

License Number 2018-002

License Fee: \$ 100.00

License Issued 1

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

Invoice #: 160941

License Period: 9/20/18 to 12/31/18

**COPY**

**BUSINESS INFORMATION**

Business Name (Real/Legal)	Coulee Region Taxi LLC
Trade Name (DBA)	Coulee Region Taxi
Address	1400 Caledonia St
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	
Telephone	608-881-2050
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	

**OWNER INFORMATION**

Owner(s) Name <i>(First, Full Middle, Last)</i>	Michael J Brown
Owner(s) Date of Birth	
Home Address	1906 Caledonia St
Telephone	Home _____ Cell 608-386-6242

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [ ] YES [x] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [ ] YES [x] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

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**INSURANCE INFORMATION**

Insurance Carrier/Agent	Fleis Insurance
Address	PO Box 537 Onalaska Wi 54603
Telephone/Email	Telephone 608-783-5206 Email <a href="mailto:jadkin@fleisinsurance.com">jadkin@fleisinsurance.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 <u>x</u> Zone Rates <u>   </u> Vehicle Rental Rate <u>   </u>
Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i>	\$2.00 load fee \$2.10 mile wheelchair load is \$20 load fee and \$2.10 per mile

**VEHICLE INFORMATION**

Number of Vehicles to be Licensed	1
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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
WDZPE7CDXGP241413	2016 Mercedes- Benz Sprinter	11	NC5155

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

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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).

N/A 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 [Signature] DATE 9/17/18

LICENSE [  ] APPROVED [  ] DENIED  
SIGNATURE OF POLICE REPRESENTATIVE [Signature] DATE 09/20/18