

License Number _____

License Fee: \$ _____

License Issued _____

CITY OF LA CROSSE
APPLICATION FOR PUBLIC VEHICLE FOR HIRE

Invoice #: _____

License Period: _____

BUSINESS INFORMATION

Business Name (Real/Legal)	Twilight Medical Transport LLC
Trade Name (DBA)	
Address	1100 Kane St La Crosse WI 54601
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	
Telephone	608 881 9222
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	

OWNER INFORMATION

Owner(s) Name (First, Full Middle, Last)	Ronald Chatel
Owner(s) Date of Birth	
Home Address	1441 George St. La Crosse WI 54603
Telephone	Home _____ Cell 608 667 6018

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES ☒ NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES ☒ NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

INSURANCE INFORMATION

Insurance Carrier/Agent	Western world insurance company / Brian
Address	Providence Rhode Island Middlesex Ins Co
Telephone/Email	Telephone 952 4109 5502 Email _____

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 <input checked="" type="checkbox"/> Zone Rates _____ Vehicle Rental Rate _____
Schedule of Rates (or attach Schedule to be posted the vehicles)	See attached

VEHICLE INFORMATION

Number of Vehicles to be Licensed	# 5
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE NO
# 10/5TDX23DC4H5771998	2017 Toyota Sienna	3	WI A2H 8830
# 3/4T3BK3BB9F115476	2015 Toyota Venza	5	WI AMS 8764
# 13/5TDKK3DC2ES476117	2014 Toyota Sienna	4	WI AYV 7808
# 7/W02PE7C0X6P241413	2016 Mercedes Benz Sprinter	7	WI AZL 9215
# 10/5TDZ23DC8HS899749	2017 Toyota Sienna	5	WI

*vehicles with capacities of 16 or greater that have both a valid US DOT 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  DATE 6-17-2025

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

#6 CERTIFICATE OF INSPECTION

NAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLC
 VEHICLE MAKE Toyota MODEL 2017 Sienna YEAR 2017
 VIN 5TD223DC4H771998

	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) (Note: tire-tread depth shall not be less than 2/32 of an inch)	LF-7/32	RF-9/32	RR-10/32 LR-10/32
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: Andrew Bejerman Printed Name: ANDREW BEJERMAN

Business: ADDY'S AUTO SERVICE Address: 641 SO 7th AVE Date: 6-13-25

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).

3

CERTIFICATE OF INSPECTION

NAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLC
 VEHICLE MAKE TOYOTA MODEL TRUCK Venza YEAR 2015
 VIN 4T3BK3BB9FU115476

	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"/>
Side Marker 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: Joe Gars Printed Name: Joe Gars
 Business: Ed's Service Center Address: 3607 Mormon Center Rd Date: 9/2/25

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).



0012537

Certificate of Vehicle Registration

Product Number					Registration Number	
27492250318					L250720011249	
Plate Number	Registration	Chassis	Gross Weight	Period	Color	Fleet No.
AMS8764	AUT AUT	TRUK		A	WHITE	
Vehicle Identification Number			Year	Make	Expiration Date	Amount Received
4T3BK3BB9FU115476			2015	TOYT	03/31/2026	\$ 85.00

YEAR

THIS IS NOT A BILL
This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the Division of
Motor Vehicles at:
wisconsindmv.gov
608-264-7447

0011672
TWILIGHT MEDICAL TRANSPORT LLC
1100 KANE ST
LA CROSSE, WI 54603-2572





0000008

MAILING LABEL ONLY

0000008
TWILIGHT MEDICAL TRANSPORT LLC
1100 KANE ST
LA CROSSE, WI 54603-2572

Amount Received: \$ 10.00

MAILING LABEL ONLY

CONFIRMATION OF OWNERSHIP

Vehicle Identification Number 4T3BK3BB9FU115476	Year 2015	Make TOYOTA			
Title Number T5037A395007-1	Issue Date 02/06/2025	Chassis Type TRUK	Odometer Reading 178902	Odometer Status ACTUAL	Odometer Date 07/26/2024
Product Number 92579250312	Body Style SPORTUTILITY	Color WHITE	Fleet No.		

Titled Owner(s)
TWILIGHT MEDICAL TRANSPORT LLC
1100 KANE ST
LA CROSSE, WI 54603-2572

In accordance with s. 342(1)(b) Wis.Stats, your title has been delivered to the first lien holder (lender) shown on this document. The department 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.

4T3BK3BB9FU115476

Lien Holder(s)
00002273 CITIZENS COMMUNITY FEDERAL NA, ALTOONA

Additional Vehicle Detail
PREVIOUSLY TITLED BY: PA

THIS IS NOT A TITLE: Title Sent to Lien Holder

This document is not valid for transfer of ownership. The title has been delivered to the lien holder listed first on this Confirmation of Ownership. You will receive your valid Wisconsin title once all liens have been paid.

Please read the reverse side of this document for more information.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
200871

T056S 6/2012

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-264-7447
wisconsin.dmv.gov
002273

#13

**WISCONSIN****Certificate of Vehicle Registration**

0004264

Plate Number	Registration	Chassis	Gross Weight	Period	Product Number	Registration Number
AYV7808	AUT AUT	TRUK		A	99881242566	24256PT0025
Vehicle Identification Number	Year	Make	Color	Expiration Date	Fleet No.	Amount Received
5TDKK3DC2ES476117	2014	TOYT	WHITE	09/30/2025	13	/ \$ 402.00

THIS IS NOT A BILL
This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the Division of
Motor Vehicles at:
wisconsin.dmv.gov
608-264-7447

0
TWILIGHT MEDICAL TRANSPORT LLC
1645 GEORGE ST
LA CROSSE, WI 54603-2284

**WISCONSIN****Certificate of Vehicle Registration**

0004264

Plate Number	Registration	Chassis	Gross Weight	Period	Product Number	Registration Number
AYV7808	AUT AUT	TRUK		A	99881242566	24256PT0025
Vehicle Identification Number	Year	Make	Color	Expiration Date	Fleet No.	Amount Received
5TDKK3DC2ES476117	2014	TOYT	WHITE	09/30/2025	13	/ \$ 402.00

THIS IS NOT A BILL
This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the Division of
Motor Vehicles at:
wisconsin.dmv.gov
608-264-7447

0
TWILIGHT MEDICAL TRANSPORT LLC
1645 GEORGE ST
LA CROSSE, WI 54603-2284

#13

CERTIFICATE OF INSPECTIONNAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLCVEHICLE MAKE TOYOTA MODEL TRUCK Sienna YEAR 2014VIN 5TDKK3DC2ES476117

	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) (Note: tire-tread depth shall not be less than 2/32 of an inch)	✓	4-7-25	✓
Windshield (incl. wipers & washers)	✓		✓
Windows (side, rear)			✓
Windshield Defroster			✓
Horn			✓
Mirrors			✓
Speed Indicator			✓
Restraining Devices & Seats		4/5/25	✓
Brakes (incl. parking brake)	✓	4/5/25	✓
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: Joe Garberis Printed Name: Joe GarberisBusiness: Eds Service Center Address: 3607 Mormon College RD Date: 4/2/25

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).

2 Red tiles

Rear Brakes

Water Pump

Rf Inner tie Rod end

front sway Bar Links
aligner



WISCONSIN



0000000

Certificate of Vehicle Registration

Plate Number	Registration	Chassis	Gross Weight	Period	Color	Registration Number
AZL9215	AUT AUT	TRUK		A	WHITE	R5091L40046
Vehicle Identification Number			Year	Make	Expiration Date	Fleet No.
WDZPE7CDXGP241413			2016	MERZ	01/31/2026	7
						Amount Received
						\$ 7.00

THIS IS NOT A BILL
This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

TWILIGHT MEDICAL TRANSPORT LLC
1100 KANE ST
LA CROSSE, WI 54603-2572

#7

Contact the Division of
Motor Vehicles at:
wisconsin.dmv.gov
608-264-7447



#7 CERTIFICATE OF INSPECTION

NAME OF BUSINESS TWILIGHT MEDICAL TRANSPORT LLC

VEHICLE MAKE MERCEDES BENZ MODEL SPRINTER YEAR 2016

VIN WDZPF7LDXGP241413

	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"/>
Side Marker 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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) <i>all tires 4/32-</i> (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Adrian Bege Printed Name: ADRIAN BEGE

Business: ADRIAS AUTO SERVICE Address: 641 50 2nd AVE Date: 6/1/25

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 TWILIGHT MEDICAL TRANSPORT LLC
VEHICLE MAKE TOYOTA MODEL Sienna YEAR 2017
VIN 5T0ZZ3D8H5899719

	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"/>
Side Marker 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: Joe Garbars Printed Name: Joe Garbars

Business: Ed's Service Center Address: 3607 Mormon Canyon Date: 5/12/25

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).

TMT IIc

Rate Sheet

Pickup Charge	\$2.00
Mileage Rates	\$2.50
Wheelchairs	\$25.00
Wheelchair Returns (Local)	\$1.00 per mile
Wheelchair Returns (Out of Area)	\$2.00 per mile
Waiting Time	\$40.00 per hour

LEASE AGREEMENT
BETWEEN
THE COULEE REGION BUSINESS CENTER
AND
Twilight Medical Transport

THIS LEASE is made and entered into this **2nd** day of **December 2024** by and between the Coulee Region Business Center (the "Lessor") and **Twilight Medical Transport a Limited Liability Company** (the "Lessee").

WITNESSETH, the parties hereto, for the considerations hereinafter mentioned, covenant and agree as follows:

1. Premises. Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described premises (the "Premises"):

One (1) office space, consisting of approximately 100 square feet , and attendant features, dedicated solely to use by the Lessee as further set forth in this Lease, located in the Coulee Region Business Center at 1100 Kane Street, La Crosse, Wisconsin. Lessee's right to the Premises shall include access to the adjacent conference room with prior approval of Lessor, off street parking, access to wireless internet, printer/scanner, trash, bathroom, breakroom area, loading dock, mail and access to utilities.

2. Use of Premises. Except as otherwise authorized in writing by Lessor, or as provided for in this Lease, Lessee shall use the Premises only for office space for the Lessee.

3. Term, Renewals. This Lease shall be a **Month to Month term**, commencing on **December 2, 2024**. Lessee shall give at least fifteen (15) business days' notice of termination. This is a trial basis, Tenant may be moved to another part of the facility by Lessor upon demand.

4. Rental Rate. Rent, in the amount of \$ 325. - per month is due on the first day of each month. Should termination occur at any time other than the end of the given month, the rental rate due for that month shall be figured on a pro-rated basis. Security Deposit shall be \$ 325 =.

5. Covenants of Lessor. Lessor hereby covenants and agrees as follows:

- a. Lessor covenants that Lessee shall have quiet use and enjoyment of the Premises; that Lessor has complete interest, right in and title to the Premises so as to enable Lessor to enter into this Lease; and that the Premises is not encumbered in any way so as to hinder or obstruct Lessee's proposed use thereof, including encumbrances or obstruction due to existing easements, zoning ordinances, or building restrictions.

- b. Lessor shall be responsible for the real estate taxes and any assessments on the premises.

10 0 - Entry Keys

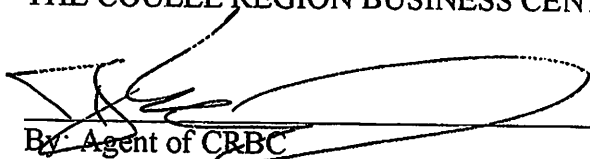
- c. **Personal Property Taxes.** Lessee shall pay taxes assessed during the Term against trade fixtures or personal property placed by Lessee in or on the Premises ("Lessee's Personal Property"). If taxes with respect to Lessee's Personal Property are assessed against the Building, Lessee shall pay the taxes applicable to Lessee's Personal Property within ten (10) days after receiving Lessor's written statement setting forth the taxes applicable to Lessee's Personal Property.
 - d. *ALL VEHICLES OTHER THAN "IN USE NOW" must be parked ON GRAVEL LOT TO LEAVE THE FRONT DRIVE/PARKING OPEN.*
 - e. Lessor shall pay and provide the heat, air conditioning, electricity and water/sewer for the space.
 - f. Lessor agrees that it will not take any action to compromise or share nonpublic trade secrets, business practices or financial interests of Lessee, its customers, or clients. Lessor further attests that it has no undisclosed conflicts of interests with Twilight Medical Transport. If Lessor fails to disclose a potential conflict of interest, and if Lessee determines such failure to disclose involves a material conflict of interest, Lessor's contract may be declared to be void by Lessee and any amounts paid under the contract may be recovered by Lessee. Lessor shall advise Lessee of any changes in potential conflicts of interest.
 - g. Consistent with Wis. Stat. § 16.765: In connection with the performance of work under this contract, Lessor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in § 51.01(5), sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, Lessor further agrees to take affirmative action to ensure equal employment opportunities. Lessor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the recipient officer setting forth the provisions of the nondiscrimination clause.
 - h. Lessor understands that this Agreement and other materials submitted to Lessee may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et seq. Lessor will mark documents "confidential" where appropriate for financial and other sensitive materials that should be, to the extent possible, be kept in confidence. Lessee will notify Lessor if it receives a public records request for materials marked confidential.
6. Covenants of Lessee. Lessee hereby covenants and agrees as follows:

- a. Lessee hereby covenants, promises and agrees to pay the rent in the manner specified herein, and to comply with all other provisions of this Lease at the time and in the manner called for by this Lease.
 - b. At the termination of this Lease, Lessee will return the Premises to the Lessor in as good condition as it was at the time the Lease commenced, with ordinary wear and tear and damage by the elements excepted. Lessee shall not be responsible for damage to the Premises by fire.
 - c. Lessee will not make or permit anyone else to make any alterations, improvements, or additions in or to the Premises, without the prior written consent of Lessor.
 - d. Lessee agrees that any improvements to the Premises made by Lessor for the benefit of Lessee shall be the property of Lessor.
7. Insurance. Lessor agrees to procure and maintain, during the term of this Lease, fire and casualty insurance for the building containing the Premises, as well as public liability insurance in the amount of not less than \$1,000,000.00. Lessor shall provide a certificate of insurance to Lessee evidencing such coverage upon request.
8. Maintenance. Lessor shall maintain the Premises in good repair and tenantable condition throughout the term of this Lease, except in the case of damage arising from willful misconduct of Lessee's agents. For the purpose of so maintaining the Premises, Lessor reserves the right, at reasonable times and with prior notice, to enter and inspect the Premises and to make any necessary repairs thereto.
9. Damage or Destruction. If the Premises is wholly destroyed by fire or other casualty, this Lease shall immediately terminate. In case of partial destruction or damage so as to render the Premises unrentable, either party may terminate the Lease by giving written notice to the other within fifteen (15) days after the causal event, or, if so terminated, no rent shall accrue to Lessor after such partial destruction or damage. Minor damage repair will be covered by Lessor under the Maintenance provision of this Lease, Section 9 above.
10. Indemnification.
- a. Lessee covenants and agrees that it will indemnify and hold harmless the Lessor from any and all claims for injury and damages to persons or property, all costs and expenses, causes of actions, suits, claims, demands, or judgments of any nature arising from Lessee's use, misuse, or occupancy of the Premises, or arising from Lessee's breach of any covenant or obligation made and to be performed by it under the terms of this Lease.
 - b. Lessor covenants and agrees that it will indemnify and hold harmless the Lessee from any and all claims for injury and damages to persons or property, all costs and expenses, causes of actions, suits, claims, demands, or judgments of any nature arising from Lessor's breach of any covenant or obligation made and to be performed by it under the terms of this Lease or that result from the negligence of Lessor, its employees or agents.

11. Governing Law. This Lease shall be governed and construed under the laws of the State of Wisconsin.
12. Entire Agreement. This Lease constitutes the entire agreement between the parties with respect to the subject matter hereof and there are no other representations, warranties, or agreements except as herein provided.

AGREED TO AND ACCEPTED BY:

THE COULEE REGION BUSINESS CENTER


By: Agent of CRBC

12-2-24
Date

Twilight Medical Transport LLC

Ronald Chatel
By: RONALD CHATEL

12-2-24
Date

Personal Guarantee of Lease

In consideration of Lessor entering into the attached Lease Agreement dated December 2, 2024 herein Twilight Medical Transport LLC is the Lessee, and in consideration of Lessor leasing to Lessee the "Leased Premises" (as described in the Lease Agreement), on the terms and conditions therein contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Guarantor(s), jointly and severally, irrevocably and unconditionally guarantee to the Lessor, its successors and assigns under the Lease, the full, faithful and punctual performance by Lessee of Lessee's covenants and agreements contained in the Lease, or any extension or renewal thereof, and agree that any forbearance, modifications, waivers, amendments, releases, postponements, either of payment or enforcement of any rights against any party, or release of any security shall not affect the undersigned Guarantor(s) absolute and unconditional liability hereunder. The undersigned Guarantor(s) waives notice of any of the foregoing changes. The undersigned hereby waives any and all defenses based on the law of suretyship. Demand, notice of default or of nonpayment are hereby waived and it is agreed that the Lessor under the Lease may proceed first against the Guarantor(s) without first proceeding against the Lessee under the Lease. If Lessor employs counsel to enforce this Guaranty, Guarantor(s) will reimburse Lessor for all attorney's fees, costs and expenses incurred. This Personal Guaranty shall be binding upon the heirs, administrators, executors and assigns of the undersigned Guarantors.

Guarantor(s):

Ronald Chatel

Print Name: Ronald Chatel