

Commercial Quadricycle Vehicle Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$500/initial year) +
\$50/vehicle/year

Renewal Fee: \$400/two years +
\$50/vehicle/year

1. Applicant Name Kai Kaapro E-Mail Address kai@trolleypub.com Home Phone # 520 241 9053
Home Address 241 New Bern Pl #101 Raleigh NC 27601

2. Company Name Capitol Pedicyle LLC
Business Address 323 W Davie St Raleigh NC 27601
Business Telephone Number 520 241 9053

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 \$187.50 per hour
Per mile charge _____
Per Block _____
Other- explain _____

4. Describe the pedal cab vehicle (Make, model, type, age).

#1 2011 Fiets bike - Pedal

#2 2014 Crawler - Pedal

6. Name of Insurance Company

Name of Insurance Agent

Business Address

Business Telephone Number

E-Mail Address kai@trolleypub.com

Nielsen Insurance Co

Taira Stronach

12587 SW 68th Ave Tigard OR 97223

503 684 6598

8. Is applicant a corporation? _____ Yes X No

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

Name	Address

9. Is applicant a ^{LLC} partnership? X Yes _____ No

If yes, give names and address of all partners:

Name	Address
Trolley Pub Holdings LLC	323 W Davie St Raleigh NC 27601

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 pedal cabs 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?

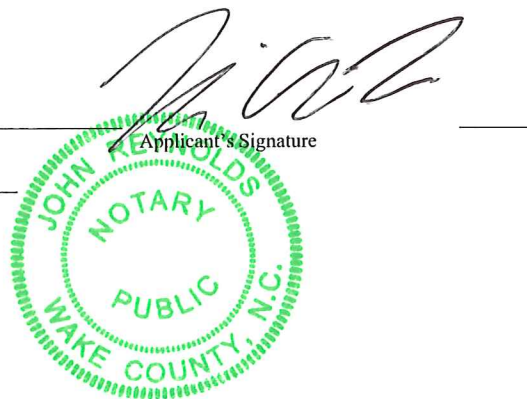
X Yes _____ No

WAKE COUNTY N.C.
Subscribed and sworn before me

this _____ day of 1 Feb, 20 17.

Notary Public John Reynolds John Reynolds

My Commission Expires 11/28/2017.



State of Wisconsin)
)
County of Dane)

1. That the affiant owns X, operates , or manages X a pedal cab business in the City of Madison, doing business as Trolley Pub Madison.
2. That as of the date of this Affidavit, (Company Name) Capital Pedicycle LLC
(Address) 323 W Davis St Raleigh NC, Madison, Wisconsin, doing business as Trolley Pub Madison, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

_____ Gratuity only
 _____ Gratuity with minimal charge (list amount)
 _____ *X* Per hour charge *187.50, 2 hr minimum*
 _____ 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.

My Commission Expires 11/20/2017

Signature of person signing Affidavit under oath



List Schedule A

Company Name Capitol Recycling DBA Triley DBA Anderson

[illegible]

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change 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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
1/24/2017

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 Nielsen Insurance Agency 12587 SW 68th Ave Tigard, OR 97223	CONTACT NAME: Taira Stronach PHONE (A/C No. Ext): (503) 684-6598 FAX (A/C No.): (503) 244-6881 E-MAIL ADDRESS: taira@niagency.com
INSURED Capitol Pedicycle LLC dba Trolley Pub Madison 323 W Davie St Raleigh, NC 27601	INSURER(S) AFFORDING COVERAGE INSURER A: Maxum Indemnity Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BDG0085754-02	04/29/16	04/29/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Madison, it's officer, officials, agents and employees are named as Additional Insured.

CERTIFICATE HOLDER

CANCELLATION

City of Madison
215 MLK DR.
PO Box 2986
Madison, WI 53703-2986

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

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