

19-1748

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

License Fee: \$ 240.00  
Invoice #: 168463

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

License Period: January 1st, 2020 to December 31st, 2020

**BUSINESS INFORMATION**

Business Name (Real/Legal)	Sinkoss USA LLC
Trade Name (DBA)	Bullet Cab
Address	2001 State Road, La Crosse, WI 54601 / 2641 15th St. S, La Crosse, WI 54601
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	C-1 - Local Business
Telephone	608-519-3200
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	456-1028197527-02

BULLET CAB  
2019 Item: 168463  
Balance due: 0.00  
Balance unpaid: 0.00  
220 LICENSES PUBLIC  
VEHICLE FOR HIRE 240.00

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Mian Mukhtar Ahmad
Owner(s) Date of Birth	<span style="background-color: black; color: black;">[REDACTED]</span>
Home Address	2641 15th St. S., La Crosse, WI 54601
Telephone	Home _____ Cell 608-797-2511

- 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	Coverra Insurance Services, Inc.
Address	3803 Creekside Lane, Holmen, WI 54636
Telephone/Email	Telephone 608-526-2127 Email <a href="mailto:ncsete@coverrainurance.com">ncsete@coverrainurance.com</a>

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 x _____ Zone Rates _____ Vehicle Rental Rate _____
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	Start/Pick-Up: \$1.50 Mileage: \$2.00/mile Extras: \$ .50/person Wait Time: \$20.00/hour

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	4
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <i>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</i>	CAPACITY <i>(incl. driver)</i>	STATE & LICENSE NO
2012 Dodge Grand Caravan	2C4RDGCG4CR198640	7	WI 129-YPE
2014 Dodge Grand Caravan	2C4RDGCG7ER170141	7	WI AEA-2908
2014 Toyota Camry	4T4BF1FKXER338237	5	WI ABA-5052
2009 Toyota Corolla	JTDBL40E899038247	5	WI 916-XCY

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

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

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

NA

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).

NA

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

*M. Winters*

DATE

*11/21/19*

LICENSE [ ] APPROVED [ ] DENIED

SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/11/2019

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

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

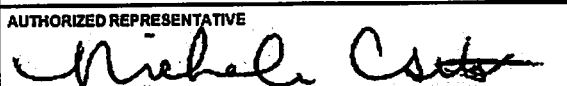
<b>PRODUCER</b> Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636	<b>CONTACT NAME:</b> Nichole Csete <b>PHONE (A/C, No, Ext):</b> 608-526-2127 <b>FAX (A/C, No):</b> 608-519-2818 <b>E-MAIL ADDRESS:</b> ncsete@coverrainurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> <b>BULLCAB-01</b> Bullet Cab, Sinkoss USA LLC dba 2641 15th St S La Crosse WI 54601	<b>INSURER A:</b> Integrity Group	
	<b>INSURER B:</b> West Bend Mutual	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 89098142**      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLA2082853	6/28/2019	6/28/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 2082854	6/28/2019	6/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	A385149	12/4/2018	12/4/2019	<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)**  
City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are listed as additional insured on the automobile policy.  
Vehicle list of taxis:  
-2012 Dodge Caravan VIN: 2C4RDGCG4CR198640  
-2014 Dodge Caravan VIN: 2C4RDGCG7ER170141  
-2014 Toyota Camry VIN: 4T4BF1FKXER338237  
-2009 Toyota Corolla VIN: JTDBL40E899038247

<b>CERTIFICATE HOLDER</b>  City of La Crosse 400 La Crosse St La Crosse WI 54601	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

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**Endorsement**

**CA 39**

**Policy Number:** WCP2685888

CA2082854  
GLA2082853


**Additional Insured.**

City of La Crosse  
400 La Crosse St.  
La Crosse, WI 54601

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Endorsement effective 11/29/18	at 12:01 A.M. standard time	
Named Insured City of La Crosse		Countersigned by

(Authorized Signature)

**SCHEDULE**

**Name and Address of Person or Organization (Additional Insured):**

City of La Crosse  
400 La Crosse St.  
La Crosse, WI 54601

WHO IS AN INSURED (Section II) is amended to include as an "insured" the person or organization named in the Schedule of this endorsement, but such inclusion of additional insured shall not operate to increase the limits of our liability.

# CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Sinkoss USA LLC DBA Bullet Cab

VEHICLE MAKE: Dodge

MODEL: Grand Caravan

YEAR: 2012

VIN: 2C4RDGCG4CR198640

	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"/>
Side Marker 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) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	<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: Andrew McCullum Printed Name: Andrew McCullum

Business: Andrew's Auto Sales Address: 803 Jackson St Leno Date: 11/8/19  
54661

*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: Sinkoss USA LLC DBA Bullet Cab

VEHICLE MAKE: Dodge MODEL: Grand Caravan YEAR: 2014

VIN: 2C4RDGCG7ER170141

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

**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 McCollison* Printed Name: Andrew McCollison  
 Business: Andrew's Auto Sales Address: 803 Jackson St 2nd Floor Date: 11/8/19

*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: Sinkoss USA LLC DBA Bullet Cab

VEHICLE MAKE: Toyota      MODEL: Camary      YEAR: 2014

VIN: 4T4BF1FKXER338237

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

**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: *Arden McCallen*      Printed Name: Arden McCallen  
 Business: Arden's Auto Sales      Address: 1803 Jackson St      Date: 11/8/19  
54601

*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: Sinkoss USA LLC DBA Bullet Cab

VEHICLE MAKE: Toyota

MODEL: Corolla

YEAR: 2009

VIN: JTDBL40E899038247

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

**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: *Anden McCollin* Printed Name: Anden McCollin

Business: *Anden's Auto Sales* Address: *1803 Jackson St Lax* Date: *11/8/19*  
*54601*

*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).*