

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 BEATRIX MERCURY E-Mail Address TRIXYMERCURY@GMAIL.COM Home Phone # 312-371-2450
Home Address 1007 MILWAUKEE AVE SOUTH MILWAUKEE, WI 53172

2. Company Name MERCURY TRANSPORT LLC
Business Address 1007 MILWAUKEE AVE SOUTH MILWAUKEE, WI 53172
Business Telephone Number 312-371-2450

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).

2009 MAINSTREET BROADWAY PEDICAB

6. Name of Insurance Company ~~LEPS~~ BUSINESS CORE INSURANCE SERVICES INC.
Name of Insurance Agent ANGELO CATSOURAS
Business Address 1300 BRISTOL ST. NORTH
Business Telephone Number 949-861-5993
E-Mail Address PEDICABS@BCIS1.COM

8. Is applicant a corporation? Yes No

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

| Name | Address |
|---------------|--|
| TRIXY MERCURY | 1007 MILWAUKEE AVE SOUTH MILWAUKEE, WI |
| | |
| | |
| | |

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 8 day of SEPTEMBER, 2016.

Notary Public
My Commission Expires _____.


Applicant's Signature

Pedal Cab Filing Affidavit

State of Wisconsin)
)
County of Dane)

TRIXY MERCURY, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates _____, or manages _____ a pedal cab business in the City of Madison, doing business as MERCURY TRANSPORT LLC.
2. That as of the date of this Affidavit, (Company Name) MERCURY TRANSPORT LLC, (Address) 1007 MILWAUKEE AVE, Madison, Wisconsin, doing business as MERCURY TRANSPORT 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)
X 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 _____, 20_____.

Signature of person signing Affidavit under oath

Notary Public

My Commission Expires _____.

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 # _____

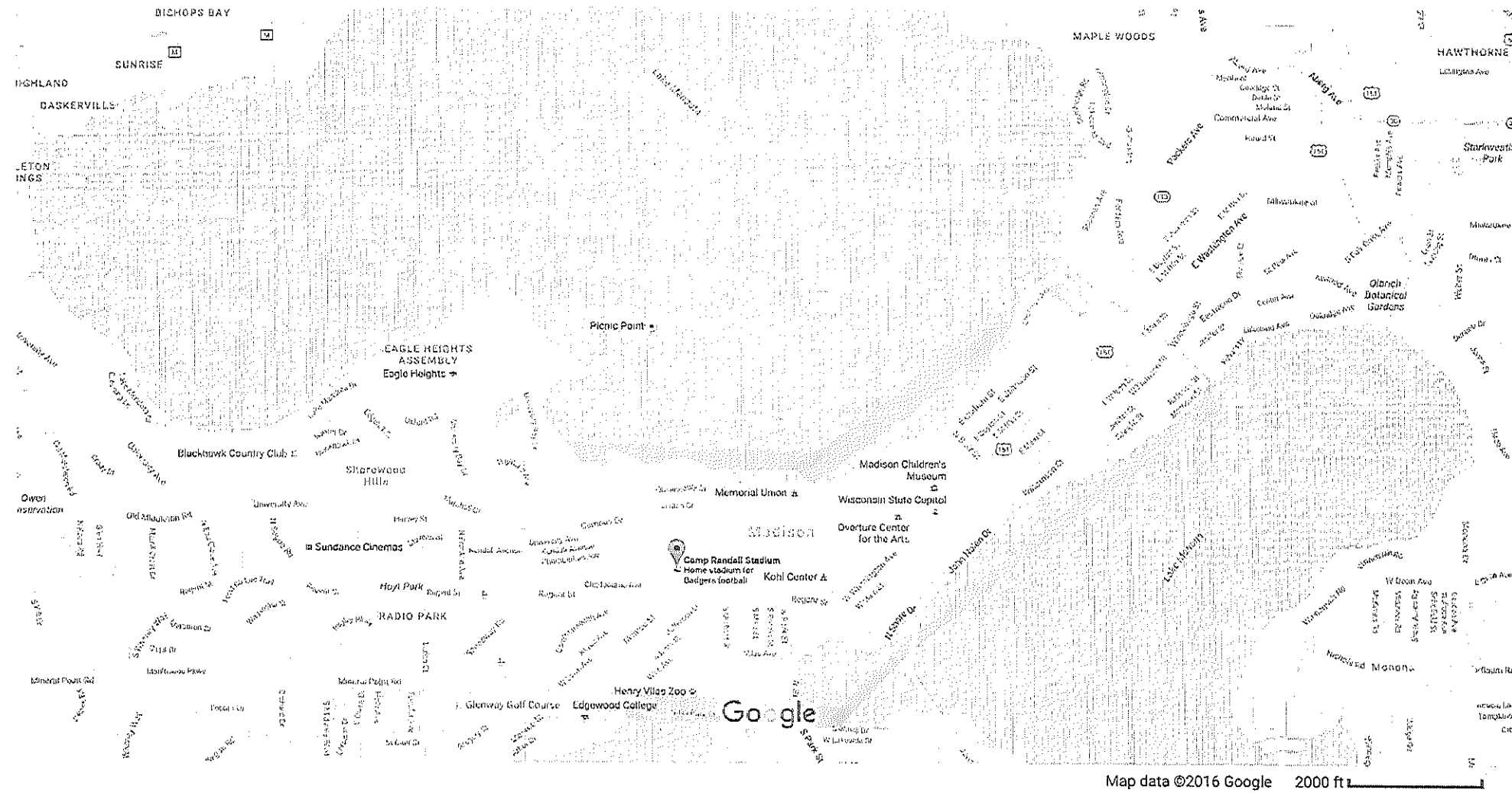
403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

Google Maps Camp Randall Stadium



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).


| | | |
|---|---|---|
| PRODUCER Business Core Insurance Services Inc. 1300 Bristol St. North Ste 100 Newport Beach CA 92660 | CONTACT NAME: Angelo Catsouras | FAX (A/C. No): 949-769-6849 |
| | PHONE (A/C. No. Ext): 949-861-5993 | E-MAIL ADDRESS: pedicabs@bcist.com |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: ATAIN SPECIALTY INSURANCE | 17159 | |
| INSURED Mercury Transport LLC 1007 Milwaukee Ave, South Milwaukee WI 53172 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| | INSURER G: | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

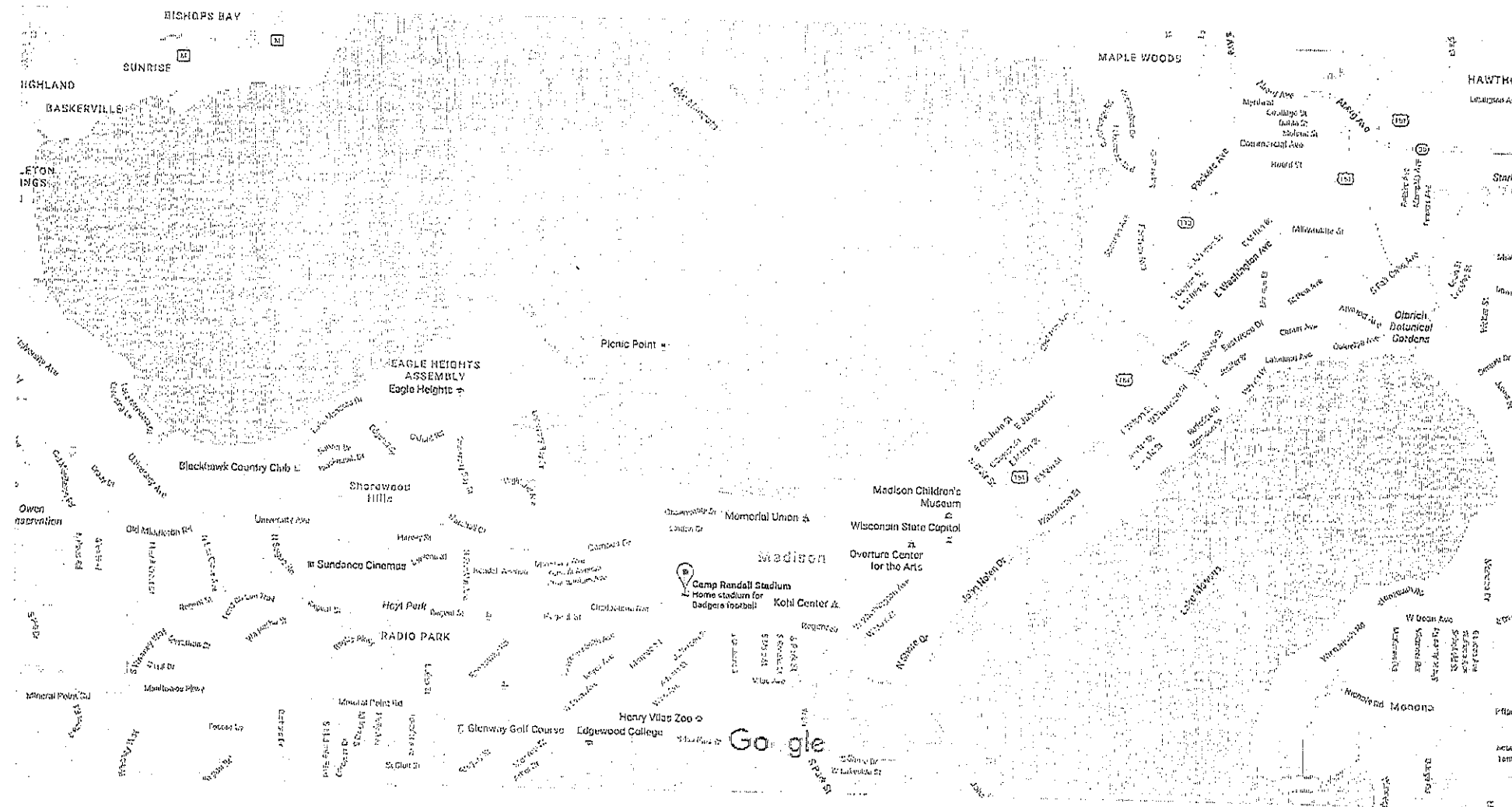
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

| FORM | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS |
|------|---|--|------------------|------------|------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input checked="" type="checkbox"/> <input type="checkbox"/> | CIP266728-0042 | 04/07/2016 | 04/07/2017 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 |
| | | | DEDUCTIBLE \$500 | | | MED EXP (Per occ/person) \$ 5,000 |
| | GENL AGGREGATE LIMIT APPLIES PER | | | | | PERSONAL & ADVISORY \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PER-SUBJECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | PRODUCTS - CONPROP ADD \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | <input type="checkbox"/> <input type="checkbox"/> | | | | ECONOMY SHARE LIMIT (Exclusion) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA/LIAB | <input type="checkbox"/> OCCUR | | | | \$ |
| | <input type="checkbox"/> EXCESS UAS | <input type="checkbox"/> CLAIMS-MADE | | | | EACH OCCURRENCE \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> | | | | \$ |
| | ANY EMPLOYEE (NON-PART-TIME/EXECUTIVE OFFICER/MEMBER/EXCLUDED) (Mandatory in WI) | Y/N <input type="checkbox"/> N/A <input type="checkbox"/> | | | | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. EXCH/ACCIDENT \$ |
| | | | | | | E.L. DISEASE - EX-EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pedicab Serial Numbers FE9A 1856 and FE9A 1584
City of Madison, its officers, officials, agents and employees are named as Additional Insured.

| | |
|--|---|
| CERTIFICATE HOLDER City of Madison 215 MLK DR. PO Box 2986 Madison, WI 53703-2986 | CANCELLATION 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  Angelo catsouras |

Google Maps Camp Randall Stadium



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