

License Number _____

License Fee: \$ 1660⁰⁰

License Issued _____

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

Invoice #: 161857

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

BUSINESS INFORMATION

Business Name (Real/Legal)	Bee Cab, Inc.
Trade Name (DBA)	Bee Cab
Address	1320 Saint Andrew St., La Crosse WI 54603
Zoning District <i>New addresses must be verified compliant by a building inspector.</i>	Heavy Industrial
Telephone	608-784-4233
Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i>	456-000157354-03

OWNER INFORMATION

Owner(s) Name <i>(First, Full Middle, Last)</i>	Craig Allen Redenbaugh Sue Ann Redenbaugh
Owner(s) Date of Birth	██████████ ██████████
Home Address	1526 Wood St., La Crosse, WI 54603
Telephone	<i>Home</i> 608-785-7846 <i>Cell</i> 608-304-1493 or 784-1634

- 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	<i>Telephone</i> 608-526-2127 <i>Email</i> 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 <u>X</u> 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: \$20.00/hour

VEHICLE INFORMATION

Number of Vehicles to be Licensed	<u>11</u>
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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
See Attached Page			

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

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.

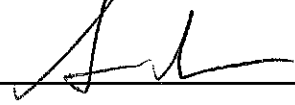
ATTACH A CERTIFICATE OF INSURANCE. All insured vehicles shall be identified on the certificate by Make, Model and VIN. Said policy must be endorsed naming the City of La Crosse as additional insured. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. Note: A statement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

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 11/6/14

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Toyota MODEL Prius YEAR 2005

VIN JTDKB20U457037309

	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:  Printed Name: Max Murphy

Business: Murphy from 4074 Address: 313 Lowell Date: 10-30-11

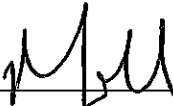
Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E.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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab
 VEHICLE MAKE Dodge MODEL Sprinter YEAR 2005
 VIN WD8PD74495S789305

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

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:  Printed Name: Mark Murphy
 Business: Murphy Frank Akk Address: 513 Wood Date: 10-30-18

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 Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Dodge MODEL Sprinter YEAR 2005

VIN 2B6LB31ZX1K555452

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

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:  Printed Name: MARK MURPHY

Business: MURPHY FRAME & AKE Address: 513 WOOD Date: 10-30-11

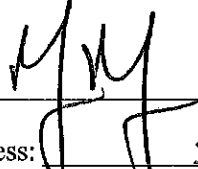
Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E.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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab
 VEHICLE MAKE Dodge MODEL Caravan YEAR 2005
 VIN 1D4GP25R75B353220

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

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:  Printed Name: MARK MURPHY
 Business: Murphy frame & Ake Address: 513 Wood Date: 10-30-17

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 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

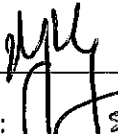
NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2005

VIN 1C4GP45R45B415634

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

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:  Printed Name: Mark Murphy

Business: Murphy Frame & Auto Address: 513 wood Date: 10-30-18

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

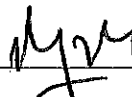
NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Dodge MODEL Caravan YEAR 2006

VIN 2D4GP44L56R737489

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (<i>incl. cover and aim</i>)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	<u>10/2/18</u>	_____
Flashing Warning Lamps	_____	_____	✓
Side Marker Lamps/Reflectors	_____	_____	✓
Tail Lamps (<i>incl. cover</i>)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (<i>incl. spare & jack</i>) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	✓
Windshield (<i>incl. wipers & washers</i>)	_____	_____	✓
Windows (<i>side, rear</i>)	_____	_____	✓
Windshield Defroster	_____	_____	✓
Horn	_____	_____	✓
Mirrors	_____	_____	✓
Speed Indicator	_____	_____	✓
Restraining Devices & Seats	_____	_____	✓
Brakes (<i>incl. parking brake</i>)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (<i>interior & exterior</i>)	_____	_____	✓

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A.S.E. Certified Technician: Signature:  Printed Name: Murphy

Business: Murphy Framed Air Address: 513 Wood St Date: 10-30-18

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Dodge MODEL Caravan YEAR 2006

VIN 1D4GP45R26B642244

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

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A.S.E. Certified Technician: Signature:  Printed Name: Mel Meyer

Business: Murphy frame & tire Address: 518 Wood Date: 10-31-18

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CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Dodge MODEL Caravan YEAR 2006

VIN 1D4GP24R06B5338017

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	10/22/14	_____
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:  Printed Name: Mike Hogan

Business: Murphy Frame & Axle Address: 5131 Ward Date: 10-30-14

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CERTIFICATE OF INSPECTION

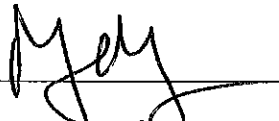
NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Toyota MODEL Prius YEAR 2007

VIN JTDKB2OU177563920

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

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:  Printed Name: Mike Murphy

Business: Murphy Framing LLC Address: 513 Wood Date: 10-31-18

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 Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Dodge MODEL Caravan YEAR 2007

VIN 1D8GP45R97B115317

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

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:  Printed Name: Murphy

Business: Murphy Frame & Axle Address: 503 Ward Date: 10-31-18

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

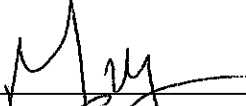
NAME OF BUSINESS Bee Cab, Inc. d/b/a Bee Cab

VEHICLE MAKE Ford MODEL Transit YEAR 2010

VIN NM0LS6BN0AT015226

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

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:  Printed Name: Murphy

Business: Murphy Frame & Axle Address: 513 Wood St Date: 10-31-18

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).



ADDITIONAL REMARKS SCHEDULE

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Bee Cab Inc 1224 Island St La Crosse WI 54601	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

2004 Dodge: WD5PD644X45658695

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED


This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 7/8/17	Countersigned By:  (Authorized Representative)
Named Insured: Bee Cab Inc	

SCHEDULE

Name of Person(s) or Organization(s): City of La Crosse 400 La Crosse St. La Crosse, WI 54601
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who is An Insured Provision contained in Section II of the Coverage Form.