

8. Is applicant a corporation? _____ Yes X No

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

Name	Address

9. Is applicant a partnership? _____ Yes X No

If yes, give names and address of all partners:

Name	Address

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 pedal cabs 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?

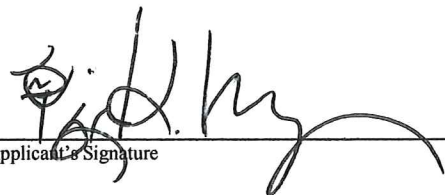
 X Yes _____ No

Subscribed and sworn before me

this 16th day of August, 20 17.

Notary Public

My Commission Expires 6/26/20.


Applicant's Signature

Pedal Cab Filing Affidavit

State of Wisconsin)
County of Dane)

BEATRIX MERCURY, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages X a pedal cab business in the City of Madison, doing business as MERCURY TRANSPORT LLC.
2. That as of the date of this Affidavit, (Company Name) MERCURY TRANSPORT LLC, (Address) 2332 A N 1st STREET, MILWAUKEE, Madison, Wisconsin, doing business as BEATRIX MERCURY, 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 as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)

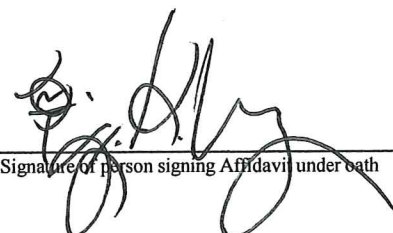
<u> </u>	Gratuity only
<u> X </u>	Gratuity with minimal charge (list amount)
<u> X </u>	Per hour charge
<u> </u>	Per Mile charge
<u> X </u>	Per trip charge
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) 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 Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage 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 16th day of August, 2017.

Notary Public

My Commission Expires 6/26/20.


Signature of person signing Affidavit under oath

Company Name MERCURY TRANSPORT LLC

[illegible]

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

† City Division of Traffic Engineering

† City Police Department

License # _____

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service