

License Number _____
 License Issued 4

License Fee \$200.00
 Receipt # 152543

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	SINKOSS USA LLC dba BULLET CAB
BUSINESS ADDRESS	2001 JOHNSON ST. LA CROSSE WI 54601 Zoning: C-1 - LOCAL BUSINESS
BUSINESS TELEPHONE	608-519-3200
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-1028197527-02

OWNER(S) NAME (First, Full Middle, Last)	MIAN MUKHTAR AHMAD
OWNER(S) DATE OF BIRTH	
OWNER(S) ADDRESS	2641 15 TH ST S LA CROSSE WI 54601
OWNER(S) TELEPHONE	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 DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	COVERRA INSURANCE SERVICES INC
POLICY NUMBER	SEE ATTACHED
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	SEE ATTACHED

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates <u> </u> Vehicle Rental Rate <u> </u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	Start/Pick Up: \$1.50 Mileage: \$2.00/mile Extras: \$.50/person Wait Time: \$20.00/hour
NUMBER OF VEHICLES TO BE LICENSED	4


VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
✓ 2MRDA22236B503295	2006 Mercury Monterey	7	129-YPE WI
✓ 2A8HR54PX8R759200	2008 Chrysler Town & Country	7	BULL3T 1 WI
✓ 2FAFP71W16X145629	2006 Ford Crown Victoria	5	594-XLA WI
✓ JTDBL40E899038247	2009 Toyota Corolla	5	916-XC WI

✓ 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.

MA ✓ 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  DATE 11/31

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS SINKOSS USA LLC dba 'Bullet cab'

ADDRESS 2001 State Rd, Lacrosse WI 54601

VEHICLE MAKE Ford MODEL Crown Victoria YEAR 2006

	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)	_____	_____	✓

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: Randy D. Bion Printed Name: Randy D. Bion

Business Bion's Service Center Address 1823 Jackson St. Lacrosse Date 11-3-17

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).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS SINKOSS USA LLC aka "Bullet Cab"

ADDRESS 2001 State Rd., LA CROSSE WI 54601

VEHICLE MAKE Mercury Monterey MODEL Monterey YEAR 2008

	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)	_____	_____	✓

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: Randy Bion Printed Name: Randy D. Bion

Business Bion's Service Center address 1823 Jackson St, LaCrosse Date 11-3-17

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS SINKOSS USA LLC dba 'Bullet-cab'

ADDRESS 2001 State Rd., LA CROSSE WI 54601

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2008

	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"/>
Sidemarkers 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"/>	<u>11-2-17</u>	<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: Randy D. Bion Printed Name: Randy D. Bion

Business Bion's Service Center Address 1823 Jackson St. LaCrosse Date 11-3-17

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS Sinkoss USA LLC dba' Bullet-cab'

ADDRESS 2001 State Rd, LACROSSE WI 54601

VEHICLE MAKE Toyota MODEL Corolla YEAR 2009.

	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)	_____	<u>11-2-17</u>	_____ ✓
Windows (side, rear)	_____	_____	_____ ✓
Windshield Defroster	_____	_____	_____ ✓
Horn	_____	_____	_____ ✓
Mirrors	_____	_____	_____ ✓
Speed Indicator	_____	_____	_____ ✓
Restraining Devices & Seats	_____	_____	_____ ✓
Brakes (incl. parking brake)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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Integrity Mutual Insurance

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests

Unit #000 Additional Insured CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE WI 54601	Unit #000 Additional Insured MTM INC 16 HAWKRIDGE DR LAKE SAINT LOUIS MO 63367
Unit #000 Certificate Holder MTM INC 16 HAWKRIDGE DR LAKE SAINT LOUIS MO 63367	

Named Insured: SINKOSS USA LLC

Policy No. CA 2082854

CA 241 (12-99)