

# 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

1. Applicant Name STEPHEN McLARTY E-Mail Address SKM13C AOL.COM Home Phone # 651 249 6036  
Home Address 614 9TH ST SOUTH MINNEAPOLIS MN 55404

2. Company Name CENTRAL STATES PEDICABS, LLC  
Business Address 3253 SPELLING AVE MINNEAPOLIS MN 55406  
Business Telephone Number 612 338 1128

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 \$ 75

Per mile charge \_\_\_\_\_

Per Block \_\_\_\_\_

Other- explain PASSENGER & DRIVER AGREE TO FARE PRIOR TO TRIP

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

ALL OF OUR PEDICABS ARE YELLOW (WITH BLACK TRIM)  
MAIN STREET BROADWAYS AND ARE 3 TO 5 YEARS  
OLD

6. Name of Insurance Company SECURA  
Name of Insurance Agent STEIN AGENCY (ALISA LAMB)  
Business Address 12800 LAKE BLVD LINDSTROM MN 55405  
Business Telephone Number 651 257 1042  
E-Mail Address ALISA@STEININSURANCE.COM

APPLICANT IS A LIMITED LIABILITY COMPANY

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
STEVEN MCCARTY	614 9TH STREET SOUTH MPLS MN 55404

9. Is applicant a partnership? ☐ Yes ☐ No

If yes, give names and address of all partners:

Name	Address

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?

☒ Yes ☐ No

Subscribed and sworn before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_.

Company Name CENTRAL STATES PEDICABS LLC

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# Pedal Cab Filing Affidavit

State of Wisconsin )  
County of Dane )

\_\_\_\_\_, 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 CENTRAL STATES PEDICABS, LLC
2. That as of the date of this Affidavit, (Company Name) CENTRAL STATES PEDICABS, LLC  
(Address) 3253 SWELLING AVE, MPLS MN, Madison, Wisconsin, doing business as CENTRAL STATES PEDICABS, LLC, 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 OR  
☐ 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of person signing Affidavit under oath

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_.

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**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



CENTSTA-01

AHUMBLE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/22/2017

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Stein Agency Inc. 12800 Lake Blvd Lindstrom, MN 55045	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 1 (651) 257-1042	<b>FAX (A/C, No):</b> 1 (651) 257-5772
<b>INSURED</b>  Central States Pedi Cab LLC 816 1/2 Park Ave Minneapolis, MN 55404	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Secura Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b>		
22543		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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			CP3264082	02/17/2017	02/17/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 100,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED							\$
	<input type="checkbox"/> RETENTION \$							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
Notice of cancellation will be provided

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Madison, Wisconsin 210 Martin Luther King Jr. 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 



## Traffic Engineering and Parking Divisions

David C. Dryer, P.E., City Traffic Engineer and Parking Manager

Suite 100  
215 Martin Luther King, Jr. Boulevard  
P.O. Box 2986  
Madison, Wisconsin 53701-2986  
PH 608 266 4761  
FAX 608 267 1158

September 29, 2017

City Clerk  
City County Bldg. -Rm 103  
210 Martin Luther King Jr. Blvd  
Madison, WI 53701

Dear City Clerk:

Under MGO 11.06(2)(c), the City Traffic Engineer shall have the authority to issue a provisional license to Pedal-Cab operators pending final approval of the Common Council if the Pedal-Cab operator obtains a valid driver permit, provides proof of liability insurance coverage as required in Subsection (8) (b) of this ordinance, and passes a vehicle inspection.

The below pedicab operator has provided the required documentation and upon appropriate payment to the City Clerk's Office is authorized to receive a Provisional License to Engage in the Business of Transporting Passengers for hire- pedicab, and Pedal Cab Vehicle Permit.

Stephen McCarty  
Central States Pedicabs, LLC  
614 9<sup>th</sup> Snelling Ave.  
Minneapolis, MN 55404

Sincerely,

David Dryer, Traffic Engineer and Parking Manager