

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 TOM H. MEELMS Home Phone # 608-244-6012

Home Address 509 WOODWARD DR MADISON WI 53704

2. Company Name BADGER CAB CO INC.

Business Address 700 COTTAGE GROVE RD MADISON WI 53716

Business Telephone Number 608-256-1363

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

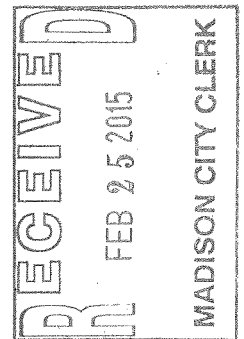
Flate Rate _____ Number of Vehicles _____

Zone ✓ Number of Vehicles 43

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

Total number of vehicles proposed to be operated 43



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

WHITE BODY, RED ROOF, RED-LETTERING

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

\$4.00 FIRST ZONE, \$1.00 EACH ADDITIONAL ZONE,
\$1.00 EACH ADDITIONAL PASSENGER

6. Name of Insurance Company INTEGRITY-MUTUAL INS

Business Address P.O. Box 3333

Business Telephone Number APPLETON, WI 54912-0539

7. Name of Insurance Agent COVERRA INS. SERVICES

Business Address 1111 LINDEN DR. SUITE 1

Business Telephone Number HOLMEN, WI 54636

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
BADGER CAB CO INC	700 COTTAGE GROVE RD MADISON 53716
TOM H. MELMS	509 WOODWARD DR
MONA J. MELMS	MADISON WI 53704

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
NONE				

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

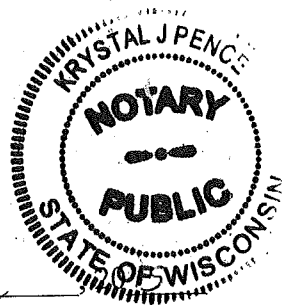
Subscribed and sworn before me

this 20th day of February

Krystal Pence

Notary Public

My Commission Expires March 18th, 2012



[Signature]
Applicant's Signature

Taxicab Filing Affidavit

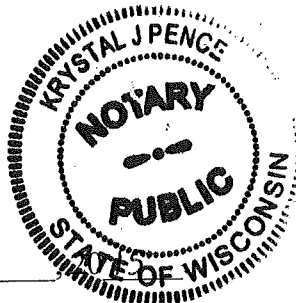
State of Wisconsin)
County of Dane)

TOM H. MEHMS, 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 BADGER CAB CO INC.
2. That as of the date of this Affidavit, (Company Name) BADGER CAB CO INC, (Address) 700 COTTAGE GROVE RD, Madison, Wisconsin, doing business as BADGER CAB, 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 20th day of February

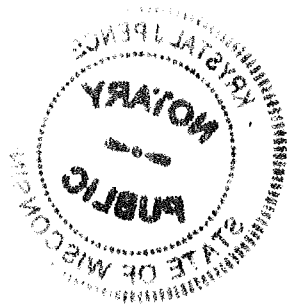


[Signature]
Signature of person signing Affidavit under oath

Notary Public

My Commission Expires March 18th, 2018

W. J. C. C. C. C.



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 \$ 4.00
Additional Zone(s) Charge \$ 1.00
Additional Passenger Charge \$ 1.00 (for passengers making the same trip as the first passenger)
Outer Zone Distance 1/10 MI Outer Zone Charge \$.25
Wait Time 60 Seconds Wait Charge \$.50

FLAT RATES

"DROP" Distance 6.00 MI
Single Passenger "DROP" Charge \$ 1.50 Additional Passenger "DROP" Charge \$.25
Additional Distance 1/10 MI
Single Passenger "DROP" Charge \$.60 Additional Passenger "DROP" Charge \$.50

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger	Zone 6 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger	Zone 7 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger	Zone 8 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger	Zone 9 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger	

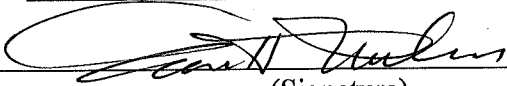
HOURLY RATE\$ 30.00 per hour**RATES FOR OTHER SERVICES**

Personal Baggage: First two articles Free
Additional articles \$ 1.00 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
Additional bags \$.25

Trunks and Footlockers: \$ 2.00 each

Aids to Handicapped People: Free \$50.00
BIOLOGICAL SPILLS

AIRPORT FEE\$ 1.00 per vehicle (may not exceed the fee imposed by Dane County)Company: BADGER CAB CO INCProposed Effective Date: 1-1-2015Submitted by: 
(Signature)TOM H. MELMS
(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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2015

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(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. 1111 Linden Drive Suite 1 PO Box 277 Holmen WI 54636	CONTACT NAME: Pam Andre		
	PHONE (A/C, No, Ext): 608-526-6345	FAX (A/C, No): 608-526-3158	
	E-MAIL ADDRESS: pandre@coverrainurance.com		
INSURED BADGCAB-01 Badger Cab Company 700 Cottage Grove Rd Madison WI 53716-1116	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Integrity Group		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:** 402329728**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"/> PRO-JECT <input type="checkbox"/> LOC			CPP2057584	11/18/2014	11/18/2015	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	\$2,000,000
								\$
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 2057585	11/18/2014	11/18/2015	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 <input type="checkbox"/> 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			Pending	11/18/2014	11/18/2015	<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
210 Martin Luther Kind Junion Blvd
Madison WI 53703

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

Veh ID	VIN	Make	Year	Type	Current Mil/Km/Hrs	License	ST	Expires
161	2FAHP71V78X102724	FORD	2008	TAXI	190,500	417-UBR	WI.	12/13
162	2FAHP71V39X128979	FORD	2009	TAXI	218,550	556-WYY	WI.	12/14
163	2FAFP71W96X162226	FORD	2006	TAXI	1	955-JBN	WI.	12/12
164	2FAHP71V18X164958	FORD	2008	TAXI	158,900	263-ZZA	WI.	12/14
165	2FAHP71W77X147315	FORD	2007	TAXI	107,150	259-ZZA	WI.	12/12
166	2FAFP71V38X151443	FORD	2008	TAXI	206,550	809-VHW	WI.	08/13
167	2FAFP71W36X159158	FORD	2006	TAXI	329,600	649-VYE	WI.	12/12
168	2FAHP71V38X153069	FORD	2008	TAXI	247,000	919-VLA	WI.	10/14
169	2FAFP71W03X136013	FORD	2003	TAXI	1	268-ZZA	WI.	12/12
170	2FAFP71W37X147352	FORD	2007	TAXI	272,150	269-ZZA	WI.	12/12
171	2FAFP71W25X102299	FORD	2005	TAXI	1	270-ZZA	WI.	12/12
172	2FAFP72W15X117858	FORD	2005	TAXI	1	549-ZZA	WI.	12/12
173	2FAFP71V58X151444	FORD	2008	TAXI	206,100	810-VHW	WI.	08/13
174	2FAHP71V88X127034	FORD	2008	TAXI	238,100	202-SGU	WI.	12/12
175	2FAHP71V79X146501	FORD	2009	TAXI	111,850	879-TSF	WI.	12/12
176	2FAHP71V48X132411	FORD	2008	TAXI	217,850	275-ZZA	WI.	12/12
177	2FAHP71W26X156843	FORD	2006	TAXI	1	276-ZZA	WI.	12/12
178	2FAHP71W15X176306	FORD	2005	TAXI	1	418-UBR	WI.	12/12
179	2FAHP71W97X147316	FORD	2007	TAXI	331,800	901-TJU	WI.	12/14
180	2FAHP71W86X157365	FORD	2006	TAXI	1	922-DZL	WI.	07/12
181	2FAHP71V28X130205	FORD	2008	TAXI	119,200	280-ZZA	WI.	12/12
182	2FAHP71V18X150042	FORD	2008	TAXI	184,300	281-ZZA	WI.	12/13
183	2FAFP71V38X112724	FORD	2008	TAXI	143,400	282-ZZA	WI.	12/14
184	2FAFP71VX8X125924	FORD	2008	TAXI	103,200	617-UBR	WI.	12/13
185	2FAHP71V48X166834	FORD	2008	TAXI	187,450	696-SWT	WI.	12/13
186	2FAHP71V58X130201	FORD	2008	TAXI	1	457-SGU	WI.	12/12
187	2FAHP71V58X106545	FORD	2008	TAXI	204,000	303-USA	WI.	12/13
188	2FAHP71WX7X131688	FORD	2007	TAXI	1	595-UEA	WI.	12/12
189	2FAFP71V58X115964	FORD	2008	TAXI	237,100	986-UFV	WI.	12/12
190	2FAHP71W35X163850	FORD	2005	TAXI	1	797-UJP	WI.	12/12
191	2FAFP71W56X166113	FORD	2006	TAXI	1	648-VYE	WI.	12/12
192	2FAHP71V78X106546	FORD	2008	TAXI	194,800	501-ZZA	WI.	12/12
193	2FAHP71V28X176527	FORD	2008	TAXI	157,650	403-TFG	WI.	12/14
194	2FAFP71V38X151622	FORD	2008	TAXI	222,300	981-UNN	WI.	12/13
195	2FAFP71WX6X109003	FORD	2006	TAXI	1	293-ZZA	WI.	12/12
196	2FAHP71W27X102041	FORD	2007	TAXI	283,000	594-UEA	WI.	12/12
197	2FAFP71V71X151445	FORD	2008	TAXI	212,350	295-ZZA	WI.	12/13
198	2FAFP71VX8X164867	FORD	2008	TAXI	1	296-ZZA	WI.	12/12
199	2FAFP71V28X156892	FORD	2008	TAXI	272,800	796-UJP	WI.	12/13
200	2FAHP71V68X153065	FORD	2008	TAXI	176,800	420-UBR	WI.	12/12
201	2FAFP71V68X176580	FORD	2008	TAXI	127,900	574-TEM	WI.	12/12
202	2FAHP71VX8X153070	FORD	2008	TAXI	229,150	543-ZZA	WI.	12/13