LLC 1400 Caledonia St La Crosse, WI 54603	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Transcom General Agency, In</td> <td></td> </tr> <tr> <td>INSURER B : Society Insurance</td> <td>15261</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Transcom General Agency, In		INSURER B : Society Insurance	15261	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Transcom General Agency, In															
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		70APS065937-01	06/21/2017	06/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WP16015680	05/12/2017	05/12/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

2016 Chrysler Town & Country 2C4RC16G9GR290270
 2016 Dodge Grand Caravan 2C4RDGBG8GR163087
 2016 Dodge Grand Caravan 2C4RDGBG5GR244499
 2008 Ford Econoline 1FD4E45S58DB46057

CERTIFICATE HOLDER

CANCELLATION

CITYLA1

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

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