# Taxicab License Application

Pursuant to Madison General Ordinance 11.06

MAR 1 8 2015

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

MADISON CITY CLERK

1.	Applicant Name Jostein R. Brekke Home Phone # 1-608-345-829
	Home Address 926 Park View Drive Stought an WI
2.	Company Name Aftiliated Carriage Systems Inc DBA Madison Taxi
احر	Business Address 1403 Gilson Street Madison WI
	Business Telephone Number 1-608-255-8294
3.	Indicate method of operation and type of fare collection:
	Flate Rate Number of Vehicles
	ZoneNumber of Vehicles
	Meter Number of Vehicles 47
	Airport Shuttle 3 Number of Vehicles 3
	Total number of vehicles proposed to be operated
4.	Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.
	Silver body with blue lettering
5.	List your schedule of rates to be charged and the method of charging, in detail:
	\$4.00 Flag First 1/13 included 1/13 = 204 or \$2.60 per mile
	20 seconOs= 200 /minute= 604 time not in motion
1	20 seconds = . 20\$ /minute = . 60\$ time not in motion. Robert Softag /11=.30\$ or \$3,30 per mile.
6.	Name of Insurance Company Integrity Insurance
	Name of Insurance Company Integrity Insurance  Business Address 2121 & Capital Drive Appleton WI 59911
	Business Telephone Number 1-920-734-4511
7.	Name of Insurance Agent Covera Insurance Agency, Jeff Ascher
	Business Address 1111 Linden Drive Suite 1 Holmen WI 54636
	Business Telephone Number 1-608-526-2127

8. Is	s applicant a corpora	tion? X Yes	N	)			
It	f yes, give names and	l addresses of board of	directors, a	nd address of cor	poration:		
Г	Name .	• •	Address	,			,
E		Brekke	926	Park Vier	Drive	cle serial number, amount  \$ Fulfillment Date  ances of the City of	
-							
.	•	<del>`</del>				•	
9. Is	s applicant a partners	hip?Yes	XNo	1			
Ií	yes, give names and	address of all partners				•	
Γ	Name		Address				
L			. <b>I</b>				
	of mortgage and fulfi	llment date:	name and a			·	Fulfillment
-	Numb	1 1442 033			· .	*	Date
		Vone					·
		•					
L				7			· .
Mad these	ison pertaining to the	licensing and regulation nees of the City and lav	ng of taxica	bs in the City of l	Madison, ar	ces of the O d agrees to	City of abide by
		• •					
		•		ti.		A COLUMN TO THE REAL PROPERTY OF THE PARTY O	Vielen -
this	/S day of $N$	JARCH , 20/5					
Z	TTY FAIR RO	icant a partnership?Yes					
Malard	Dublic	•	<del></del>				
тата 🗸	POTHITISMOT TAYINGS		•				

# Taxicab Filing Affidavit

Taxicao Filing Amdavit
State of Wisconsin )
County of Dane )
Richard L. Nes vacie, 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 MADISON TAXI
2. That as of the date of this Affidavit, (Company Name) AFFILIATED CAPPIAGE SYSTEMS INC.
(Address) 1403 Gilsen St , Madison, Wisconsin, doing business as
MADISON TAXY , 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.
<ul> <li>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</li> <li>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</li> </ul>
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 18 day of Mancy; 2015.  Arry FRU FRUM: 10373413
Notary/Public  My Commission Expires NEVER

# City of Madison -- Taxicab Rate Schedule

METER RATES	
In Town	
"DROP" DistanceMI	"DROP" Charge \$ 4.00
Additional Distance 1/13 MI	Additional Charge \$
Wait Time Seconds	Wait Charge \$ . 20 or, 604 per minute
	or, 604 per minute.
Out of Town	(man article)
"DROP" Distance MI	"DROP" Charge \$
Additional Distance	Additional Charge \$
Wait Time / V Seconds	Wait Charge \$
VAN RATES (LARGE PARTY—6 OR MORE PASSEN	GERS)
In Town	
"DROP" DistanceMI	"DROP" Charge \$ 5.00
Additional DistanceMI	Additional Charge \$ 30
Wait Time Seconds	Wait Charge \$ .30
Out of Town	or. 604 per minute
	"DROP" Charge \$
"DROP" DistanceMI Additional DistanceMI	Additional Charge \$
Wait Time Seconds	Wait Charge \$
wait Time	wate ondings of
ZONE RATES	•
First Zone Charge \$	
Additional Zone(s) Charge \$	
	engers 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 M	
Single Passenger "DROP" Charge \$	Additional Passenger "DROP" Charge \$
Single Lagrange, 22101 Single 4	
LIMOUSINE RATES	
Zone 1 Charge \$ 8.00 per passenger	Zone 6 Charge: \$ 23.00 per passenger
Zone 2 Charge \$ // · O O per passenger	Zone 7 Charge \$ 27.00 per passenger
Zone 3 Charge \$_/\$, OO per passenger	Zone 8 Charge \$ 30.00 per passenger
Zone 4 Charge \$ 17.00 per passenger	Zone 9 Charge \$ 3 4.00 per passenger
Zone 5 Charge \$ 20.00 per passenger	

HOURLY RATE			
\$ 4/2/00	_ per hour		
	-		
RATES FOR OTHER SERVICE	ES		
Personal Baggage:	First two articlesAdditional articles \$	Free . 50¢	each (except trunks and footlockers)
Groceries Carried to Door:	First two bagsAdditional bags \$	Free	_ Cach (except trunks and foottockers)
Trunks and Footlockers: Aids to Handicapped People:	\$	Free	_ each
Aids to Trandicapped Teople.		Tice	
AIRPORT FEE			
\$ 100	_ per vehicle (may not ex	ceed the fee is	mnosed by Dane County)
•	· · ·		
Company: AFFILIATI	ED CARRIAGE O	WIEN -	THU DBB MADISON TA
Proposed Effective Date:			
	11 6/1	† Ma	
Submitted by: Weshard	/ormmy/ /se.	<u> </u>	
Bichapp L. Newrac	Johnmand Joen (Signature	MONON	٦
11101400 x. 16 60 840	(Type or Print N		
	(Type of Time)	vaine)	
This schedule must be submproposed effective date.	nitted to the City Clerk	at least twer	nty-eight (28) days before the
Office Use Only:			
Rate allowed by operating lice	ense: Meter Zone I	Flat Limous	sine
Submission Date:	Last Rate Char	nge Submitted	•
Distribution: ☐ City Department of Transport ☐ City Weights and Measures		License	#
☐ Dane County Regional Airp☐ City Police Department	oort	405 Pub	olic Passenger Vehicle/Pedal Cab
У Д		406 Hor	rse-Drawn Vehicle
			al Cab Service
		408 red	ai Cau Bei vice



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/18/2015

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(les) 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 liqu of such endorsement(s).

ti	ne terms and conditions of the policy, ertificate holder in lieu of such endors	cert	ain p	olicies may require an er	ndorse	ment. A stat	tement on th	is certificate does not co	onter ri	gnts to the	
	DUCER	Serie	111(3)		CONTA NAME:	ст Pam An	dre				
Coverra Insurance Services, Inc. 1111 Linden Drive Suite 1 PO Box 277					PHONE (A/C, No, Ext):608-526-6345 (A/C, No):608-526-3158						
					E-MAIL ADDREss:pandre@coverrainsurance.com						
					AUUKE			RDING COVERAGE		NAIC #	
Hol	Holmen WI 54636  INSURED MADITAX-01					R A :Integrity		IDINO OUVERNOL			
INIOI							Group				
	•				INSURE						
	dison Taxi, Affiliated Carriage Systel 33 Gilson St	ns II	ic at	Ja	INSURE				-		
	dison WI 53715				INSURE						
	OFD	T.F.1	- A TF	- NUMBER: 0040440700	INSUR	:RF:	*****	REVISION NUMBER:			
CO	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES	IIFK	MOLE	NUMBER: 2043446783	VE BEE	N ISSUED TO			E POL	CY PERIOD	
11	HIS IS TO CERTIFF THAT THE POLICIES OF MODICATED. NOTWITHSTANDING ANY REJECTIFICATE MAY BE ISSUED OR MAY SECUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	)	MICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
A	GENERAL LIABILITY			CPP2071301		3/25/2015	3/25/2016		\$1,000,0	000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00	0	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,000		
	55							PERSONAL & ADV INJURY	\$1,000,	000	
								GENERAL AGGREGATE	\$2,000,	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO-								\$		
A	AUTOMOBILE LIABILITY			CA2078471		6/9/2014	6/9/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,	000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED Y SCHEDULED								\$		
	NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS AUTOS	l							\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	•							\$		
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							1	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OF ENATIONS BRIOW	<b> </b>	1								
1											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks	Schedule	e, if more space i	s required)				
		,									
	RTIFICATE HOLDER				CAN	CELLATION					
\ <u>\</u>	IXTHIOATE HOLDER				SHO	OULD ANY OF		DESCRIBED POLICIES BE CA			
	City of Madison PO Box 2986							EREOF, NOTICE WILL E CY PROVISIONS.	oc DEI	IVEKED IN	
	Madison WI 53701				AUTHO	RIZED REPRESE	NTATIVE				
						-					
					I M	on Arri	Inc.				

## Vehicle List Schedule A

Owner/	Serial/Engine #	Permit #	Type of Service	Office Use Only							
Title Holder				State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued	
(	01/										
	1 4										
	d 1st										
MANAGEMENT OF THE PROPERTY OF				100						100	

### **MADISON TAXI**

#### **ACTIVE VEHICLE LIST**

1403 Gilson St. Madison, WI 53715

26 February 2015

(608) 258-7454 (Ext 108) Fax (608) 661-0040

ermit#	CAR#	INSURED	<u>V.I.N #</u>	PLATE#	YR & STYLE	SERVICE DATE
120	70-7	Х	2 D8HN 54P5 8R 109 548	181 WUZ	08 DODGE G.CAR	14 APR 2011
112	71-8	Х	2 D4GP 44L3 6R 835 064	737 NAU	06 DODGE G.CAR	11 JAN 2012
128	72-8	Х	2 D4GP 24R5 5R 122 738	372 RGM	04 DODGE G-CAR	20 AUG 2014
122	73-7	Х	2 D8HN 44E7 9R 557 512	243 NKM	09 DODGE G.CAR	18 NOV 2011
123	74-6	Х	2 D4GP 44L3 5R 524 152	501 NNV	05 DODGE G.CAR	29 JAN 2012
124	75-8	Х	2 A4GP 44R4 7R 221 279	252 TFF	07 CHR-TOWNCOU	2 MAR 2011
121	76-8	X	2 A8HR 54PX 8R 129 242	253 TFE	08 CHR-TOWNCOU	11 NOV 2014
118	77-7	Х	1 D8HN 54P1 8B 167 378	254 TFF	08 DODGE G.CAR	12 JUL 2011
125	78-6	Х	2 D4GP 44L1 7R 347 264	255 TFF	07 DODGE G. CAR	8 JUL 2014
121	79-9	Х	2 D8HN 54P5 8R 655 248	256 TFE	08 DODGE G.CAR	13 JUN 2014
126	80-7	Х	2 C4GP 54L1 5R 133 309	610 WEW	05 CHR-TOWNCOU	30 MAY 2012
127	81-9	Х	2 A8GP 64L5 6R 829 090	257 TFE	06 CHR-TOWNCOU	28 FFB 2014
101	82-4	Х	2 MEFM 74W8 YX 601 111	258 TFE	00 MERC-SEDAN	19 DEC 2007
129	83-8	X	1 D8GP 24R4 7B 140 132	259 TFE	07 DODGE G.CAR	28 SFP 2011
130	84-9	Х	2 A4GP 54L3 7R 279 112	274 TZW	07 CHR-TOWNCOU	19 MAY 2014
131	85-7	Х	2 C4GP 54L7 5R 515 229	261 TFE	05 CHR-TOWNCOU	19 JUN 2013
132	86-6	Х	1 D8HN 54P6 8B 114 658	739 NAU	08 DODGE G. CAR	22 AUG 2012
133	87-7	Х	1 D4GP 44L3 7B 119 072	262 TFE	07 DODGE G-CAR	2 JUL 2013
144	88-7	Х	2 A4GP 44R8 7R 147 106	328 ZZA	07 CHR-TOWNCOU	7 OCT 2014
106	89-9	Х	2 C8GP 54L1 5R 137 259	263 TFE	05 CHR-TOWNCOU	20 DEC 2011
136	90-7	Х	2 D4GP 44L1 6R 835 063	264 TFE	06 DODGE G.CAR	14 NOV 2011
137	91-9	Х	2 D4GP 44L1 6R 659 907	401 TFE	06 DODGE G.CAR	12 AUG 2013
138	92-6	Х	2 D4RN 5D19 AR 496 791	402 TFE	10 DODGE G.CAR	18 SEP 2013
139	93-10	Х	2 D4GP 44L9 5R 104 198	403 TFE	05 DODGE G.CAR	23 JUL 2012
140	94-8	X	1 D4GP 24RX 6B 641 395	662 MNV	06 DODGE G.CAR	15 OCT 2009
141	95-10	Х	2 04GP 44L5 6R 835 924	153 ZZA	06 DODGE G.CAR	26 FEB 2015
142	96-7	Х	1 D4GP 24R5 6B 542 807	274 JVX	06 DODGE G-CAR	30 AUG 2010
143	97-7	Х	2 C4GP 54L2 5R 295 126	612 WEW	05 CHR-TOWNCOU	10 DEC 2012
98	98-4	Х	2 D4GP 44L6 6R 826 522	609 WEW	06 DODGE G.CAR	29 APR 2013
145	99-7	Х	1 D8HN 44H9 8B 150 282	404 TFE	08 DODGE G.CAR	17 OCT 2013
100	100-7	X	2 D8HN 44E6 9R 682 971	761 PGA	09 DODGE G.CAR	19 MAR 2013
110	101-8	Х	1 D4GP 24R3 7B 160 020	228 ZZA	07 DODGE G.CAR	20 FEB 2012
102	102-7	Х	2 D4RN 5D17 AR 180 001	406 TFË	10 DODGE G.CAR	18 MAR 2014
103	103-8	Х	2 D4GP 44L4 5R 432 208	405 TFE	05 DODGE G.CAR	17b OCT 2013
104	104-5	Х	2 A8HR 44H6 8R 720 929	407 TFE	08 CHR-TOWNCOU	13 JUN 2014
105	105-9	Х	2 C4GP 54L1 5R 538 389	408 TFE	05 CHR-TOWNCOU	7 OCT 2014
106	106-7	Х	2 C4GP 54L7 5R 391 415	611 WEW	05 CHR-TOWNCOU	6 APR 10
107	107-7	X	2 A4GP 54L3 6R 747 855	410 TFE	06 CHR-TOWNCOU	16 AUG 2014
108	108-7	X	2 A4GP 44R9 6R 794 421	411 TFE	06 CHR-TOWNCOU	16 JUN 2009
109	109-6	X	1 D8HN 54P9 8B 148 092	425 MME	08 DODGE G-CAR	27 AUG 2013
119	110-6	Х	2 D4GP 44L1 5R 327 819	271 KDK	05 DODGE G-CAR	23 AUG 2010
111	111-6	Х	2 C8GP 54L1 5R 425 105	670 KBL	05 CHR-TOWNCOU	15 MAR 2012
134	112-4	X	1 D8HN 44H8 8B 109 724	318 ZZA	08 DODGE G-CAR	20 FEB 2013
13	113-7	X	2 A4GP 54L6 6R 861 817	412 TFE	06 CHR-TOWNCOU	13 JUN 2014
14	114-5	Х	2 A4GP 54L9 6R 923 260	413 TFE	06 CHR-TOWNCOU	15 AUG 2012
15	115-5	X	2 D4GP 44L7 6R 904 208	275 TZW	06 DODGE G-CAR	31 AUG 2011
16	116-5	X	2 D4GP 44L4 5R 150 232	242 NKM	05 DODGE G-CAR	16 NOV 2012
17	117-3	XXXX	2 C8GP 54L1 5R 189 376	414 TFE	05 CHR-TOWNCOU	26 APR 2013
	111.0	XXXX	2 3031 3421 311 130 373	L		20 41 11 2013
F	133	Х	1 FBSS 31S7 YH B89 705	324 ZZA	00 FORD VAN	25 OCT 2001
ᅣ	134	Х	1 FBSS 31S4 2H B42 381	562 ZZA	02 FORD VAN	3 OCT 2003
F						
<u> </u>	135	Х	1GAHG 39U5 61 122 127	303 ZZA	06 CHEV VAN	26 SEP 2008
Γ						Section 1 to the section of the sect
	Serv.Veh	Temp plate	1 GCHK 29U6 6E 158 224	F79 42D	06 CHEV 2500HD TRUCK	25 NOV 2009

CALL <u>Coverra Ins.</u> (<u>Pam</u>) # <u>608-526-6345</u>