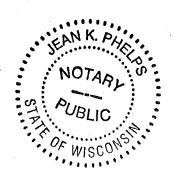
## Pedal Cab Operator License Application

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 amic morning@gmail.com 1. Applicant Name Alamic Molning E-Mail Address Mic Morning Dymoil can Home Phone # 608-906-5556 Home Address 3610 Brecken rege ct. #24 Fitehburg W1, 53713 Mantown Hopper UC Business Address 4 Same as Home" Business Telephone Number \_\_\_\_\_608-906-5556 3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip): Gratuity/Tip Gratuity with Minimal Charge Per hour charge Per mile charge Per Block Other- explain 4. Describe the pedal cab vehicle (Make, model, type, age). 2014 Gem e6 electric low speed vehicle Evolution Insurance Brokers 6. Name of Insurance Company Name of Insurance Agent Sandy. Business Address 8722 Business Telephone Number E-Mail Address 5 immy 5@ eibdirect.com

8. Is applicant a corporation? Yes  If yes, give names and addresses of board of o	
Name Amir Morning	Address 3610 Breckenvidge Ct. #24 Fitchbug W1,53713
9. Is applicant a partnership? Yes  If yes, give names and address of all partners:	
Name	Address
Does the applicant agree that he/she has read and Madison pertaining to the licensing and regulating these and all other ordinances of the City and Yes No	d is thoroughly familiar with the ordinances of the City of ang of pedal cabs in the City of Madison, and agrees to abide laws of the State of Wisconsin?
Subscribed and sworn before me  this 17th day of April , 20 14  Notaty Public  My Commission Expires (2) 2/14	Applicant's Signature  (auix



### Pedal Cab Filing Affidavit

St	ate of Wisconsin )
С	ounty of Dane )
	Alaman V Marina
	Hamic K. Morning, being first duly sworn on oath, deposes and says:
	That the affiant owns, operates, or manages a pedal cab business in the City of Madison, doing business as
2	That as of the date of this Affidavit, (Company Name) Madtown Hoper II.
۷,	
	(Address) 3610 Brecken ridge ct. #24, Madison, Wisconsin, doing business as  Madtown Hopper, 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 mininal 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.
Cu	bscribed and sworn before me
	/11m
thi	s 174 day of April , 2014 . NOTAR Signature of person signing Affidavit under oath
Not	Jean R. Phelps I VBLIC ! Marine
	y Commission Expires 6/22/14 WISCONSIN.

# Pedal Cab Vehicle List Schedule A

Company Name Macheun Hogger

												-			
	Permit Issued		2.0	120.00											
Office Use Only	Color							150							
Only	Mark.														
ice Use	Insp.														
J.O	Meter					-21		=							
	Ins.							-					1		
	State Reg.				•										
Type of	Service	Free Ride (Transportation)													
Permit															
# 12 ***	octor	52CG64GA2E0004635								î.				·	
Owner/	Title Holder	Hamic K. Homing													
Class &		gem eb		,			James A	**			-		,		
Model	Year	2014					. ·			-					

Office Use Only:	
Rate allowed by operating license: Meter Zone F	lat Limousine
Submission Date: Last Rate Chang	ge 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

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

305MADTOHOP

#### ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

Client#: 1700068

DATE (MM/DD/YYYY) 05/23/2014

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).

	UCE							CONTACT NAME:								
BB&T Insurance Services									PHONE (A/C, No, Ext): 714 941-2800 FAX (A/C, No):							
of Orange County								E-MAIL ADDRESS:								
2400 Katella Avenue Ste 1100									INSURER(S) AFFORDING COVERAGE							
Anaheim, CA 92806									INSURER A: Ohio Casualty Insurance Company							
INSU	RED				-			INSURE								
				ing dba Mad	lown	нор	oper	INSURE								
				ridge St #24				INSURER D:								
		Madison,	WI	53713				INSURE								
								INSURER F:								
		AGES					NUMBER:	REVISION NUMBER:								
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AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?											E.L. EACH ACCIDEN		\$			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?											E.L. DISEASE - EA E					
If yes, describe under DESCRIPTION OF OPERATIONS below				ONC holow		1					E.L. DISEASE - POLI					
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CE	PTIE	ICATE HOLDE	R					CANO	CELLATION							
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					, <u></u> 116	<b>,</b> .		ACCORDANCE WITH THE POLICY PROVISIONS.								
PO Box 2986 Madison, WI 53701-2986									AUTHORIZED REPRESENTATIVE							
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