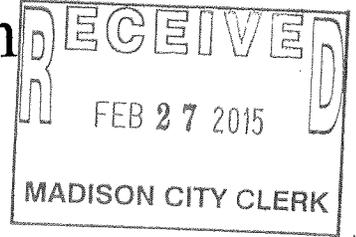


Taxicab License Application

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 Phil Anderson Home Phone # 608 345-3916
Home Address 2318 Westchester Rd., Fitchburg WI 53711

2. Company Name Green Cab of Madison
Business Address 1621 Beld St., Madison WI 53715
Business Telephone Number 608 255-1234

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

| | |
|-----------------|------------------------------|
| Flat Rate | Number of Vehicles |
| Zone <u>x</u> | Number of Vehicles <u>42</u> |
| Meter | Number of Vehicles |
| Airport Shuttle | Number of Vehicles |

Total number of vehicles proposed to be operated 42

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

White or any other available color, vinyl leafy vehicle wrap (colored)

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

Zone rates: Shared Ride- \$4 initial zone, + \$1 each additional zone. Direct Ride- \$6 initial zone, + \$1.50 each additional zone. For both, \$1 each additional passenger. \$2.50/mi out of zone.

Meter Rate: \$4 drop (.1 mile), \$.025/ 0.1 mile thereafter. Airport Shuttle Rates: as contracted

6. Name of Insurance Company Integrity Insurance
Business Address 2121 East Capitol Drive, Appleton WI 54912
Business Telephone Number 920-734-4511

7. Name of Insurance Agent Kunkel and Associates
Business Address 3220 Syene Rd., Madison WI 53713
Business Telephone Number 608-210-1080

8. Is applicant a corporation? Yes No

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

| Name | Address |
|----------------------------|---------------------------------|
| Green Cab of Madison, Inc. | 1621 Beld St., Madison WI 53715 |
| John Schmidt | 1366 Judd Rd., Oregon WI |
| Michael Schmidt | 2265 Sugar River Rd., Verona WI |
| | |
| | |

9. Is applicant a partnership? Yes 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 |
|------|---------|------------------|----|------------------|
| | | | | |
| | | | | |
| | | | | |

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?

Yes No

Subscribed and sworn before me

this 27 day of Feb., 2015.

Kiefer Krause
 Notary Public
 My Commission Expires 9-17-18.

[Signature]
 Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

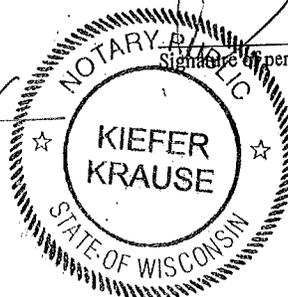
Phil Anderson, being first duly sworn on oath, deposes and says:

1. That the affiant owns _____, operates _____, or manages a taxicab business in the City of Madison, doing business as Green Cab of Madison.
2. That as of the date of this Affidavit, (Company Name) Green Cab of Madison, (Address) 1621 Beld St., Madison, Wisconsin, doing business as Green Cab of Madison, 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 27 day of Feb, 2015.

Kiefer Krause
Notary Public
My Commission Expires 9-17-18



City of Madison -- Taxicab Rate Schedule

METER RATES

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 _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

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 _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

ZONE RATES

First Zone Charge \$ 4 (Shared Ride) \$6 (Direct Ride)
Additional Zone(s) Charge \$ 1 (Shared Ride) \$1.50 (Direct Ride)
Additional Passenger Charge \$ 1 (for passengers making the same trip as the first passenger)
Outer Zone Distance 0.1 MI Outer Zone Charge \$ 0.25
Wait Time 60 Seconds Wait Charge \$ 0.60

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 \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger
Zone 6 Charge \$ _____ per passenger
Zone 7 Charge \$ _____ per passenger
Zone 8 Charge \$ _____ per passenger
Zone 9 Charge \$ _____ per passenger

HOURLY RATE

\$ 36 per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
 Additional articles \$.50 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
 Additional bags \$.50

Trunks and Footlockers: \$ 2 each

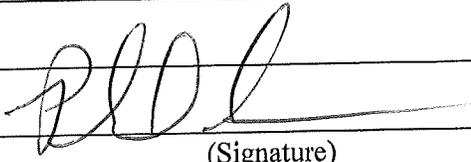
Aids to Handicapped People: Free

AIRPORT FEE

\$ 1 per vehicle (may not exceed the fee imposed by Dane County)

Company: _____

Proposed Effective Date: _____

Submitted by: 
(Signature)

Phil Anderson, 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 |

Green Cab of Madison

| Permit# | Make | Model | Year | License | VIN | Service |
|------------|--------|-------|------|---------|-------------------|----------|
| 310 | Toyota | Prius | 2013 | 759 VTS | JTDKN3DU0D5689801 | zone cab |
| 311 | Toyota | Prius | 2010 | 485RWR | JTDKN3DU4A0177113 | zone cab |
| 312 | Toyota | Prius | 2010 | 446RSC | JTDKN3DU0A5153667 | zone cab |
| 313 | Toyota | Prius | 2010 | 450RSC | JTDKN3DU7A0157034 | zone cab |
| 314 | Toyota | Prius | 2010 | 484RWR | JTDKN3DU7A0174982 | zone cab |
| 315 | Toyota | Prius | 2010 | 449RSC | JTDKN3DU6A0164704 | zone cab |
| 316 | Toyota | Prius | 2010 | 447RSC | JTDKN3DU8A0121160 | zone cab |
| 317 | Toyota | Prius | 2010 | 482RWR | JTDKN3DU8A0154143 | zone cab |
| 318 | Toyota | Prius | 2010 | 448RSC | JTDKN3DU0A0139233 | zone cab |
| 319 | Toyota | Prius | 2013 | 760 VTS | JTDKN3DU1D5701910 | zone cab |
| 320 | Toyota | Prius | 2013 | 445 URK | JTDKN3DU7D5597391 | zone cab |
| 321 | Toyota | Prius | 2010 | 631SHA | JTDKN3DU7A0212890 | zone cab |
| 322 | Toyota | Prius | 2011 | 789SHA | JTDKN3DU3B0258251 | zone cab |
| 323 | Toyota | Prius | 2010 | 633SHA | JTDKN3DU9A0218609 | zone cab |
| 324 | Toyota | Prius | 2012 | 732UFH | JTDKN3DU8C5512704 | zone cab |
| 325 | Toyota | Prius | 2010 | 630SHA | JTDKN3DU1A0224467 | zone cab |
| 326 | Toyota | Prius | 2013 | 661UMT | JTDKN3DU2D552262 | zone cab |
| 327 | Toyota | Prius | 2013 | 761 VTS | JTDKN3DU1D5695834 | zone cab |

| | | | | | | |
|------------|--------|---------|------|---------|-------------------|----------|
| 328 | Toyota | Prius | 2011 | 793SHA | JTDKN3DU2B1338568 | zone cab |
| 329 | Toyota | Prius | 2011 | 790SHA | JTDKN3DU3B0256743 | zone cab |
| 330 | Toyota | Prius V | 2012 | 791 SHA | JTDZN3EU0C3035064 | zone cab |
| 331 | Toyota | Prius | 2011 | 542SWU | JTDKN3DUXB5288530 | zone cab |
| 332 | Toyota | Prius | 2011 | 619TEF | JTDKN3DU5A1122227 | zone cab |
| 333 | Toyota | Prius | 2012 | 113THK | JTDZN3EU9C3017730 | zone cab |
| 334 | Toyota | Prius | 2010 | 572SDU | JTDKN3DU9A0089996 | zone cab |
| 335 | Toyota | Prius | 2012 | 729UFH | JTDKN3DUXC5467877 | zone cab |
| 336 | Toyota | Prius | 2012 | 730UFH | JTDKN3DU6C5465446 | zone cab |
| 337 | Toyota | Prius | 2012 | 731UFH | JTDKN3DU9C5487540 | zone cab |
| 338 | Toyota | Prius | 2012 | 747UFH | JTDKN3DU8C5498691 | zone cab |
| 339 | Toyota | Prius | 2012 | 733UFH | JTDKN3DU1C5495518 | zone cab |
| 340 | Toyota | Prius | 2013 | 622UMT | JTDKN3DU6D5544777 | zone cab |
| 341 | Toyota | Prius | 2013 | 620UMT | JTDKN3DU5D5538548 | zone cab |
| 342 | Toyota | Prius | 2013 | 618UMT | JTDKN3DU8D5542464 | zone cab |
| 343 | Toyota | Prius | 2013 | 619UMT | JTDKN3DU8D5539340 | zone cab |
| 344 | Toyota | Prius | 2013 | 621UMT | JTDKN3DU9D5546183 | zone cab |
| 345 | Toyota | Prius | 2013 | 446 URK | JTDKN3DU7D5607126 | zone cab |
| 346 | Toyota | Prius | 2013 | 444 URK | JTDKN3DU3D5562198 | zone cab |
| 347 | Toyota | Prius | 2013 | 443 URK | JTDKN3DU2D5573581 | zone cab |

| | | | | | | |
|------------|---------|-------|------|---------|-------------------|----------|
| 348 | Toyota | Prius | 2013 | 447 URK | JTDKN3DU5D0340064 | zone cab |
| 349 | Polaris | Gem | 2014 | 1564LS | 52CG6AGA7E0004632 | zone cab |
| 350 | Toyota | Prius | 2013 | 762 VTS | JTDKN3DU3D1724127 | zone cab |
| 351 | Toyota | Prius | 2013 | 758 VTS | JTDKN3DU3D5699268 | zone cab |

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.