## Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$60/vehicle Renewal Fee: \$2,200/two years + \$60/vehicle

1.	Applicant Name Michael M	ae Neil	Home Phone # 608 332-0025
	Home Address 1490 Martin Stre	et Madison, W1 537 [	3
		,	
2.	Company Name Michaelrollis F		
	Business Address 1490 Martin Sh	cent Madisonjw1 537	13
	Business Telephone Number 608	) 332-0025	
3.	Indicate method of operation and type o	f fare collection:	
	Flate Rate slicing scale (tips)	Number of Vehicles	<u></u>
	Zone	Number of Vehicles	
	Meter	Number of Vehicles	
í	Airport Shuttle	Number of Vehicles	
		V	
	Total number of vehicles proposed to be	operated	
	Describe detailed color scheme to be use		
Me;	Green with Metal Flake powder	divents passenger can	80 / Light Color Day ber by
	Green with Metal Flake powder White hadsholl canopy, Sackshaf Sign on Dender Travel Correct	1 Furchain storage be low	bench. Light from from
5.	List your schedule of rates to be charged	l and the method of charging, in	detail:
	Explaine as having so	The following of the first of t	
	Λ., . · ·	The Age of	
6.	Name of Insurance Company David  Business Address 1300 S. Brewn	L. O. I. Sover	53406
	Business Address 1300 3. Chech	2/21 days	73.60
	Business Telephone Number 26	2.034.1860	
		1	
7.	Name of Insurance Agent Im Ver	n) wrih.	
	Business Address	Grace 1.1 KE	
	Business Telephone Number 262	5848-000	

HUMANITATA VIJANIAN

8. Is applicant a corp If yes, give names			<del>.</del>	address of co	rnoration:		
Name Name			Address	No. 20 Too			
9. Is applicant a partr If yes, give names			✓ No				
Name			Address				
10. If any vehicles lice of mortgage and f		gaged, give n	ame and add	ress of mortga	agee, vehicl	e serial num	ber, amount
Name	Add	lress		Vehicle Seria	1#	\$	Fulfillment Date
Does the applicant ago Madison pertaining to hese and all other ord	the licensing ar inances of the C	nd regulating	g of taxicabs	in the City of	Madison, a		
Yes	No						
Subscribed and sworn	before me						
this day of		_, 20		Mi-Applicant's S	hal Mun Signature	W	,
Notary Public My Commission Expi	res		<u>.</u>		-		

### Taxicab Filing Affidavit

State of Wisconsin )
County of Dane )
michael Mac Neil , being first duly sworn on oath, deposes and says:
1. That the affiant owns, operates, or manages a taxicab business in the City of Madison, doing business as Michaely of like
2. That as of the date of this Affidavit, (Company Name) Michael roll's Relicab,
(Address) 1490 motion Street , Madison, Wisconsin, doing business as Michaelry 11'5 petical , 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
this 4th day of September, 20/2.  Minul Mar Aid Signature of person signing Affidavit under oath
this 4th day of September, 20/2.  Minumania  Signature of person signing Affidavit under oath  Notary Public  My Commission Expires 9-23-2012.
My Commission Expires $9-23-2012$ .

## Vehicle List Schedule A

Company Name Michael Foll's Pedia, S

nances con	1 - Wasan Battar	A session base		7 <b>1</b> 15 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	1		1	1505355555	a∎ mesanekesa	n corecosos	s <b>r</b> Samesous	. Lister vices	:   3/4/1/02/0
	Permit Issued												
	Color							1 199					201
Only	Mark.				U (10) (0)	2117				10.00	100		30118 31118
Office Use Only	Insp. 1	100											
Offic	Meter												
	Ins.												
	State Reg.												
Type of	Service												
Permit	#		-										
Composition 1/10 maps	Serial Engine #	1961433											
Owner/	Title Holder	Michael MacNal											
State	License	W (											
Class &	Make	lightfast xle											
Model	Year	2010											

### City of Madison -- Taxicab Rate Schedule

METER RATES		
In Town		
"DROP" Distance	MI	"DROP" Charge \$
Additional Distance		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 \$
VAN RATES (LARGE PARTY—	-6 OR MORE PASS	SENGERS)
In Town		
"DROP" Distance	MI	"DROP" Charge \$
Additional Distance	MI	Additional Charge \$
Wait Time	Seconds	Wait Charge \$
Out of Town		
"DROP" Distance	MI	"DROP" Charge \$
Additional Distance		Additional Charge \$
Wait Time	Seconds	Wait Charge \$
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		
Wait Time	Seconds	Wait Charge \$
FLAT RATES		
"DROP" Distance Typs	MI	
Single Passenger "DROP" Cha	rge \$	Additional Passenger "DROP" Charge \$
Additional Distance	MI	
Single Passenger "DROP" Cha	rge \$	Additional Passenger "DROP" Charge \$
LIMOUSINE RATES		
Zone 1 Charge \$	per passenger	Zone 6 Charge \$ per passenger
Zone 2 Charge \$		Zone 7 Charge \$ per passenger
Zone 3 Charge \$		Zone 8 Charge \$ per passenger
Zone 4 Charge \$		Zone 9 Charge \$ per passenger
Zone 5 Charge \$		

HOURLY RATE			
\$	per hour		
RATES FOR OTHER SERVICE	<i>E</i> S		
Personal Baggage:	First two articlesAdditional articles \$		— each (except trunks and footlockers)
Groceries Carried to Door:	First two bagsAdditional bags \$	Free	_
Trunks and Footlockers:	\$		each
Aids to Handicapped People:		Free	_
AIRPORT FEE			
\$	_ per vehicle (may not exc	eed the fee in	mposed by Dane County)
Company:			
Proposed Effective Date:			
Submitted by:			
	(Signature)		
	(Type or Print Na	ame)	·
This schedule must be subm proposed effective date.	nitted to the City Clerk a	it least twer	nty-eight (28) days before the
Office Use Only:			
Rate allowed by operating lice	ense: Meter Zone Fl	lat Limous	ine
Submission Date:	Last Rate Chang	ge Submitted	:
Distribution:  ☐ City Department of Transpo ☐ City Weights and Measures ☐ Dane County Regional Airp ☐ City Police Department	(Meter Cabs only)	403 Para 405 Pub 406 Hor	#a-Transit Operating plic Passenger Vehicle/Pedal Cab rse-Drawn Vehicle al Cab Service

Michael Rolls Pedicob Rostes

1) E. Miffin St. As W. Dickinson St.

2) Capital City trail to W. Lakesde St.

3) University Ave Chileputh) to compris on

# laxi Dilver Idenillication

Michael M

Madinan - N

7200

Michaelroll's Pedicab Expires: 10/31/2012 For any Complaints - Please Call (608) 266-4761

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/04/12

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). 262-636-1860 PRODUCER David Insurance Agency PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): 262-636-1866 1300 S. Green Bay Road Racine, WI 53406 ADDRESS Jim Venturini INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: National Specialty Ins INSURED Michael MacNeil INSURER B: 1490 Martin St INSURER C: Madison, WI 51713 INSURER D : **INSURER E:** INSURER F: **REVISION NUMBER: COVERAGES CERTIFICATE 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 NSW1477544 08/15/12 08/15/13 Δ Х ŝ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Excluded MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-\$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ **UMBRELLA LIAB** EACH OCCURRENCE \$ **OCCUR EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS OTH-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$ (Mandatory In NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) City of Madison, its officers, officials and employees are named as Additional Insured. Coverage is Primary and Non-Contributory. **CANCELLATION** CERTIFICATE HOLDER CITYMAD SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Madison ACCORDANCE WITH THE POLICY PROVISIONS. 210 Martin Luther King Jr. Dr. Madison, WI 53703 AUTHORIZED REPRESENTATIVE Jim Venturini

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### **Traffic Engineering and Parking Divisions**

David C. Dryer, P.E., City Traffic Engineer and Parking Manager

r Suite 100 215 Martin Luther King, Jr. Boulevard P.O. Box 2986 Madison, Wisconsin 53701-2986 PH 608 266 4761 FAX 608 267 1158

September 4, 2012

City Clerk
City County Bldg. –Rm 103
210 Martin Luther King Jr. Blvd
Madison, WI 53701

Dear City Clerk:

Under MGO 11.06(2)(c), the City Traffic Engineer shall have the authority to issue a provisional license to Pedal-Cab operators pending final approval of the Common Council if the Pedal-Cab operator obtains a valid driver permit, provides proof of liability insurance coverage as required in Subsection (8) (b) of this ordinance, and passes a vehicle inspection.

The below pedicab operator has provided the required documentation and upon appropriate payment to the City Clerk's Office is authorized to receive a Provisional License to Engage in the Business of Transporting Passengers for hire-pedicab, and Pedal Cab Vehicle Permit.

Michael MacNeil "Michael Rolls: Pedicab Service 1490 Martin Street Madison, WI 53713

Sincerely,

David Dryer, Traffic Engineer and ₱arking Manager

