

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. Applicant Name Jostein Brekke Home Phone # 1-608-345-8294
Home Address 926 Park View Dr Stoughton WI 53589

2. Company Name AFFILIATED CARRIAGE SYSTEMS INC
Business Address 1430 Gilson St MADISON WI 53715
Business Telephone Number 1-608-258-7454

3. Indicate method of operation and type of fare collection:

Flate Rate	_____	Number of Vehicles	_____
Zone	_____	Number of Vehicles	_____
Meter	_____ <u>X</u>	Number of Vehicles	<u>47</u>
Airport Shuttle	<u>X</u>	Number of Vehicles	<u>3</u>

Total number of vehicles proposed to be operated 50

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.

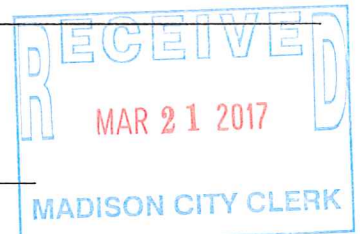
SILVER Fleet Color With Blue Lettering

5. List your schedule of rates to be charged and the method of charging, in detail: 2.60 per mile

Flag \$4.00 First 1/3 included 1/3 = .20d 20 seconds = 20d or 1 min = .60
Maxi Taxi Flag \$5.00 First 1/3 1/3 x 30 = 3.30 per mile 30 sec = .30d 1 minute = 1.00d
Hourly Rates Taxi \$14.00 hr Maxi Taxi \$5.00 hr. Clearing \$50.00

6. Name of Insurance Company Integrity Insurance Co
Business Address 2121 East Capitol Dr Box 539 Appleton WI 54912
Business Telephone Number ~~1-800-550-9220~~ 1-800-550-9220

7. Name of Insurance Agent COVERM Insurance Co Agt Jeff Ascher
Business Address 3803 CREEKSIDE LN HOLMEN WI 54634
Business Telephone Number 1-608-526-2127



8. Is applicant a corporation? X Yes _____ No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address
Sostein R Brekke	926 PARKVIEW DR Southport CT
	REGULATE OFFICE
	1463 GILSON ST MADISON WI

9. Is applicant a partnership? _____ Yes X No

If yes, give names and address of all partners:

Name	Address

10. If any vehicles licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date:

Name	Address	Vehicle Serial #	\$	Fulfillment Date
	<u>N/A</u>			

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of taxicabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

X Yes _____ No

Subscribed and sworn before me

this 20 day of MARCH, 2017.

ATTY E BREKKE
Notary Public

My Commission Expires IS PERMANENT.

[Signature]
Applicant's Signature

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance 1/13 MI
Additional Distance 1/13 MI
Wait Time .204 = 20 Seconds

"DROP" Charge \$.204
Additional Charge \$.004 or 2.00 per Mile
Wait Charge \$.20 or 60¢ per Minute

Out of Town

"DROP" Distance 1/13 MI
Additional Distance 1/13 MI
Wait Time .204 = 20 Seconds

"DROP" Charge \$ 1/13
Additional Charge \$.204 or 2.00 per Mile
Wait Charge \$.204 = 20.50¢ or 60¢ per Minute

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance 1/11 MI
Additional Distance 1/11 MI
Wait Time .304 = 30 Seconds

"DROP" Charge \$.304
Additional Charge \$.304 or \$3.30 per Mile
Wait Charge \$.304 = 30.50¢ or 60¢ per Minute

Out of Town

"DROP" Distance 1/11 MI
Additional Distance 1/11 MI
Wait Time .304 = 30 Seconds

"DROP" Charge \$.304
Additional Charge \$.30 or 3.30 per Mile
Wait Charge \$.304 = 30.50¢ or \$1.00 per Minute

ZONE RATES

First Zone Charge \$ _____

Additional Zone(s) Charge \$ _____

Additional Passenger Charge \$ _____ (for passengers making the same trip as the first passenger)

Outer Zone Distance _____ MI

Outer Zone Charge \$ _____

Wait Time _____ Seconds

Wait Charge \$ _____

FLAT RATES

"DROP" Distance _____ MI

Single Passenger "DROP" Charge \$ _____

Additional Passenger "DROP" Charge \$ _____

Additional Distance _____ MI

Single Passenger "DROP" Charge \$ _____

Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ 8⁰⁰ per passenger

Zone 6 Charge \$ 23⁰⁰ per passenger

Zone 2 Charge \$ 11⁰⁰ per passenger

Zone 7 Charge \$ 27⁰⁰ per passenger

Zone 3 Charge \$ 15⁰⁰ per passenger

Zone 8 Charge \$ 30⁰⁰ per passenger

Zone 4 Charge \$ 17⁰⁰ per passenger

Zone 9 Charge \$ 34⁰⁰ per passenger

Zone 5 Charge \$ 20⁰⁰ per passenger

HOURLY RATE\$ 24.00 per hourMAXI TAXI \$ 55.00 per hour**RATES FOR OTHER SERVICES**

Personal Baggage: First two articles Free
Additional articles \$ 1.50 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
Additional bags \$ 1.25

Trunks and Footlockers: \$ 2.00 each

Aids to Handicapped People: Free

AIRPORT FEE\$ 1.00 per vehicle (may not exceed the fee imposed by Dane County)Company: AFFILIATED CARRIAGE SYSTEMS INC DBA MADISON TAXI

Proposed Effective Date: _____

Submitted by: Richard Newkirk
(Signature)Richard Newkirk General Manager
(Type or Print Name)

This schedule must be submitted to the City Clerk at least **twenty-eight (28) days** before the proposed effective date.

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- ☐ City Department of Transportation
☐ City Weights and Measures (Meter Cabs only)
☐ Dane County Regional Airport
☐ City Police Department

License # _____

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

Madison Taxi

Model Year	Class and Make	State License	Serial - Engine Numbers	Assigned Sticker Number
2006	CHEVY EXPRESS G3	303 ZZA	1GAHG39U561122127	95
2006	DODGE G CARAVAN	611 WEW	2A4GP54LX6R760392	96
2008	DODGE G CAR	318 ZZA	1D8HN44H88B109724	97
2006	DODGE G CAR	609 WEW	2D4GP44L66R826522	98
2008	DODGE G CAR	256 TFE	2D8HN54P58R655248	99
2009	DODGE G CAR	761 PGA	2D8HN44E69R682971	100
2005	CHRYSLER TOWN & COUNTRY	258 TFE	2C4GP54L75R432884	101
2010	DODGE G CAR	406 TFE	2D4RN5D17AR180001	102
2005	DODGE G CAR	405 TFE	2D4GP44L45R432208	103
2008	CHRYSLER TOWN & COUNTRY	407 TFE	2A8HR44H68R720929	104
2005	CHRYSLER TOWN & COUNTRY	408 TFE	2C4GP54L15R538389	105
2005	CHRYSLER TOWN & COUNTRY	263 TFE	2C8GP54L15R137259	106
2009	CHRYSLER TOWN & COUNTRY	410 TFE	2A4GP54L36R747855	107
2008	CHRYSLER TOWN & COUNTRY	262 TFE	2A8HR54PX8R674311	108
2008	DODGE G CAR	425 MME	1D8HN54P98B148092	109
2007	CHRYSLER TOWN & COUNTRY	328 ZZA	2A4GP44R87R147106	110
2005	CHRYSLER TOWN & COUNTRY	670 KBL	2C8GP54L15R425105	111
2006	DODGE G CAR	737 NAU	2D4GP44L36R835064	112
2006	CHRYSLER TOWN & COUNTRY	412 TFE	2A4GP54L66R861817	113
2006	CHRYSLER TOWN & COUNTRY	413 TFE	2A4GP54L96R923260	114
2005	DODGE G CAR	403 TFE	2D4GP44L95R104198	115
2005	DODGE G CAR	242 NKM	2D4GP44L45R150232	116
2005	CHRYSLER TOWN & COUNTRY	414 TFE	2C8GP54L15R189376	117
2008	DODGE G CAR	254 TFE	1D8HN54P18B167378	118
2005	DODGE G CAR	271 KDK	2D4GP44L15R327819	119
2008	DODGE G CAR	181 WUJ	2D8HN54P58R109548	120
2008	CHRYSLER TOWN & COUNTRY	614 YGK	2A8HR54PX8R129242	121
2009	DODGE G CAR	243 NKM	2D8HN44E79R557512	122
2005	DODGE G CAR	501 NNV	2D4GP44L35R524152	123
2007	CHRYSLER TOWN & COUNTRY	252 TFF	2A4GP44R47R221279	124
2007	DODGE G CAR	255 TFE	2D4GP44L177R347264	125
2010	DODGE G CAR	996 YBL	2D4RN4DE9AR194317	126

2006 CHRYSLER TOWN & COUNTRY	257 TFE	2A8GP64L56R829090	127
2004 DODGE G CAR	372 RGM	2D4GP24R55R122738	128
2006 DODGE G CAR	259 TFE	2C4GP54L75R432884	129
2007 CHRYSLER TOWN & COUNTRY	274 TZW	2A4GP54L37R279112	130
2005 CHRYSLER TOWN & COUNTRY	261 TFE	2C4GP54L75R515229	131
2008 DODGE G CAR	739 NAU	1D8HN54P68B114658	132
2005 CHRYSLER TOWN COUNTRY	610 WEW	2C4GP54L15R133309	133
2002 FORD VAN	562 ZZA	1FBSS31S42HB42381	134
2006 TOYOTA SIENNA VAN	377 YOK	T5DZA23C96S475657	135
2006 DODGE G CAR	264 TFE	2D4GP44L16R835063	136
2006 DODGE G CAR	401 TFE	2D4GP44L16R659907	137
2010 DODGE G CAR	395 XEA	2D4RN5D19AR496791	138
2007 DODGE G CAR	228 ZZA	1D4GP24R37B160020	139
2006 DODGE G CAR	662 MNV	1D4GP24RX6B641395	140
2010 DODGE G CAR	995 YBL	2D4RN4DE2AR194319	141
2006 DODGE G CAR	274 JVX	1D4GP24R56B542807	142
2005 CHRYSLER TOWN & COUNTRY	612 WEW	2C4GP54L25R295126	143
2008 DODGE G CAR	404 TFE	1D8HN44H98B150282	144

Taxicab Filing Affidavit

State of Wisconsin)

County of Dane)

JOSTEIN BREKKE, being first duly sworn on oath, deposes and says:

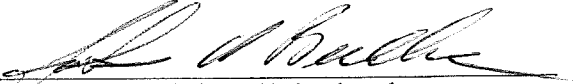
1. That the affiant owns X, operates , or manages X a taxicab business in the City of Madison, doing business as MADISON TAXI.
2. That as of the date of this Affidavit, (Company Name) AFFILIATED CARRIAGE SYSTEM INC
(Address) 1403 GILSON ST, Madison, Wisconsin, doing business as MADISON TAXI, was the 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)
X 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.
X 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

this 20 day of MARCH, 2017.

AMY E. BREKKE
Notary Public

My Commission Expires 17 PERMANENT.


Signature of person signing Affidavit under oath



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/21/2017

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).

PRODUCER Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636		CONTACT NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-2127 E-MAIL ADDRESS: pandre@coverrainurance.com FAX (A/C, No): 608-519-2818		
INSURED MADITAX-01 Madison Taxi, Affiliated Carriage Systems Inc dba 1403 Gilson St Madison WI 53715		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Integrity Group		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 1641238911

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CPP2071301	3/25/2017	3/25/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA 2078471	6/9/2016	6/9/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		N/A	WCP2649218	5/22/2016	5/22/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$100,000
							E.L. DISEASE - EA EMPLOYEE	\$100,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Madison PO Box 2986 Madison WI 53701	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 <i>Pam Andre</i>

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AFFILIATED CARRIAGE SYSTEMS
INC DBA MADISON TAXI
1403 GILSON ST
MADISON WI 53715

Integrity Mutual Insurance
P.O. Box 539
Appleton, Wisconsin 54912-0539

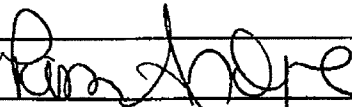
Endorsement

IL 03

Policy Number: CPP 2071301

Cancellation Privilege Notice

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

Endorsement effective 03/25/2017 at 12:01 A.M. standard time	
Named Insured Affiliated Carriage Systems Inc dba Madison Taxi	Countersigned by  (Authorized Representative)

SCHEDULE

Name and Address of Person or Organization to Receive Notice of Cancellation:

City of Madison
PO Box 2986
Madison, WI 53701

- A. If we cancel this policy, we will mail to the person or organization named in the Schedule of this endorsement, written notice of cancellation at least 30 days before the effective date of cancellation.
- B. If you cancel this policy, we will mail to the person or organization named in the Schedule of this endorsement, written notice of cancellation.