Taxicab License Application Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$65/vehicle Renewal Fee: \$2,200/two years + \$65/vehicle

1.	1. Applicant Name Tenniter Ho	orth Dr. Sun Prairie WI 83590
	Home Address 1732 Chadsw	orth Dr. Sun Prairie WI 83590
2.	2. Company Name Transit Solut	ions Inc
		n Rd #2, McFarland WI 53558
	Business Telephone Number <u>608 - 6</u>	
3.	3. Indicate method of operation and type of fa	
	Flate Rate	Number of Vehicles
		Number of Vehicles
	Meter	Number of Vehicles
	Airport Shuttle N	Sumber of Vehicles
	Total number of validate areas and to be at	المعمدة
	Total number of vehicles proposed to be or	erated
4	Describe detailed color scheme to be used:	main hadu naaf tulan tarradan ar
	while toxing twhite.	window lettering
5.	. List your schedule of rates to be charged an	id the method of charging in detail.
	Flat Rope: \$30,00	0-5 miles
	250 6	ach additional mile
5.	Name of Insurance Company Intec	scity Mutual Insurance to 1 Dr. Appleton WI S4911
	Business Address 2121 E. Capi	to Dr. Amleton WT S4911
	Business Telephone Number 920-	734-4511
7.	. Name of Insurance Agent Alan N	leva - Ansau and Associates U.C.
7.	Name of Insurance Agent Alan N Business Address 101 E. Grand	leva - Ansay and Associates UC Avenue #11, Port Washington WI 53074

01/03/11-F5Clcommon Licensing Application Formal Taxi Paratransit Applica

			No f directors, and address of corporation		
	Name Jim Mor	tenson	Address W7710 F. Southshore, Dr. Pard	outlie mer	<305()
	Jennifer	Hardesty	1732 Chedsworth Dr. Sun Proin	W OUT SE	3596
	Transit S	solutions Inc	5315 Paulson Rd #2, McFord	and, WI:	58858
		nership? Yes	No No		
F	Name		Address		
L					
10, [1 o	fany vehicles lice f mortgage and fi	ensed are mortgaged, give alfillment date:	name and address of mortgagee, vehic	cle serial nun	nber, amount
	Name	Address	Vehicle Serial #	\$	Fulfillment Date
-		Attached			
_					
Madi these	son pertaining to	the licensing and regulation in ances of the City and law	d is thoroughly familiar with the ordining of taxicabs in the City of Madison, ws of the State of Wisconsin?	ances of the and agrees to	City of abide by
		before me, 20	Applicative Signature	the	
		res			

01/03/11-F) Cleominion Licensing Application Form (Tax) Paratraish Ap does

Taxical Filing Affidovit

State of Wisconsin)
)
County of Dane)
Tennifer Hardesty, being first duly sworn on oath, deposes and says:
1. That the affiant owns, operates X, or manages X a taxicab business in the City of Madison
doing business as Iransit Solutions Inc
2. That as of the date of this Affidavit, (Company Name) Transit Solutions Inc.
(Address) 5315 Routson Kd #2 mcfartand, Wisconsin, doing business as
Mansit Solutions Inc., was the owner of the vehicles listed on Schedule
A shown on the reverse side of this Affidavit and incorporated herein.
3. That the schedule of fares to be charged in the operation of each of the vehicles listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)
The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.
The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.
The Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General Ordinances.
The Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and
b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Insurance Commissioner showing the insurance company is licensed and authorized to transact automobile insurance business in the State of Wisconsin; and
c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.
Subscribed and sworn before me
thisday of, 20 Signatury of physical section of the section of
Signature of person signing Affidavit under oath Notary Public
· · · · · · · · · · · · · · · · · · ·

01/03/(1-F:)Cleonimon Licensing Application Forms Taxt Paratransit Ap. docx

My Commission Expires ____

VEHICLE LIST - SCHEDULE À TRANSIT SOLUTIONS, INC (TSI)

ALL VEHICLES USED FOR PARATRANSIT

#

Wheelchair Entry	(side/rear)	na	na	rear	side	กล	na	side	síde	na	side	B	side	na	na	side	side	side	side	па	na	side	na	na	side	side	па	Ę.	na	side	na	па	side	side	side	eu u	side
Lift/Ramp Weight Limit	(spunod)	Ē	eu	800	800	па	na	800	800	eu	800	na	1000	na	na	800	800	800	800	па	na	800	eu	e C	800	800	na	กล	na	800	กล	na	300	1000	800	na	800
Lift/Ramp Width Limit	(inches)	na	eu	33,	33,	eu	, eu	33,	34"	na	33"	EL	34,	E.C.	eu	33.	33."	33"	33"	Па	กล	33.	na	r)a	33"		, eu	na	re E	34"	ВП	eu	33"	34"	33.	na	33.
Accessible (lift/ramp)		na	В	yes	yes	na	na	yes	yes	па	yes	ยบ	yes	E.	na	yes	yes	yes	yes	Па	na	yes	na	na	yes	yes	na	E C	eu	yes	Pu	na	yes	yes	yes	na na	yes
Wheelchair Capacity	•	na	ne	7	7	na	na	7.	7	2	7	еu	m	пз	na na	2	' C1	į'nί	4	na	na	S.	na	na	7	m	na	na	na	7	na	na	eri,	4	c)	eu	4
Ambulatory Capacity		w	φ	শ্ব	∞	9	9	01	털	9	10	ڼ	οģ	φ	9	œ	12	10	S)	<u>,</u>	ø	7.	ġ	9	71	σi	9	و و	9	12	Q	9	60	0 0	9	ω	∞
	ERMIT #_	427	423	424	421	438	430	445	420	444	439	426	428	431	432	422	435	436	441	429	450	447	448	443	425	433	449	434	452	437	442	451	453	454	455	456	457
	OWNER PERMIT#	TSI	TS.	TSI	TSI	TSI	ISI	TSI	ISI	TSI	TSI	TSI	ISI	TSI	TSI	TSL	TSI																				
	SERIAL NUMBER	2D4RN4DE2AR185023	2C4RDGCG0FR748288	1FBZX2CM6GKA56590	1FDFE4FS1CDA55190	2C4RDGCG6GR311851	2C4RDGCG2ER479032	1FDFE4FS6BDA86787	1FTDS3EL0EDA35492	2A4RR2D15AR386296	1FDEE3FL0DDB32714	2D4RN4DE3AR228719	1FDXE4FS3CDA11678	2C4RDGCG3CR377901	2C4RDGCG9FR648903	1FDEE35L09DA61796	1FDFE4FS6BDB05337	1FDEE3FS4DDA95268	1FDEE3FL3BDB04693	2C4RDGCG3DR748797	2C4RDGBG7GR235994	1FDFE4FSXBDA24549	2D4RN3DG2BR671893	2C4RDGBG4FR598087	1FDFE45S79DA03296	1FDWE3FL2DDB18253	2C4RDGBG8CR226070	2D8HN44E49R644719	2C4RDGCGXER273490	1FDWE35L86DA68687	2C4RDGCG6CR247286	2C4RDGCG1GR354140	1FDEE3FL5EDB20690	1FDFE4FS1CDA80140	1FDFE4FS5ADA82292	2C4RDGBGXER175173	1FDXE45S47DA92133
	LICENSE	173LWZ	296 MVM	630XWF	455 TMG	AAS2400	AAS2399	634 MGX	362 VYX	402 RKG	979 RHF	168 MTH	AFV3916	678YEX	ADW2364	920 KGL	932 RLG	885 LZD	886 LZD	679 ZAF	493VGD	454 TMG	ADY5706	919 KGL	AAS2398	931 RLG	616 NPY	393 VEM	460 XGM	446 WSN	142 XEA	445 XGM	EC60281	ADT6394	AD45707	ADF4472	AFV3915
	MAKE	DODGE	DODGE	FORD	FORD	DODGE	DODGE	FORD	FORD	CHRYSLER	FORD	DODGE	FORD	DODGE	DODGE	FORD	FORD	FORD	FORD	DODGE	DODGE	FORD	DODGE	DODGE	FORD	FORD	DODGE	DODGE	DODGE	FORD	DODGE	DODGE	FORD	FORD	FORD	DODGE	FORD
	YEAR	2010	2015	2016	2012	2016	2014	2011	2014	2010	2013	2010	2012	2012	2015	2009	2011	2013	2011	2013	2016	2011	2011	2015	2009	2013	2012	2005	2014	2006	2012	2016	2014	2012	2010	2014	2007
	FLEET #	*	7	ຕ	4	S	9	7	Ġ	· ග	10	=	12	13	14	5	16	17	18	- 1 3	20	21	22	23	24	25	26	27	58	30	31	32	33	34	35	36	37.

City of Madison -- Taxicab Rate Schedule

METER RATES	
In Town	
"DROP" Distance MI	"DROP" Charge \$
Additional DistanceMI	
Wait Time Seconds	Wait Charge \$
Out of Town	
"DROP" Distance MI	"DROP" Charge \$
Additional Distance MI	Additional Charge \$
Wait Time Seconds	Wait Charge \$
VAN RATES (LARGE PARTY—6 OR MORE PA	SSENGERS)
In Town	
"DROP" Distance MI	"DROP" Charge \$
Additional DistanceMI	Additional Charge \$
Wait Time Seconds	Wait Charge \$
Out of Town	
"DROP" Distance MI	"DROP" Charge \$
Additional Distance MI	Additional Charge \$
Wait Time Seconds	Wait Charge \$
ZONE RATES	
First Zone Charge \$	1
Additional Zone(s) Charge \$	
Additional Passenger Charge \$	for passengers making the same trip as the first passenger)
Outer Zone DistanceMI	Outer Zone Charge \$
Wait Time Seconds	Wait Charge \$
FLAT RATES	
"DROP" Distance <u>0-5</u> MI	
Single Passenger "DROP" Charge \$ 32000	Additional Passenger "DROP" Charge \$
Additional Distance MI	
Single Passenger "DROP" Charge \$ 3 50	Additional Passenger "DROP" Charge \$
LIMOUSINE RATES	
Zone Charge \$per passenger	Zone 6 Charge \$per passenger
Zone 2 Charge \$ per passenger	Zone 7 Charge \$per passenger
Zone 3 Charge \$ per passenger	Zone 8 Charge \$per passenger
Zone 4 Charge \$ per passenger	Zone 9 Charge \$per passenger
Zone 5 Charge \$ per passenger	por passonger

HOURLY RATE		·	
\$	per hour		
RATES FOR OTHER SERVIC	ES		,
Personal Baggage:	First two articles	Free	
	Additional articles \$		each (except trunks and footlockers)
Groceries Carried to Door:	First two bags	Free	
Throughout and Books 1	Additional bags \$		
Trunks and Footlockers:	S		each
Aids to Handicapped People:		Free	
AIRPORT FEE			
\$			
Company:			
Proposed Effective Date:			
10	Africa	تنسب	
Submitted by:	(Lignatur	-1	
700	(alguatur	:)	
Jennite	er Hardt	284Y_	
	(Type or Print	Name)	
			
This schedule must be submoroposed effective date.	itted to the City Clerk	at least twe	nty-eight (28) days before the
		•	
Office Use Only:			
Rate allowed by operating lice	nse: Meter Zone	Flat Limou	sine
Submission Date:	Last Rate Cha	nge Submitted	l :
	······································		
Distribution:			
☐ City Department of Transpo ☐ City Weights and Measures		License	· #
☐ Dane County Regional Airp	oort		
☐ City Police Department	,	405 Pu	blic Passenger Vehicle/Pedal Cab
*	•	406 Ho	rse-Drawn Vehicle
		408 Pe	dal Cab Service

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4/7/2021

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 polici certificate holder in lieu of such endorsement(s).	les may require an endorsement. A statement on this certificate does not confe	r rights to the
PRODUCER Ansay & Associates, LLC. MOS 888 State Hwy 153 Mosinee WI 54455	CONTACT NAME: PHONE (A/C, No, Ext): 715-693-2100 E-MAIL ADDRESS: info@ansay.com	693-2538
	INSURER(S) AFFORDING COVERAGE	NAIC#
	Listo grifty Mutual Ingurange Company	1/303

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

C	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAI	IN, T	THE INSURANCE AFFORDED BY	THE POLICIES	S DESCRIBED	HEREIN IS SUBJECT TO	O ALL THE TERMS,				
INSR LTR	TYPE OF INSURANCE	ADDL SU	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
A	GENERAL LIABILITY			CPP2626692	4/20/2021	4/20/2022	EACH OCCURRENCE	\$1,000,000				
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
	CLAIMS-MADE X OCCUR				,		MED EXP (Any one person)	\$ 5,000				
							PERSONAL & ADV INJURY	\$1,000,000				
			l				GENERAL AGGREGATE	\$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		l				PRODUCTS - COMP/OP AGG	\$				
	POLICY PRO- JECT LOC							\$				
Á	AUTOMOBILE LIABILITY			CA 2626693	4/20/2021	4/20/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000				
	X ANY AUTO						BODILY INJURY (Per person)	\$				
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS X NON-OWNED AUTOS			_			PROPERTY DAMAGE (Per accident)	S				
				Ÿ				s				
Ά	X UMBRELLA LIAB X OCCUR			CUP2626695	4/20/2021	4/20/2022	EACH OCCURRENCE	\$ 2,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000				
	DED X RETENTION \$ 0							\$				
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP2626694	4/20/2021	4/20/2022	X WC STATU- OTH- TORY LIMITS ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				ļ	E.L. EACH ACCIDENT	\$ 100,000				
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 100,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000				
				2								
	the City of Madison, its officers, officials, and employees as additional remarks Schedule, if more space is required)											

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Controllers Office Room 407

210 Martin Luther King Jr. Blvd
Madison WI 53703

AUTHORIZED REPRESENTATIVE

canceled before the expiration of its term except upon thirty (30) days written notice to the City Clerk, City of Madison, Wisconsin.

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Revised list

VEHICLE LIST - SCHEDULE A

ALL VEHICLES USED FOR PARATRANSIT

TRANSIT SOLUTIONS, INC (TSI)

FLEET#	YEAR	MAKE	LICENSE	SERIAL NUMBER	OWNER	PERMIT#	Ambulatory Capacity	Wheelchair Capacity	Accessible (lift/ramp)	Lift/Ramp Width Limit (inches)	Lift/Ramp Weight Limit (pounds)	Wheelchair Entry (side/rear)
1	2010	DODGE	173LWZ	2D4RN4DE2AR185023	TSI	427	6	na	na	na	na	na
2	2015	DODGE	296 MVM	2C4RDGCG0FR748288	TSI	423	6	na	na	na	na	na
3	2016	FORD	630XWF	1FBZX2CM6GKA56590	TSI	424	4	2	yes	33"	800	rear
4	2012	FORD	455 TMG	1FDFE4FS1CDA55190	TSI	421	8	2	yes	33"	800	side
5	2016	DODGE	AAS2400	2C4RDGCG6GR311851	TSI	438	6	na	na	na	na	na
6	2014	DODGE	AAS2399	2C4RDGCG2ER479032	TSI	430	6	na	na	na	na	na
7	2011	FORD	634 MGX	1FDFE4FS6BDA86787	TSI	445	10	2	yes	33"	800	side
8	2014	FORD	362 VYX	1FTDS3EL0EDA35492	TSI	420	4	2	yes	34"	800	side
9	2010	CHRYSLER	402 RKG	2A4RR2D15AR386296	TSI	444	6	na	na	na	na	na
10	2013	FORD	979 RHF	1FDEE3FL0DDB32714	TSI	439	10	2	yes	33"	800	side
12	2012	FORD	AFV3916	1FDXE4FS3CDA11678	TSI	428	8	3	yes	34"	1000	side
13	2012	DODGE	678YEX	2C4RDGCG3CR377901	TSI	431	6	na	na	na	na	na
14	2015	DODGE	ADW2364	2C4RDGCG9FR648903	TSI	432	6	na	na	na	na	na
15	2009	FORD	920 KGL	1FDEE35L09DA61796	TSI	422	8	2	yes	33"	800	side
16	2011	FORD	932 RLG	1FDFE4FS6BDB05337	TSI	435	12	2	yes	33"	800	side
17	2013	FORD	885 LZD	1FDEE3FS4DDA95268	TSI	436	10	3	yes	33"	800	side
18	2011	FORD	886 LZD	1FDEE3FL3BDB04693	TSI	441	6	4	yes	33"	800	side
19	2013	DODGE	679 ZAF	2C4RDGCG3DR748797	TSI	429	6	na	na	na	na	na
20	2016	DODGE	493VGD	2C4RDGBG7GR235994	TSI	450	6	na	na .	na	na	na
21	2011	FORD	454 TMG	1FDFE4FSXBDA24549	TSI	447	7	5	yes	33"	800	side
22	2011	DODGE	ADY5706	2D4RN3DG2BR671893	TSI	448	6	na	na	na	na	na
23	2015	DODGE	919 KGL	2C4RDGBG4FR598087	TSI	443	6	na	na	na	na	na
24	2009	FORD	AAS2398	1FDFE45S79DA03296	TSI	425	12	2	yes	33"	800	side
25	2013	FORD	931 RLG	1FDWE3FL2DDB18253	TSI	433	9	3	yes	33"	800	side
26	2012	DODGE	616 NPY	2C4RDGBG8CR226070	TSI	449	6	na	na	na	na	na
27	2009	DODGE	393 VEM	2D8HN44E49R644719	TSI	434	6	na	na	na	na	na
29	2014	DODGE	460 XGM	2C4RDGCGXER273490	TSI	452	6	na	na	na	na	na
30	2006	FORD	446 WSN	1FDWE35L86DA68687	TSI	437	12	2	yes	34"	800	side
31	2012	DODGE	142 XEA	2C4RDGCG6CR247286	TSI	442	6	na	na	na	na	na
32	2016	DODGE	445 XGM	2C4RDGCG1GR354140	TSI	451	6	na	na	na	na	na
33	2014	FORD	EC60281	1FDEE3FL5EDB20690	TSI	453	8	3	yes	33"	800	side
34	2012	FORD	ADT6394	1FDFE4FS1CDA80140	TSI	454	8	4	yes	34"	1000	side
35	2010	FORD	ADY5707	1FDFE4FS5ADA82292	TSI	455	6	3	yes	33"	800	side
36	2014	DODGE	ADF4472	2C4RDGBGXER175173	TSI	456	6	na	na	na	na	na
37	2007	FORD	AFV3915	1FDXE45S47DA92133	TSI	457	8	4	yes	33"	800	side

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