

License Number _____
 License Issued _____

License Fee \$ 150.00
 Receipt # 110511

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	A-1 TAXI SERVICE, INC.		
BUSINESS ADDRESS	3001 LAKESHORE DR LA CROSSE WI 54603 PO BOX 2982 LA CROSSE WI 54602 Zoning: <u>NA</u> - Town of Campbell _____ Confirmed by: _____		
BUSINESS TELEPHONE	608-781-6655		
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	: <u>4.56-0000 292882</u>		DUPLICATE RECEIPT
OWNER(S) NAME (First, Full Middle, Last)	MARK ALAN SMITH	CARRIE ANN SMITH	<small>BY CITY CLERK/LICENSEE 0571</small> <small>4453 001 131107</small> <small>11/06/13 2:50PM PAID 150.00</small>
OWNER(S) DATE OF BIRTH	██████████	██████████	
OWNER(S) ADDRESS	1417 STATE ST LA CROSSE WI 54601		
OWNER(S) TELEPHONE	608-782-1875		

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 DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

Traffic + ordinance violation for _____
Minor Infractions _____

INSURANCE CARRIER	Essex Insurance
POLICY NUMBER	08CAB 1738
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	\$1 million liability \$1million umbrella

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates _____ Vehicle Rental Rate _____
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>\$2.00 per mile \$1.50 start up</u> <u>\$20.00 per hour \$1.50 extra</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>3</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
<u>2Fm2A5242YBL58236</u>	<u>2000 ford Windstar</u>	<u>7</u>	<u>WI 522TJT</u>
<u>1B4GP44G6WB503244</u>	<u>1998 Dodge Caravan</u>	<u>7</u>	<u>WI 783VGC</u>
<u>1GN0W23E8YD335009</u>	<u>2000 Chevy Venture</u>	<u>7</u>	<u>WI 316SPF</u>

____ 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 (Sec. 20.16 of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT Cecilia Smith DATE 11-6-13

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____



A-1TAXI-02

PANDRE

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
11/12/2013

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 Coverra Insurance Services, Inc. 535 Industrial Drive P.O. Box 253 Sparta, WI 54656	CONTACT NAME: PHONE (A/C, No, Ext): (608) 269-2127	FAX (A/C, No): (608) 269-2130	
	E-MAIL ADDRESS:		
INSURED A-1 Taxi Service Inc 1417 State St PO Box 2982 La Crosse, WI 54602	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Integrity Group		
	INSURER B : General Star Indemnity Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		PENDING	11/12/2013	11/12/2014	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)	\$ 5,000
	GENL AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY		PENDING	11/12/2013	11/12/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	XG417885	11/12/2013	11/12/2014	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				E L EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$

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

1998 Dodge Grand Caravn - VIN: 1B4GP44G6WB503244

2000 Ford Windstar SE - VIN: 2FMZA5242YBC58236

2000 Chev Venture - VIN: 1GNDU23E8YD335008

City of La Crosse, its elected and appointed officials, officers, employees and authorized agents are listed as additional insured on the automobile policy.

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

Elsen, Nikki

From: Pam Andre <pandre@coverrainurance.com>
Sent: Tuesday, November 12, 2013 1:00 PM
To: Elsen, Nikki
Subject: RE: Certificate of Insurance - A-1 Taxi Service Inc
Attachments: Revised Certificate of Insurance.pdf

Nikki –

The policy is effective 12:01 AM on 11/12/13 for both auto, general liability and the umbrella policy. The policy number has not been assigned by Integrity Insurance yet, I usually do not have the policy number for a few days after we bind coverage, however, the coverage is effective as of today.

I have included the vehicles in the description field and have also addressed the additional insured requirement. I will not have an endorsement page showing City of La Crosse is named additional insured on the auto until the insurance carrier releases the paperwork, which can take a few weeks to receive.

Please let me know if you have any questions.

Thank you,

*Pam Andre, CISR
Coverra Insurance Services*

From: Elsen, Nikki [mailto:Elsenn@cityoflacrosse.org]
Sent: Tuesday, November 12, 2013 12:06 PM
To: Pam Andre
Subject: RE: Certificate of Insurance - A-1 Taxi Service Inc

1. I see the policy is PENDING. What does this mean and when it is effective?
2. All insured vehicles need to be listed in the description area by Year, Make, Model and VIN.
3. We need the endorsement page showing that City of La Crosse (certificate holder) is also named additional insured.

(G) INSURANCE COVERAGE REQUIRED.

- (1) *It shall be unlawful to operate a vehicle for conveyance of passengers for hire or permit the same to be operated, nor shall any license be issued hereunder until and unless the applicant files with the City Clerk a valid commercial policy or certificate of public liability and property damage insurance issued by a responsible insurance company authorized to do automobile liability business in the State and licensed by the Wisconsin Insurance Department. Coverage shall be provided for in the minimum liability amount of one million dollars (\$1,000,000.00) for bodily injury and property damage per occurrence covering all vehicles to be used and a one million dollars (\$1,000,000.00) umbrella liability following for excess of automobile*

WISCONSIN CERTIFICATE OF TITLE

36

Vehicle Identification Number 2FMZA5242YBC58236		Year 2000	Make FORD			
Title Number 11312L0011-7	Issue Date 11/08/2011	Chassis Type TRUK	Odometer Reading 35839	Odometer Status ACTUAL	Odometer Date 10/22/2003	
Product Number 14847113128	Body Style VAN	Color BLACK	Fleet No.			

Titled Owner(s)
A1 TAXI SERVICE INC
1417 STATE ST / PO BOX: 2982
LA CROSSE, WI 54602

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.

2FMZA5242YBC58236

Lien Holder(s)
NONE.

Additional Vehicle Detail
TITLED IN WI AS: PRIOR TAXI
PREVIOUSLY TITLED IN: MN, MI
EXEMPT FROM ODOMETER - 10 YEARS OLD

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

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 808-266-1466
www.dot.wisconsin.gov

10555 2/2010
10-1-1468945

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

This document void without watermark - Hold to light to view

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



WISCONSIN

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36

Certificate of Vehicle Registration

Plate Number				Registration		Chassis		Gross Weight		Period		Color		Fleet No.	
522TJT				AUT AUT		TRUK				A		BLACK			
Vehicle Identification Number								Year		Make		Expiration Date		Amount Received	
2FMZA5242YBC58236								2000		FORD		11/07/2012		\$ 204.50	

3.8

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A1 TAXI SERVICE INC
 1417 STATE ST / PO BOX: 2982
 LA CROSSE, WI 54602

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



CERTIFICATE OF INSPECTION

NAME OF BUSINESS A-1 Taxi Service Inc
 ADDRESS 3001 Lake Shore Drive La Crosse WI
 VEHICLE MAKE Ford MODEL Windstar YEAR 2000

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

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: Jason Demand Printed Name: Jason Demand

Business Allen Automotive Den Address 3104 County B La Crosse Date 11/1/13

Sec. 20.16(F)(1) 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 CERTIFICATE OF TITLE

Vehicle Identification Number 1B4GP44G6WB503244	Year 1998	Make DODGE				
Title Number 13241L4036-5	Issue Date 08/29/2013	Chassis Type TRUK	Odometer Reading	Odometer Status EXEMPT	Odometer Date	
Product Number 99927132418	Body Style VAN	Color GREEN		Fleet No.		

Titled Owner(s)

A1 TAXI SERVICE INC
1417 STATE ST / PO BOX: 2982
LA CROSSE, WI 54602

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: 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

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

T056S 8/2012
13-1-4143024

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

This document void without watermark — Hold to light to view

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

NOT actual mileage. WARNING
ODOMETER DISCREPANCY

amount of mileage in excess
of its mechanical limit.

and to the best of my knowledge its
actual mileage of this vehicle unless one of the following statements is checked.



WISCONSIN

Certificate of Vehicle Registration

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Plate Number	Registration	Chassis	Gross Weight	Period	Color	Product Number	Registration Number
783VGC	AUT AUT	TRUK		A	GREEN	52843132412	13241L40365
Vehicle Identification Number	Year	Make	Expiration Date	Amount Received			
1B4GP44G6WB503244	1998	DODG	08/28/2014	\$ 160.50			

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A1 TAXI SERVICE INC
1417 STATE ST / PO BOX: 2982
LA CROSSE, WI 54602

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



CERTIFICATE OF INSPECTION

NAME OF BUSINESS A-1 Taxi Service

ADDRESS 3001 Lakeshore Drive La Crosse

VEHICLE MAKE Dodge MODEL Caravan YEAR 1998

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

Business Adler Automatic Trans Address 3704 County B La Crosse Date 11/21/13

Sec. 20:16(F)(1) 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

Certificate of Vehicle Registration

7933488

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Plate Number		Registration	Chassis	Gross Weight	Period	Color	Fleet No.
316SPF		AUT AUT	TRUK		A	WHITE	
Vehicle Identification Number				Year	Make	Expiration Date	Amount Received
1GNDU23E8YD335009				2000	CHEV	02/02/2014	\$ 75.00

Product Number	Registration Number
77857122442	R3038TC220059

SMITH CARRIE A
 1417 STATE ST
 LA CROSSE, WI 54601-3651

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

Contact the 414-266-1148
 Division of Motor 608-261-2583
 Vehicles at: 800-924-3570
www.dot.wisconsin.gov

This Certificate of Registration was issued by an agent authorized to electronically process vehicle registration transactions for the Wisconsin Department of Transportation. This is a valid Certificate of Registration.



CERTIFICATE OF INSPECTION

NAME OF BUSINESS A-1 Taxi Service Inc
 ADDRESS 3001 Lake Shore La Crosse WI
 VEHICLE MAKE Chevy MODEL Venture YEAR 2000

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	<input type="checkbox"/>	<u>10/29/13</u>	<input type="checkbox"/>
Parking Lamps	<input type="checkbox"/>	<u>10/29/13</u>	<input 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: Jason Donohue Printed Name: Jason Donohue

Business Allen Auto Mtrc Address 3107 County La Crosse Date 10/29/13

Sec. 20.16(F)(1) 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).