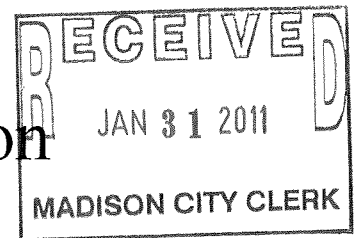


Taxicab License Application

Pursuant to Madison General Ordinance 11.06



Fee: \$2,200/two years (\$1,200/initial year) + \$60/vehicle

Renewal Fee: \$2,200/two years + \$60/vehicle

608 845-3188

1. Applicant Name Michael P Schmidt & John N Schmidt Home Phone # 608 835-0500

Home Address 2265 Sugar River Rd., Verona WI 53593
1366 Judd Rd., Oregon WI 53575

2. Company Name Green Cab of Madison Incorporated

Business Address 1621 Beld St., Madison WI 53715

Business Telephone Number 608 255-1234

3. Indicate method of operation and type of fare collection:

Flat Rate _____ Number of Vehicles _____

Zone X Number of Vehicles 26

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

Total number of vehicles proposed to be operated 26

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.

White, partial body wrap consisting of green leaves, company logo, contact information, and fare information. Text is green and black with reflective
Seasonal variation of leaf color (some orange/brown in the fall). *detail.*

5. List your schedule of rates to be charged and the method of charging, **in detail**:

Zone fares, per zone description on file with City Engineering. Shared ride,
3 for initial zone, 1 per zone crossed, 1 per extra passenger. 2.50/mile out
of zone.

6. Name of Insurance Company General Casualty

Business Address One General Drive, Sun Prairie, WI 53596

Business Telephone Number 608 837-4440

7. Name of Insurance Agent Neckerman Agency

Business Address 6200 Mineral Point Rd., Madison WI 53705

Business Telephone Number 608 238-2686

8. Is applicant a corporation? Yes No

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

Name	Address
Michael P Schmidt	2265 Sugar River Rd, Verona WI 53593
John N Schmidt	1366 Sudd Rd, Oregon WI 53575

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

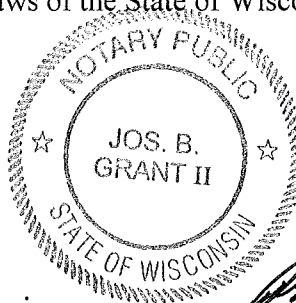
Name	Address

10. If any vehicles licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date: None

Name	Address	Vehicle Serial #	\$	Fulfillment Date

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 taxicabs 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 31 day of January, 2011.

Jos B. Grant II

Notary Public

My Commission Expires 10/06/13.

City of Madison, WI
County of Dane

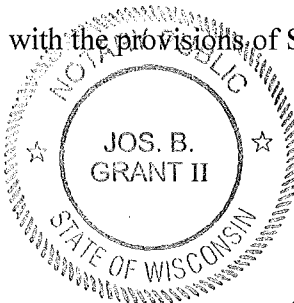
[Signature]
Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

_____, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages X a taxicab business in the City of Madison, doing business as Green Cab of Madison.
2. That as of the date of this Affidavit, (Company Name) Green Cab of Madison Incorporated, (Address) 1621 Beld St., Madison, Wisconsin, doing business as Green Cab of Madison, 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 listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)
 - The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.
 - The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.
 - The Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General Ordinances.
 - The Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.
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) 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 Insurance Commissioner showing the insurance company is licensed and authorized to transact automobile insurance business 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 31 day of January, 2011.

Jos. B. Grant II
Notary Public

My Commission Expires 10/06/13.

City of Madison, WI
County of Dane

[Signature]
Signature of person signing Affidavit under oath

Vehicle List Schedule A

Company Name _____

Model Year	Class & Make	State License	Owner/ Title Holder	Serial/Engine #	Permit #	Type of Service	Office Use Only								
							State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued		

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

ZONE RATES

First Zone Charge \$ 3.00
Additional Zone(s) Charge \$ 1.00
Additional Passenger Charge \$ 1.00 (for passengers making the same trip as the first passenger)
Outer Zone Distance 1/10 MI Outer Zone Charge \$ 0.25
Wait Time 60 Seconds Wait Charge \$.60

FLAT RATES

"DROP" Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____
Additional Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger Zone 6 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger Zone 7 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger Zone 8 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger Zone 9 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger

Green Cab of Madison

Make	Model	Year	License	VIN	Permit#	Service
Toyota	Prius	2010	446RSC	JTDKNDU0A5153667	312	zone cab
Toyota	Prius	2010	447RSC	JTDKNDU8A0121160	316	zone cab
Toyota	Prius	2010	448RSC	JTDKNDU0A0139233	318	zone cab
Toyota	Prius	2010	449RSC	JTDKNDU6A0164704	315	zone cab
Toyota	Prius	2010	450RSC	JTDKNDU7A0157034	313	zone cab
Toyota	Prius	2010	482RWR	JTDKNDU8A0154143	317	zone cab
Toyota	Prius	2010	483RWR	JTDKNDU0A0169560	310	zone cab
Toyota	Prius	2010	484RWR	JTDKNDU7A0174982	314	zone cab
Toyota	Prius	2010	485RWR	JTDKNDU4A0177113	311	zone cab
Toyota	Prius	2010	572SDU	JTDKNDU9A0089996	319	zone cab
GMC	Express V	1999	GW 2137	1GJHG39K191103223	320	zone cab
Toyota	Prius	2010	631SHA	JTDKN3DU7A0212890	321	zone cab
Toyota	Prius	2010	632SHA	JTDKNDUXA0205190	322	zone cab
Toyota	Prius	2010	629SHA	JTDKNDU9A0223468	324	zone cab
Toyota	Prius	2010	630SHA	JTDKNDU1A0224467	325	zone cab
Toyota	Prius	2010	633SHA	JTDKNDU9A0218609	323	zone cab

HOURLY RATE

\$ _____ per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles _____ Free
Additional articles \$ 0.50 each (except trunks and footlockers)
Groceries Carried to Door: First two bags _____ Free
Additional bags \$ 0.50
Trunks and Footlockers: \$ 2.00 each
Aids to Handicapped People: _____ Free

AIRPORT FEE

\$ 1.00 per vehicle (may not exceed the fee imposed by Dane County)

Company: Green Cab of Madison

Proposed Effective Date: _____

Submitted by: _____
(Signature)

(Type or Print Name)

This schedule must be submitted to the City Clerk at least **twenty-eight (28) days** before the proposed effective date.

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- City Department of Transportation
- City Weights and Measures (Meter Cabs only)
- Dane County Regional Airport
- City Police Department

License # _____

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

Return completed certificate to:
 City of Madison Risk Management
 Attn: Risk Manager
 210 Martin Luther King, Jr. Blvd., Rm. 406
 Madison, WI 53703-3345
 608-267-8705 (FAX)
 608-266-5965 (PHONE)

This Form Must be Completed in its Entirety

Certificate of Insurance

-To-
 City of Madison
 Madison, Wisconsin



This certifies to the Municipality the following described Policies have been issued to the insured named below and are in force at this time.

Name of Insured Green Cab of Madison Inc and South Side Brothers LLC

Address 1621 Beld St Madison WI 53715

This certificate is furnished to the Municipality to induce the Municipality to take official action and may be relied upon by the Municipality.

Description of operations insured _____

Policies and Insurers	Limits	Policy Number	Policy Period
Commercial General Liability General Casualty Company (Insurer)	Each Occurrence \$ 1,000,000 Aggregate \$ 2,000,000	CGA0884712	12/16/2010- 12/16/2011
Business Auto Liability General Casualty Company (Insurer)	Coverage Symbol 2 Combined Single Limit \$ 1,000,000	CBA0884028	12/16/2010-12/16/2011
Umbrella Liability (Insurer)	Occurrence/Aggregate \$ Retention \$		
Worker's Compensation Tri-State Ins Co (Insurer)	Employer's Liability \$ 100/500/100 Statutory (states) WI	WC4802012855	9/8/2010-9/8/2011
Professional/Other Liability (Insurer)	Per Claim/Other \$ Aggregate \$		

The following coverages or conditions are in effect: (MUST BE ANSWERED "YES" FOR APPROVAL)..... YES NO

- The Municipality, its officials, and employees are named on the Commercial General Liability policy(ies) described above as additional insured as respects:
- (a) activities performed for the Municipality by or on behalf of the insured.
 - (b) products and completed operations of the Named Insured, and
 - (c) premises owned, leased or used by the Named Insured.....
- Products and completed operations.
- The undersigned will mail to the Municipality a written notice within 30 days of cancellation or reduction of coverage or limits.....
- Contractual Liability Coverage applying to this Contract

This certificate is not a policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirements, terms or conditions of any contractor other document with respect to which this certificate of insurance 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.

Neckerman Insurance Services
 Agency or Brokerage

6200 Mineral Point Rd Madison WI 53705
 Address/City/State/Zip Code

Insurance Company

 Authorized Signature*

Robin Trolinger
 Name of Contact Person

608-238-2686 608-238-7798
 Telephone Number FAX Number

1/27/11
 Date

*NOTE: Authorized signature may be the agent's if the agent has placed insurance through an agency agreement with the insurer. If the insurance is brokered, the authorized signature must be that of official insurance.

TAXICAB SERVICE SURVEY 2011 (2010 financial and statistical data)

ITEM	Union Cab	Badger Cab	Madison Taxi	Green Cab	Transit Solutions	Badger Bus
MILES				265,000		
PASSENGERS				59,712		
PASSENGER TRIPS				28,971		
REVENUES				181,581.50		
TOTAL EXPENSES*				593,500.00		
PROFIT (LOSS)				(411,918.50)		
COMPANY COST PER PASSENGER				9.94		
CRASHES				3		
CRASHES WHERE DRIVER WAS AT FAULT				0		
MILES/CRASH				87,667		
CO. COMPLAINTS				8		
DOT COMPLAINTS				0	0	
PERMITS REQUESTED				16		

*Report expenses before earnings distribution to owners and officers

UNION: A METERED CAB OPERATION, OPERATED AS A COOPERATIVE, (EMPLOYEES OWN THE COMPANY)

BADGER CAB: A ZONE CAB (NO METERS), OPERATES AS A LEASED OPERATION, (DRIVERS LEASE VEHICLES, AND PAY A DAILY LEASE RATE), THIS IS A SHARED RIDE SERVICE.

MADISON TAXI: A METERED CAB OPERATION THAT IS PRIVATELY OWNED, SOME LEASED CABS

GREEN CAB of MADISON: A ZONE CAB (NO METERS), OPERATES AS A LEASED OPERATION, (DRIVERS LEASE VEHICLES, AND PAY A DAILY LEASE RATE), THIS IS A SHARED RIDE SERVICE. OPERATIONS BEGAN IN SEPTEMBER 2010

*TRANSIT SOLUTIONS: FLAT RATED OPERATION TO TRANSPORT ELDERLY & PEOPLE WITH DISABILITIES. THEY ALSO HAVE LICENSE TO SERVE THE AIRPORT AS A TAXICAB.

*BADGER BUS-- PRIVATELY OWNED FLAT RATED OPERATION FOR MADISON METRO FOR DISABLED PASSENGERS

* does not accept demand responsive rides & does not list contract rates