

License Number \_\_\_\_\_  
 License Issued \_\_\_\_\_

License Fee 100.00  
 Receipt # 110583

**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	LA CROSSE CAB <del>CO</del> Inc dba LaCrosse Cab Co
BUSINESS ADDRESS	1704 GEORGE ST LA CROSSE WI 54603 Zoning: <u>Community Business</u> Confirmed by: <u>Brent Thielcn</u> <u>Andrew St</u> eff. 12/5/13 601 St. 11/7/13
BUSINESS TELEPHONE	608-782-6100
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-1028290277-03

OWNER(S) NAME (First, Full Middle, Last)	MICHAEL LEONARD OLSON	<b>DUPLICATE RECEIPT</b>	
OWNER(S) DATE OF BIRTH	██████████	405 CITY CLERK/LICENSES PG306431952 001 131107	0583
OWNER(S) ADDRESS	1708 AVON ST LA CROSSE WI 54603	11/07/13 12:09PM PAID	100.00
OWNER(S) TELEPHONE	608-782-3774		

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.

08 Battery LaCrosse  
2012 may speeding

INSURANCE CARRIER	Northern States Agency Inc / Paul Pappas
POLICY NUMBER	70 APS038557-01
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	\$2 mil liability CSL

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 a mile</u> <u>\$1.50 start-up</u> <u>.50 extra per person</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>2</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
SEE ATTACHED			
2C8GP44G91R160182	2001 Chrysler T:C	5	491 USB WI
1A4GP44R06B101227	2006 Chrysler T:C	6	240 VPM 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 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 Michael Olson DATE 11-7-13

LICENSE [ ] APPROVED [ ] DENIED

SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/12/2013 3:27 PM

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).

<b>PRODUCER</b> <b>PAUL PAPPAS AGENCY</b> PO BOX 803 ONALASKA, WI 54650	<b>CONTACT NAME</b> Northern States Agency, Inc. <b>PHONE</b> (AC No Ext) <b>6516462651</b> <b>FAC</b> (AC No)												
<b>E-MAIL ADDRESS</b>													
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> <b>MICHAEL L OLSON DBA: LACROSSE CAB</b> 1708 AVON ST. LA CROSSE, WI 54603	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A</b> NATIONAL INDEMNITY COMPANY</td> <td style="width: 20%;"><b>NAIC #</b> 20087</td> </tr> <tr> <td><b>INSURER B</b></td> <td></td> </tr> <tr> <td><b>INSURER C</b></td> <td></td> </tr> <tr> <td><b>INSURER D</b></td> <td></td> </tr> <tr> <td><b>INSURER E</b></td> <td></td> </tr> <tr> <td><b>INSURER F</b></td> <td></td> </tr> </table>	<b>INSURER A</b> NATIONAL INDEMNITY COMPANY	<b>NAIC #</b> 20087	<b>INSURER B</b>		<b>INSURER C</b>		<b>INSURER D</b>		<b>INSURER E</b>		<b>INSURER F</b>	
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<b>INSURER C</b>													
<b>INSURER D</b>													
<b>INSURER E</b>													
<b>INSURER F</b>													

**COVERAGES**      **CERTIFICATE NUMBER:** 73,091      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGO \$ \$	
A	<b>AUTOMOBILE AUTHORITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		Y	70APS038557-01	03/08/2013 12:01 AM	03/08/2014 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS etc.		N/A				WC STATUTORY LIMITS    OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIM T \$	

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

Year, Make, Model, VIN	Collision	Comp or Spec Caus	Stated Amount	Phys Com Deductible	In-Tow Limit	Cargo Limit
2001 CHRYSLER TOWN & COUNTRY 2C8GP44G91R180192	N/A		N/A	N/A	N/A	N/A
2006 CHRYSLER TOWN & COUNTRY 1A4GP44R06B811227	N/A		N/A	N/A	N/A	N/A

<b>CERTIFICATE HOLDER</b> City of La Crosse 400 La Crosse Street Attn: Nikke Elisen La Crosse, WI 54601	<b>CANCELLATION</b> 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 
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## Elsen, Nikki

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**From:** Paup Pappas Insurance Group <nopj@aol.com>  
**Sent:** Tuesday, November 12, 2013 3:12 PM  
**To:** Elsen, Nikki  
**Subject:** Re: La Crosse Cab Co

\* the endorsement has been submitted to NSA.  
Thanks, Paul

**From:** Elsen, Nikki  
**Sent:** Tuesday, November 12, 2013 10:38 AM  
**To:** <mailto:nopj@aol.com>  
**Subject:** La Crosse Cab Co

Your Insured: Michael L Olson dba La Crosse Cab Co  
Policy: 70APS038557-01

We license La Crosse Cab Co in the City of La Crosse as a public vehicle for hire business. A requirement is that they provide adequate automobile liability insurance and name the City of La Crosse as additional insured.

We are a Certificate Holder. I have received the Certificate showing the \$2,000,000 auto liability which is adequate but I am needing the endorsement naming the City of La Crosse as additional insured.

He was supposed to contact you, but perhaps he forgot. Is that something you can get to me today?

Thank you.

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**Nikki M. Elsen, WCMC**  
Deputy City Clerk  
City of La Crosse

400 La Crosse Street  
La Crosse WI 54601  
Population 51,600

608-789-7555 phone  
608-789-7552 fax  
[elsenn@cityoflacrosse.org](mailto:elsenn@cityoflacrosse.org)  
[www.cityoflacrosse.org](http://www.cityoflacrosse.org)





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### Certificate of Vehicle Registration

Plate Number	491USB	Registration	AUT AUT	Chassis	TRUK	Product Number	86672130532	Registration Number	13053L00247
Vehicle Identification Number	2C8GP44G91R160182	Year	2001	Make	CHRY	Expiration Date	02/21/2014	Amount Received	\$ 177.00
Gross Weight	A	Period	A	Color	BLUE	Fleet No.			

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.  
 Contact the Division of Motor Vehicles at: 414-266-1000  
 Vehicles at: www.dot.wisconsin.gov

0000000  
 OLSON MICHAEL L  
 1708 AVON ST  
 LA CROSSE, WI 54603

### CONFIRMATION OF OWNERSHIP

Vehicle Identification Number	2C8GP44G91R160182	Year	2001	Make	CHRYSLER
Title Number	13053L0024-7	Issue Date	02/22/2013	Chassis Type	TRUK
Product Number	48201130537	Body Style	VAN	Color	BLUE
Odometer Reading	34312	Odometer Status	ACTUAL	Odometer Date	09/15/2003
Fleet No.					

**Titled Owner(s)**  
 OLSON MICHAEL L  
 1708 AVON ST  
 LA CROSSE, WI 54603

In accordance with s. 342(1)(b) Wis. Stats, your title has been delivered to the first lien holder (lender) shown on this document. The department 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)**  
 00065500 CHILD SUPPORT LIEN PER S.49.854(2) WIS STATS, MADISON  
 Additional Vehicle Detail  
 PREVIOUSLY TITLED IN: IA  
 EXEMPT FROM ODOMETER - 10 YEARS OLD

**THIS IS NOT A TITLE: Title Sent to Lien Holder**  
 This document is not valid for transfer of ownership. The title has been delivered to the lien holder listed first on this Confirmation of Ownership. You will receive your valid Wisconsin title once all liens have been paid.  
 Please read the reverse side of this document for more information.



MAIL ADDRESS:  
 Wisconsin Department of Transportation  
 PO Box 7949, Madison, WI 53707-7949  
 2134

T056S 6/2012

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

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS LA CROSSE CAB CO.

ADDRESS 1704 George ST

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2001

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps		10-30-13	X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers Lamps/Reflectors			X
Tail Lamps (incl. cover)			X
Back Up Lamps			X
Brake Lamps			X
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			X
Windshield (incl. wipers & washers)			X
Windows (side, rear)			X
Windshield Defroster			X
Horn			X
Mirrors			X
Speed Indicator			X
Restraining Devices & Seats			X
Brakes (incl. parking brake)		10-30-13	X
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			X

**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: Kelly Robinson Printed Name: Kelly Robinson

Business Bay of Wind Address 360 Perry Street Asheville, NC 28824 Date 10-31-13

*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).*



25372

MAILING LABEL ONLY

0000213  
CARS N CREDIT FINANCE  
302 E 3RD ST  
WINONA, MN 55987-3718

Amount Received: \$ 581.23

MAILING LABEL ONLY

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number: WA4G244R05B611227 Year: 2005 Make: CHEVSELR

Plate Number: 7A3258096602872 Expiration Date: 09/25/2013 Vehicle Type: TRUCK Title Code: TIC161 Lien Status: ACTUAL Registration Date: 09/05/2013

Model Number: 36798132689 Body Style: VAN Color: BLUE Floor No:

Filed Owner(s): GILSON MICHAEL L  
1708 AVON ST  
EA CROSSE, WI 54603

LENDER Certifies Release of Lien:  
Lender Name:  
Title:  
Printed name:  
Signature:  
Date:

The person, firm or corporation named on this Title is the legal owner of the vehicle described hereon, subject to any security interest or liens shown. The order to which the lien is attached is the only one that has legal effect. The Wisconsin Department of Transportation will not be responsible for false or fraudulent information furnished in the assignment of this Certificate of Title or any other information furnished to the department. The department has no actual knowledge of the history of the vehicle and does not warrant that the odometer or mileage disclosures on this title have been accurately recorded on this title.

Filed Holder(s):  
00040896 CARS N CREDIT FINANCE WINONA  
00095500 CHILD SUPPORT LIEN (PER S 49.0542) WIS STATS MADISON

Additional Vehicle Detail:  
PREVIOUSLY TITLED IN MN

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  
100 Bell Street, P.O. Box 83627  
Madison, WI 53708-0362

QUESTIONS:  
Contact the Division of Motor Vehicles at  
1-800-938-3687 or  
www.dmv.wisconsin.gov

3-1-4712867



**Certificate of Vehicle Registration**

Plate Number 240VPM					Registration AUT AUT		Chassis TRUK		Gross Weight		Period A		Color BLUE		Fleet No.		
Vehicle Identification Number 1A4GP44R06B611227					Year 2006		Make CHRY		Expiration Date 09/04/2014		Amount Received \$ 75.00		Product Number 41312132680				
														Registration Number 1326803660283			



0003516  
 OLSON MICHAEL L  
 1708 AVON ST  
 LA CROSSE, WI 54603

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](http://www.dot.wisconsin.gov)

**License Plate / Sticker Information:** Carry this notice in your vehicle.

Wisconsin DMV will mail your plates (plate number shown above) and stickers separately if they were not handed to you or received with this certificate of registration. Regular plates and stickers should arrive in 10 to 14 days. Special / personalized plates with stickers should arrive in 4 to 6 weeks.

If you did not request new plates, you are receiving them because state law requires the replacement of older plates.

If you currently have plates, keep them on the vehicle until your new plates arrive. You must destroy your old plates after you put the new plates on your vehicle. You may not operate an auto or truck registered at 8,000 lbs. or less without license plates.

If you have questions about regular plates, e-mail: [vehiclequestions@dot.wi.gov](mailto:vehiclequestions@dot.wi.gov) OR call 608-266-1466.

If you have questions on special/personalized plates, e-mail: [special-plates.dmv@dot.wi.gov](mailto:special-plates.dmv@dot.wi.gov) OR call call 608-266-3041.



**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS La Crosse Cab Co.  
 ADDRESS 1704 George St  
 VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2006

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers Lamps/Reflectors			X
Tail Lamps (incl. cover)			X
Back Up Lamps			X
Brake Lamps		11-4-13	X
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			X
Windshield (incl. wipers & washers)			X
Windows (side, rear)			X
Windshield Defroster			X
Horn			X
Mirrors			X
Speed Indicator			X
Restraining Devices & Seats			X
Brakes (incl. parking brake)			X
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			X

**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: Kelly Robinson Printed Name: Kelly Robinson

Business Bay of Thunder Address 260 River Street Disco, ma 01925 Date 11-4-13

*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).*