

License Number _____

License Issued _____

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

License Fee: \$240⁰⁰ + 240⁰⁰
Invoice #: 162199 LATE

License Period: January 1st, 2019 to December 31st, 2019

BUSINESS INFORMATION

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

OWNER INFORMATION

Owner(s) Name <i>(First, Full Middle, Last)</i>	Mian Mukhtar Ahmad		
Owner(s) Date of Birth	[REDACTED]		
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	ncsete@coverrainurance.com

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 <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
2006-Ford Crown-Victoria	2FAEP71W16X145629	5	WI 594-XLA
2006-Mercury Monterey	2MRDA22236B503295	7	WI 129-YPE
2008-Chrysler Town & Country	2A8HR54PX8R759200	7	WI BULL3T 1
2009 Toyota Corolla	JTDBL40E899038247	5	WI 916-XCY

3 replace with 3 vehicles on attached.

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

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.

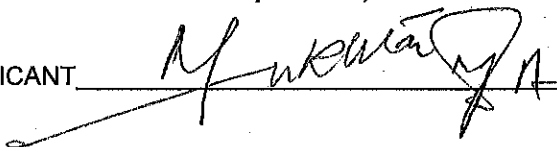
X ATTACH A CERTIFICATE OF INSURANCE. All insured vehicles shall be identified on the certificate by Make, Model and VIN. Said policy must be endorsed naming the City of La Crosse as additional insured. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. Note: A statement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

X 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 11/30/18

LICENSE [] APPROVED [] DENIED []
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

1)Dodge Grand Caravan 2012 Vin # 2C4RDGCG4CR198640 License Plate # 129 YPE

2) Dodge Grand Caravan 2014 Vin # 2C4RDGCG7ER170141 License Plate # AEA 2908

3) Toyota Camry 2014 Vin # 4T4BF1FKXER338237 License Plate # ABA 5052

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Sinkoss USA LLC d/b/a Bullet Cab at 2001 State Road, La Crosse WI 54601

VEHICLE MAKE Toyota MODEL Corolla YEAR 2009

VIN JTDBL40E899038247

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	11/28/18	OK
Parking Lamps	_____		OK
Directional Lamps	_____		OK
Flashing Warning Lamps	_____		OK
Side Marker Lamps/Reflectors	_____		OK
Tail Lamps (incl. cover)	_____		OK
Back Up Lamps	_____		OK
Brake Lamps	_____		OK
Steering System	_____		OK
Hood & Trunk Latches	_____		OK
Emission/Exhaust System	_____		OK
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____		OK
Windshield (incl. wipers & washers)	_____		OK
Windows (side, rear)	_____		OK
Windshield Defroster	_____		OK
Horn	_____		OK
Mirrors	_____		OK
Speed Indicator	_____		OK
Restraining Devices & Seats	_____		OK
Brakes (incl. parking brake)	_____		OK
Heater	_____		OK
Air Conditioning	_____		OK
Door Handles (interior & exterior)	_____		OK

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: A.L.M. Printed Name: Ardenlye McCallsen

Business: Ardens Auto Service Address: 803 Jackson Date: 11/29/18

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 d/b/a Bullet Cab at 2001 State Road, La Crosse WI 54601

VEHICLE MAKE Toyota MODEL Camry YEAR 2014

VIN 4T4B F1FKXER338237

	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: ALM Printed Name: Arden Hyle McAlister

Business: Arden's Auto Service Address: 803 Jackson St Date: 11-28-18

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).



WISCONSIN

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Certificate of Vehicle Registration

Plate Number ABA5052	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color GRAY	Fleet No.
Vehicle Identification Number 4T4BF1FKXER338237		Year 2014	Make TOYT	Expiration Date 09/06/2019	Amount Received \$ 531.00	

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 SINKOSS USA LLC
 2001 STATE RD
 LA CROSSE, WI 54601-5837

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
 Contact the 414-266-1000
 Division of Motor Vehicles at 608-264-7447
 Vehicles at:
 wisconsin.dmv.gov



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 4T4BF1FKXER338237	Year 2014	Make TOYOTA			
Title Number 18317L4011-3	Issue Date 11/13/2018	Chassis Type AUTO	Odometer Reading 140561	Odometer Status ACTUAL	Odometer Date 10/25/2018
Product Number 87885183170	Body Style SEDAN	Color GRAY	Fleet No.		

Titled Owner(s)
 SINKOSS USA LLC
 2001 STATE RD
 LA CROSSE, WI 54601-5837

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) 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.

4T4BF1FKXER338237

Lien Holder(s)
 NONE

Additional Vehicle Detail
 PREVIOUSLY TITLED BY: MA

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
 165541

18-1-5586904

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

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PHYSICAL CERTIFICATE OF TITLE

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Sinkoss USA LLC d/b/a Bullet Cab at 2001 State Road, La Crosse WI 54601

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2014

VIN 2C4RDGC670141

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	1 license plate bulb	11/28/18	OK
Parking Lamps		11/28/18	OK
Directional Lamps			OK
Flashing Warning Lamps			OK
Side Marker Lamps/Reflectors			OK
Tail Lamps (incl. cover)			OK
Back Up Lamps			OK
Brake Lamps			OK
Steering System			OK
Hood & Trunk Latches			OK
Emission/Exhaust System			OK
Tires (incl. spare & jack) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>			OK
Windshield (incl. wipers & washers)			OK
Windows (side, rear)			OK
Windshield Defroster			OK
Horn			OK
Mirrors			OK
Speed Indicator			OK
Restraining Devices & Seats			OK
Brakes (incl. parking brake)			OK
Heater			OK
Air Conditioning			OK
Door Handles (interior & exterior)			OK

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: ALM Printed Name: Andy Lyle Melick

Business: Andy's Auto Service Address: 803 Jackson Date: 11-28-18

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WISCONSIN

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Certificate of Vehicle Registration

Plate Number AEA2908	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color BLACK	Registration Number 18296L30073	Fleet No.
Vehicle Identification Number 2C4RDGCG7ER170141		Year 2014	Make DODG	Expiration Date 10/10/2019	Amount Received \$ 599.18		

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 SINKOSS USA LLC
 2001 STATE RD
 LA CROSSE, WI 54601-5837

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the 414-266-1000
 Division of Motor 808-264-7447
 Vehicles at:
 wisconsin.dmv.gov

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2C4RDGCG7ER170141	Year 2014	Make DODGE				
Title Number 18296L3007-3	Issue Date 10/23/2018	Chassis Type TRUK	Odometer Reading 129774	Odometer Status ACTUAL	Odometer Date 10/11/2018	
Product Number 11656182961	Body Style VAN	Color BLACK	Fleet No.			

Titled Owner(s)
 SINKOSS USA LLC
 2001 STATE RD
 LA CROSSE, WI 54601-5837

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2C4RDGCG7ER170141

Lien Holder(s)
 NONE

Additional Vehicle Detail
 PREVIOUSLY TITLED BY: IL

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
 477821

18-1-5553827

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 808-264-7447
 wisconsin.dmv.gov

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS Sinkoss USA LLC d/b/a Bullet Cab at 2001 State Road, La Crosse WI 54601

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2012

VIN 2C4RDGCG4CR198646

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			ok
Parking Lamps			✓ ok
Directional Lamps			ok
Flashing Warning Lamps			ok
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: ALM Printed Name: Ardene Hyle McCallison

Business: Ardens Auto Service Address: 803 Jackson St. Date: 11-28-18

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).



WISCONSIN

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Certificate of Vehicle Registration

Plate Number 129YPE	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color BLACK	Fleet No.
Vehicle Identification Number 2C4RDGCG4CR198640			Year 2012	Make DODG	Expiration Date 03/13/2019	Amount Received \$ 410.00

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SINKOSS USA LLC

2001 STATE RD

LA CROSSE, WI 54601-5837

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

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



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2C4RDGCG4CR198640	Year 2012	Make DODGE			
Title Number 18317L4010-6	Issue Date 11/13/2018	Chassis Type TRUK	Odometer Reading 134887	Odometer Status ACTUAL	Odometer Date 1-1/06/2018
Product Number 52512183171	Body Style VAN	Color BLACK	Fleet No.		

Titled Owner(s)

SINKOSS USA LLC
2001 STATE RD
LA CROSSE, WI 54601-5837

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2C4RDGCG4CR198640

Lien Holder(s)

NONE,

Additional Vehicle Detail

PREVIOUSLY TITLED BY: IA

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
78941

18-1-5586905

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

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