Pedal Cab Operator License Application/Renewal Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$125/initial year) + \$30/vehicle/year Renewal Fee: \$100/two years + \$30/vehicle/year

\$30/vehicle/year
1. Applicant Name KIM POLI E-Mail Address Kpoli@tcls. No Home Phone # 970-883-7416 Home Address 1221 Posco St. CREET 1873 44 (1984)
Home Address 1771 Poscor Signature From Phone # 970-883-7416
Home Address 1221 POSCOF ST., GIZEEN BAY, WI 54304
Business Address 1221 ROSCOF ST. GREEN BAY, WI 54304 Business Telephone Number 020 COSC TO THE STATE OF THE
Business Telephone Number 920-883-7418
3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):
Gratuity/Tip (select or explain how customers are charged for trip):
Gratuity with Minimal Charge
Per hour charge
Per mile charge
Per Block
Other- explain
4. Describe the pedal cab vehicle (Make, model, type, age).
PROFESSIONALLY FARDERS
TO LAIS LA MANAGER
COMPONENTS
the contact of the co
Name of Insurance Company SECURA INSURANCE
Traine of Insurance Agent GREEN BAY IN SUCA NO.
Business Address A17 C A Accused
Business Telephone Number 920 427
- 2441000 (
DEGETVED
\square MAR $0.9 \cdot 2015$

8. Is applicant a corporation?	
8. Is applicant a corporation? V 165 If yes, give names and addresses of board of directors, and address of corporation:	
If yes, give names and address Address	154304
Name IZZI ROSCOE ST. GREEN BAY, W	
KIM POLI	
9. Is applicant a partnership? YesNo	
If yes, give names and address of all partners:	
Address	
Name	
Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the C Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees by these and all other ordinances of the City and laws of the State of Wisconsin?	City of to abide
No	
Subscribed and sworn before me	<i>)</i>
this 5th day of March, 2015. Applicant's Signature	
this 6th day of March, 2015. Applicant's Signature	
Notary Public My Commission Expires 4 4 2015. CLEO FERRIS Notary Public State of Wisconsin	

Pedal Cab Filing Affidavit

State of Wisconsin)
County of Dane)
KIM POLI , being first duly sworn on oath, deposes and says:
1. That the affiant owns, operates, or manages a pedal cab business in the City of Madison, doing business as BLACK + TAN BIKE CAB
2. That as of the date of this Affidavit, (Company Name) BLACK & TAN BIKE CAR,
(Address) 221 ROSCDE ST. GREEN BAY, WI, Madison, Wisconsin, doing business as BLACK & TAN BIKE 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 as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable) Gratuity only Gratuity with minimal charge (list amount)
Per hour charge
Per Mile charge
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 day of MUCh, 2015. Notary Public My Commission Expires 6 14 2015. CLEO FERRIS
Notary Public

Pedal Cab Vehicle List Schedule A

Company Name BLACK & TAN BIKE CAB

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	Permit Issued		10.00		1									1		
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Ċ	Owner/ Title Holder	KIM, POLI	,									•.	-			
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	Model Year	8				-			,	e .						

Office Use Only:	
Rate allowed by operating license: Meter Zone Fla	t Limousine
Submission Date: Last Rate Change	e Submitted:
Distribution: † City Division of Traffic Engineering † City Police Department	License #403 Para-Transit Operating 405 Public Passenger Vehicle/Pedal Cab
Liggidae	406 Horse-Drawn Vehicle 408 Pedal Cab Service

01/03/11-F:\Clcommon\Licensing\Application Forms\Taxi Paratransit Ap.docx



CERTIFICATE OF LIABILITY INSURANCE

BLACK-2 OP ID: PD

> DATE (MM/DD/YYYY) 03/05/2015

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

	ne terms and conditions of the policy ertificate holder in lieu of such endors				ndorse	∍ment. A sta	tement on th	nis certificate does not d	confer	rights to the
PRO	DUCER		-	Phone: 920-437-9281	CONTA NAME:	ACT				
1417	en Bay Insurance Center,Inc S Monroe Ave, PO Box 1960 en Bay, WI 54305-1960			Fax: 920-437-9784	PHONE (A/C, N E-MAIL	E lo, Ext): _		FAX (A/C, No):		
Pau	la A Daul				ADDRE	ESS:				Т
l								DING COVERAGE		NAIC#
	Black 9 Tay Bike Cab LL	_			INSUR	_{ER A :} Secura	Insurance			22543
INSU	RED Black & Tan Bike Cab, LL Kim Poli DBA:	_C			INSUR	ERB:				
	1221 Roscoe Street				INSUR	ERC:				
	Green Bay, WI 54304				INSURE	ER D :				
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CO	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:		
IN C E	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUII PERT POLI	REME TAIN, ICIES.	ENT, TERM OR CONDITION F THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	Х		CP3226707		08/26/2014	08/26/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
							į	GENERAL AGGREGATE	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
								() or doordorny	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					ĺ		E.L. EACH ACCIDENT	\$	
İ	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 OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Madison, its officer, agents and employees are listed as an additional insured.

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City of Madison 215 MLK Dr. PO Box 2986

Madison, WI 53703-2986

CITYMA4

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 Paula A Daul

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CANCELLATION