

License Number _____

License Issued _____

License Fee \$ 50.00

Receipt # 131172

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	NSDA SERVICES LLC
BUSINESS ADDRESS	<u>2711 South Ave Suite H. LaCrosse WI</u> Zoning: _____ Must be confirmed by Building & Inspections <u>5-1601</u>
BUSINESS TELEPHONE	608-304-3294 <u>608-769-5139</u>
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	NA - vehicle is not leased

OWNER(S) NAME (First, Full Middle, Last)	MAGGIE ELIZABETH BINA
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	1647 DENTON ST LA CROSSE WI 54601
OWNER(S) TELEPHONE	608-780-1212

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	<u>Progressive Insurance</u>
POLICY NUMBER	<u>03722236-0</u>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>2,000,000 liability</u>

METHOD OF CHARGING	Metered Rates _____ Zone Rates _____ Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>\$100.00/hr</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>1</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
1F1NU40S45ED45148	2005 Ford Excursion	15	774-XLA WI

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 AND THE ENDORSEMENT PROVIDED.

X 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 Mayor Bin DATE 11/5/15

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

Payment Amount: 50.00

176203 - NSDA SERVICES LLC

002304-0009 Paula G. 11/05/2015 04:37PM

General Billing - 131172 - 2015

CITY OF LA CROSSE, WI

CERTIFICATE OF INSPECTION

NAME OF BUSINESS NSDA Services

ADDRESS 2711 South Ave. Suite H. LaCrosse WI 54601

VEHICLE MAKE Ford MODEL Excursion Limo YEAR 2005

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

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: [Signature] Printed Name: [Signature]

Business All-Out Repair Address 204 Hood St. Date 11/4/15

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).

BOTTELBERGHE AGCY
PO BOX 711
ONALASKA, WI 54650
1-608-781-3370

PROGRESSIVE®

Policy number: 03722236-0

Underwritten by:
Artisan and Truckers Casualty Co
July 17, 2015
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Certificate of Insurance

Certificate Holder	Insured	Agent
Additional Insured CITY OF LACROSSE 400 LACROSSE ST 2ND FLOOR LACROSEE, WI 54601	MAGGIE BINA NSDA SERVICES 1647 DENTON ST LA CROSSE, WI 54601	BOTTELBERGHE AGCY PO BOX 711 ONALASKA, WI 54650

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: May 11, 2015 Policy Expiration Date: May 11, 2016

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$2,000,000 Combined Single Limit
Uninsured Motorist Bodily Injury	\$250,000/\$500,000
Underinsured Motorist Bodily Injury	\$250,000/\$500,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2005 FORD EXCURSION XLT 1F1NU40F45ED45148
Medical Payments \$10,000
Comprehensive \$1,000 Ded
Collision \$1,000 Ded

Certificate number

19815A09236

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.



BOTTELBERGHE AGCY
PO BOX 711
ONALASKA, WI 54650

PROGRESSIVE[®]

CITY OF LACROSSE
400 LACROSSE ST
LACROSSE, WI 54601

Policy number: 03722236-0
Underwritten by:
Artisan and Truckers Casualty Co
Insured: MAGGIE BINA
July 18, 2015
Policy Period: May 11, 2015 - May 11, 2016

Mailing Address
Artisan and Truckers Casualty Co
PO Box 94739
Cleveland, OH 44101

Additional insured endorsement

1-800-444-4487
For customer service, 24 hours a day,
7 days a week

Name of Person or Organization

CITY OF LACROSSE
400 LACROSSE ST
LACROSSE, WI 54601

The person or organization named above is an **Insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. We also agree with you that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

Limit of Liability

Bodily Injury	Not applicable
Property Damage	Not applicable
Combined Liability	\$2,000,000 each accident

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 03722236-0

Issued to (Name of Insured): MAGGIE BINA
NSDA SERVICES

Effective date of endorsement: 07/17/2015 Policy expiration date: 05/11/2016

Form 1198 (01/04)