

License Number _____
 License Issued _____

Cust # 106

License Fee \$ 100.00
 Receipt # 131236

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	CARING HEARTS HOME CARE & TRANSPORTATION LLC
BUSINESS ADDRESS	W5942 BAKER RD HOLMEN WI 54636 Zoning: NA - Town of Farmington
BUSINESS TELEPHONE	608-317-3657 or 608-782-2464
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	Drivers paid hourly; drivers do not lease vehicles.

OWNER(S) NAME (First, Full Middle, Last)	SUSAN CATHERINE STETTER
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	W5942 BAKER RD HOLMEN WI 54636
OWNER(S) TELEPHONE	608-782-2464 <i>317-3657</i>

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.

INSURANCE CARRIER	<i>Carve Insurance</i>
POLICY NUMBER	<i>*01778172</i>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<i>\$1,000,000.00</i> <i>\$1,000,000.00</i>

METHOD OF CHARGING	Metered Rates ___ Zone Rates <input checked="" type="checkbox"/> Vehicle Rental Rate ___
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<i>\$10.65 one way trip</i> <i>\$1.65 per mile out of La Crosse County</i>
NUMBER OF VEHICLES TO BE LICENSED	<i>2</i>

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
1G4HR54K8YU124566	2000 Buick LeSabre	5	963-FLG WI
1G4HR52K5VH515276	1997 Buick LeSabre	5	909-TFY WI
1G4HP54K01U282640	2001 Buick LeSabre	5	420-LKE WI
1G4HR54K5U106592	2005 Buick LeSabre	5	657-JZR WI

CITY OF LA CROSSE, WI

General Billing - 131236 - 2015

002310-0003 Amber W. 11/09/2015 02:45PM

106 - CARING HEARTS HOME CARE AND TR

Payment Amount:

100.00

✓ ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. *THE INSPECTION AND CERTIFICATE MUST BE COMPLETED BY AN A.S.E. CERTIFIED TECHNICIAN.*

✓ ATTACH A CERTIFICATE OF INSURANCE. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST BE ENDORSED NAMING THE CITY OF LA CROSSE AS ADDITIONAL INSURED AND THE ENDORSEMENT PROVIDED.

NA ATTACH A PHOTOCOPY OF THE TITLE AND REGISTRATION FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (**renewals are exempt**).

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Ch. 10, Article XIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT *Jessica C. Gletter* DATE *November 2, 2015*

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Caring Hearts Home Care and Transportation LLC

ADDRESS W5942 Baker Road, Holmen, WI 54636

VEHICLE MAKE Quick MODEL Le John YEAR 2005

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

AMS POWER STEERING WHINE FLUID LEVEL IS OK NO VISIBLE LEAKS. NEEDS ALIGNMENT CHECKED

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: Cordell R Adamson Printed Name: Cordell R Adamson

Business Cordell's Automotive Address 300 S Holmen Dr Holmen, WI 54636 Date 11/4/15

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 08/2014 **PLEASE SEE REVERSE SIDE**



TRANSMISSION PAN AND OIL PAN BOTH
HAVE SLIGHT TO SMALL LEAKS
FRONT SHOCKS ARE WORN OUT

PREVIOUS NOTES

10-14-15 NEEDS A FULL TRANSMISSION SERVICE

10-14-15 NEEDS TO HAVE ALIGNMENT CHECKED

10-14-15 CHECK ENGINE LIGHT AND ABS

LIGHTS ARE ON - can't fix - they

- no safety value, commonly
called Idiot Lights.

The computer is unable
to "re-set" them.

All are scheduled

for Nov. 10th, 2015

at the earliest they could

get us in.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Caring Hearts Home Care and Transportation LLC

ADDRESS W5942 Baker Road, Holmen, WI 54636

VEHICLE MAKE Quik MODEL Je Jahn YEAR 2000

	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 <i>needs muffler</i>	<input checked="" type="checkbox"/>	<u>Check Engine Light on</u>	_____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<input checked="" type="checkbox"/> <i>They are at the point of replacement</i>
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"/>	<u>ABS Light on!!</u>	_____
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: Cordell R Adams Printed Name: Cordell R Adamson
 Business Cordell's Address 300 S. Holman Dr Holmen WI Date 11-5-2015

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).



CARIHE1 OP ID: EF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/06/2015

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 Carrier Insurance Agency 1228 Caledonia St. La Crosse, WI 54603 Rick Gorsett	CONTACT NAME: Rick Gorsett	
	PHONE (A/C No., Ext.): 608-784-6879	FAX (A/C No.): 608-784-5500
E-MAIL ADDRESS:		
ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Guide One Insurance		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Caring Hearts Home Care & Transportation
 W5942 Baker Rd.
 Holmen, WI 54636

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:		PGO511010916	09/21/2015	09/21/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	01779172	10/15/2015	10/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PGO511010917	09/21/2015	09/21/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	01411017	09/21/2015	09/21/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Certificate holder is added as an additional insured for Commercial Automobile Liability.

CERTIFICATE HOLDER CITYLA7 City of La Crosse Attn. Nikki 400 La Crosse St. La Crosse, WI 54601	CANCELLATION 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 Rick Gorsett
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BUSINESS AUTO
COVERAGE PART DECLARATIONS PAGE

POLICY EFFECTIVE - 10/15/14

POLICY NUMBER 1778-172 - ARC

NAMED INSURED - CARING HEARTS HOME CARE AND TRANSPORTATION LLC

ENDORSEMENT SCHEDULES.

CA2048/0299 -
DESIGNATED INSURED

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):
CITY OF LACROSSE
ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, EMPLOYEES,
AND AUTHORIZED AGENTS
400 LACROSSE ST
LACROSSE WI 54601

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NAME OF PERSON(S) OR ORGANIZATION(S):

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