ιXı		NEW	
I	1	RENEWAL	

### CITY OF LA CROSSE APPLICATION FOR PEDICAB AND/OR PEDAL CAR

Fee:	\$	60
Invoice	No.	

(Ch. 10, Article XVIII)

For the license period beg			20 <u>25</u> ;-or (1	on approval a
			Chief of Police of the City of La C Pedicab and/or Pedal C	
BUSINESS NAME	Avilan LLC	C doing business a	s La Crosse Pedicab	
BUSINESS ADDRESS	1520 State	e St		
BUSINESS TELEPHONE	50792352	84		
VEHICLE STORAGE ADDR	ESS 1520 State	e St		
PEDAL CAR DEPOT/TERMINAL(S) (Property owner permission requi	n/A			
OVA/NED/C) NAME			<del></del>	
OWNER(S) NAME (First, Full Middle, Last)	Benjamin,	Haase, Thompson	1	
OWNER(S) DATE OF BIRTI	Н			
OWNER(S) ADDRESS	1520 State	e St		
OWNER(S) TELEPHONE				
HAVE YOU EVER BEEN CO HAVE YOU BEEN CONVICT				
IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.				
9/3/2013 speeding ticket in Pottawattamie Co, IA				
At least 1 other speeding ticket >5 yrs ago but no record				
INSURANCE CARRIER	RT Specialty			
POLICY NUMBER	USLI-14519254			
POLICY LIMITS (min. \$2,000,000 liability)	2,000,000	00,000		
	· · · · · · · · · · · · · · · · · · ·			
				<del></del>
NUMBER OF VEHICLES TO	) BE LICENSED	1		
DESCRIPTION OF V	VEHICLE	CAPACITY		BER
DESCRIPTION OF N (Brand, Model, Boo	VEHICLE fly Style)		) OERIAE NOM	3ER
DESCRIPTION OF V	VEHICLE fly Style)	CAPACITY (incl. driver)		BER
DESCRIPTION OF N (Brand, Model, Boo	VEHICLE fly Style)	CAPACITY (incl. driver)	) OERIAE NOM	BER
DESCRIPTION OF N (Brand, Model, Boo	VEHICLE fly Style)	CAPACITY (incl. driver)	) OERIAE NOM	BER

<u> x</u>	_ ATTACH <b>SCHEDUL</b> E **NO CHANGES MA	E <b>OF RATES</b> . Y BE MADE TO RATES WITHO	OUT PRIOR COMMON COUNC	CIL APPROVAL.		
N/A		O ROUTES FOR PEDAL CAR T Y BE MADE TO ROUTES WITH		ICIL APPROVAL.		
N/A	A PEDAL CAB TOUR	AUTHORIZATION FROM THE I R. IERCIAL LOCATION ON PRIVA		ASSEMBLY SITE USED FOR		
<u> x</u>	VEHICLE TO BE USE	CERTIFICATE OF INSPECTIO ED FOR HIRE IS IN GOOD ME MUST BE COMPLETED BY A	CHANICAL CONDITION.			
<u> x</u>	SERIAL NUMBER.	CATE OF INSURANCE IDENTI T BE ENDORSED IDENTIFYIN		·		
X_	_ATTACH A PHOTOC	OPY OF THE <b>BICYCLE REGIS</b>	STRATION FOR EACH VEHIC	.E.		
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 vehicles will be kept in good mechanical condition at all times and I will comply with the provisions of law pertaining to pedicabs and pedal cars (Ch. 10, Article XVIII of the La Crosse Municipal Code).						
	ATURE OF			30-2 <i>0</i> 25		
		APPROVAL OF MUN	IICIPAL AUTHORITY			
Upon investigation of statements made on application and municipal and state criminal records, license is hereby:						
[ ] APPROVED [ ] DENIED						
Signature of Police Department Representative & Date						
The issuance of a Pedicab or Pedal Car License is conditional at all times. A license may be revoked or suspended when necessary to protect the public health, safety or welfare, to prevent a nuisance from developing or continuing, in emergency situations or due to noncompliance of this section, the Municipal Code of Ordinances or applicable state or federal laws.						
TO BE	COMPLETED BY CLE	RK				
Date file	ed with municipal clerk	Date reported to Council	Date license granted	License number issued		

204891

#### **CERTIFICATE OF INSPECTION**

NAME OF BUSINESS	A	VIlan LLC DI	BA La Crosse Peu
ADDRESL		1520	State St La Gosse
BICYCLE BRAND Man Street	MODEL Broadway	SERIAL 7	7656
Per Municipal Code Sec. 10-872, each safe condition of all bicycles, applicant/licondition of the bicycle from a reputable	icensee must present to the City	Clerk a certificate of ins	able condition. To insure the epection as to the mechanical
	GOOD CONDITION/ NO REPAIR NECECCARY	NEEDS REPAIR	DATE OF REPAIR
HEADLIGHT	*		8/15/2025
Capable of projecting a beam of white light	for a minimum distance of 300 hur	ndred feet in darkness.	
TAIL LIGHT		Y Y	-4.
Visible for a distance of at least 500 feet fro.	m the rear of the bicycle.		
TURN SIGNALS			
Front and rear of bicycle.			
REFLECTOS Pedicabs on the pedals and pedal cars on t All vehicles shall have a red reflector mount All vehicles shall have a slow moving triang.	ted on each side of the rear at leas	t one inch from the outer e	dge and centered.
TIRES/WHEELS	1		8/15/2025
Appropriate in size and tread and matching	per design of the vehicle.		
BRAKES (front & rear) Braking system controlling the rear wheels:	shall be hydraulic or mechanical di	sc or drum brakes.	
MIRROR	X		
Side mounted or wide-angle rear view mirro	or.	/	
OPERATIONAL HORN OR BELL	<b>X</b>		
	X		
FRAME		<del></del>	
SADDLE			
HANDLEBARS	X		
PEDALS	X		
CHAIN	1		
BEARINGS	*		
GEARS	$\prec$		V
REMARKS:			
DISCLOSURE STATEMENT: I am a bicycle. On the basis of such inspection			
Signature: ChamaTully		inted Name: Chance	r .
Business Rikes LTD.	Address_lool L	crosse St.	Date 8-15-25



# **Certificate of Registration**

## **Bicycle Information** Shield ID Serial Number 77656 Manufacturer Model Colors Year Main Street Broadway Black/Yellow Owner Information **Email** Name Benjamin Thompson Phone Address Wisconsin 54601 **Registration Information**

Registration Date	Registration ID	Organization	
August 19, 2025	1079397	Project 529	

Project 529 Inc https://project529.com support@project529.com

529 Garage is a bicycle registration service. We certify that the registration holder added their bicycle information to our service on the date on this certificate. Registration is not proof of ownership.

# La Crosse Pedicab Schedule of Rates

\$5 per person (max 3; \$15\*)

Tips are accepted. We reserve the right to provide rides free of charge (tip only).

\*Maximum distance 2 miles. Added distance to be charged as a percentage. For example, 2 riders going 2.2 miles = 110% = \$11.

Time will not be charged for added stops and thus they are not permitted.