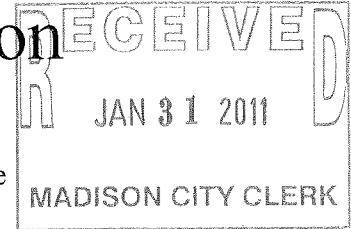


Taxicab License Application

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



1. Applicant Name JOSTEIN BREKKE Home Phone # 1-608-345-8294
Home Address 926 Park View Dr. Stoughton WI

2. Company Name AFFILIATED CARRIAGE SYSTEMS INC
Business Address 1403 GILSON ST MADISON WI 53715
Business Telephone Number 1-608-258-7454 FAX 1-608-259-8294

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

Flat Rate	_____	Number of Vehicles	_____
Zone	_____	Number of Vehicles	_____
Meter	<input checked="" type="checkbox"/>	Number of Vehicles	<u>47</u>
Airport Shuttle	<input checked="" type="checkbox"/>	Number of Vehicles	<u>4</u>

Total number of vehicles proposed to be operated 51

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

SILVER/Gray Body with Blue & Silver Accents

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

Rate I
Taxi 4.00 Flag Rate (First 1/4 included) 2.00 per Mile (.20 = 1/4) Waiting Time (T.N.M) .20 = .60 per Min.
Rate II
Maxi Taxi 5.00 Flag Rate (First 1/4 included) 3.00 per Mile (.30 = 1/4) Waiting Time (T.N.M) .20 = .60 per Min.

6. Name of Insurance Company NATIONAL CASUALTY INC
Business Address 8877 N Gainey Centa Drive Scottsdale Arizona 85258
Business Telephone Number 1-480-365-4000 / 1-800-423-7675

7. Name of Insurance Agent Murphy Insurance Dan Murphy Agent
Business Address 251 Progress Way Wauwatosa WI 53597
Business Telephone Number 1-608-849-6873

8. Is applicant a corporation? Yes No

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

Name	Address
Jostein BREKKE	936 Park View Dr Stoughton WI
Kristi BREKKE	936 Park View Dr Stoughton WI

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:

Name	Address	Vehicle Serial #	\$	Fulfillment Date
	NONE			

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

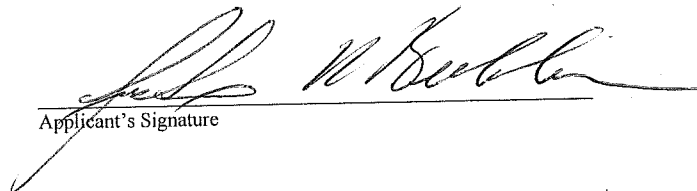
Subscribed and sworn before me

this 28th day of January, 2011.

Notary Public

My Commission Expires October 12/14, 2012

Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

JOSTEIN BREKKE, being first duly sworn on oath, deposes and says:

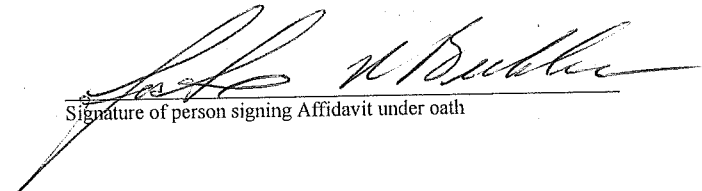
1. That the affiant owns , operates _____, or manages _____ a taxicab business in the City of Madison, doing business as MADISON TAXI.
2. That as of the date of this Affidavit, (Company Name) AFFILIATED CARRIAGE SYSTEMS INC (Address) 1403 Gilson St, Madison, Wisconsin, doing business as MADISON TAXI, 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 20th day of January, 2011.

Notary Public

My Commission Expires October 14, 2012.


Signature of person signing Affidavit under oath

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance 1/11 MI
 Additional Distance 1/11 MI
 Wait Time 20 Seconds

"DROP" Charge \$ 4.00
 Additional Charge \$ 2.00 (or 2.00 mile)
 Wait Charge \$ 60¢ per Minute

Out of Town

"DROP" Distance 1/11 MI
 Additional Distance 1/11 MI
 Wait Time 20 Seconds

"DROP" Charge \$ 4.00
 Additional Charge \$ 2.00 (or 2.00 mile)
 Wait Charge \$ 60¢ per Minute

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance 1/11 MI
 Additional Distance 1/11 MI
 Wait Time 20 Seconds

"DROP" Charge \$ 5.00
 Additional Charge \$ 3.00 (or 3.00 per Mile)
 Wait Charge \$ 60¢ per Minute

Out of Town

"DROP" Distance 1/11 MI
 Additional Distance 1/11 MI
 Wait Time 20 Seconds

"DROP" Charge \$ 5.00
 Additional Charge \$ 3.00 or 3.00 per Mile
 Wait Charge \$ 60¢ per Minute

ZONE RATES

First Zone Charge \$ _____
 Additional Zone(s) Charge \$ _____
 Additional Passenger Charge \$ _____
 Outer Zone Distance _____ MI
 Wait Time _____ Seconds

(for passengers making the same trip as the first passenger)

Outer Zone Charge \$ _____
 Wait Charge \$ _____

FLAT RATES

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

44.00 per hour Taxi 55.00 per hour Maxi Taxi
 Additional Passenger "DROP" Charge \$ _____

Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ 8.00 per passenger
 Zone 2 Charge \$ 11.00 per passenger
 Zone 3 Charge \$ 15.00 per passenger
 Zone 4 Charge \$ 17.00 per passenger
 Zone 5 Charge \$ 20.00 per passenger

Zone 6 Charge \$ 23.00 per passenger
 Zone 7 Charge \$ 27.00 per passenger
 Zone 8 Charge \$ 30.00 per passenger
 Zone 9 Charge \$ 34.00 per passenger

HOURLY RATE

\$ 44.00 per hour Taxi
\$ 55.00 per hour Mini Van

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
Additional articles \$ 2.00 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: AFFILIATED CARRIAGE SYSTEMS INC

Proposed Effective Date: _____

Submitted by: [Signature]
(Signature)

Richard S. Narvaal
(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

MADISON TAXI

ACTIVE VEHICLE LIST

1403 Gilson St. Madison, WI 53715

15 December 2010

(608) 258-7454 (Ext 108)

Fax (608) 259-8294

FAS#	CAR #	INSURED	V.I.N #	PLATE #	YR & STYLE	SERVICE DATE
	70-6	X	2 FAHP 71W5 4X 166 750	270 KDK	04 CRN/VIC-SEDAN	3 JUN 2008
	71-7	X	2 C4GP 54L0 2R 787 570	228 ZZA	02 CHR-TOWNCOU	14 JAN 2009
	72-8	X	2 D4GP 24R5 5R 122 738	372 RGM	04 DODGE G-CAR	4 NOV 2010
	73-6	X	2 D4GP 44L1 7R 211 376	243 NKM	07 DODGE G.CAR	27 AUG 2009
	74-5	X	2 D4GP 44L5 6R 607 826	501 NNV	06 DODGE G.CAR	4 AUG 2008
	75-7	X	1 B4GP 44G6 YB 521 102	225 ZZA	00 DODGE-CARAV	15 MAR 2007
	76-6	X	2 B4GP 74L5 2R 508 977	305 ZZA	02 DODGE G.CAR	10 AUG 2009
	77-6	X	2 FAFP 71W4 2X 137 826	322 ZZA	02 CRN/VIC-SEDAN	27 FEB 2008
	78-5	X	2 D4GP 44L9 5R 557 286	320 77A	05 DODGE G. CAR	17 SEP 2010
	79-7	X	2 C4GP 4432 3R 250 405	327 ZZA	03 CHR-TOWNCOU	7 NOV 2008
	80-6	X	1 D4GP 24R9 4B 598 746	130 LJT	04 DODGE G.CAR	6 MAY 2009
	81-8	X	2 FAFP 71W8 3X 111 277	131 LJT	03 CRN/VIC-SEDAN	10 OCT 2008
	82-4	X	2 MEFM 74W8 YX 601 111	170 ZZA	00 MERC-SEDAN	19 DEC 2007
	83-6	X	1 D8GP 24R5 7B 139 927	251 NJL	07 DODGE G.CAR	11 JUN 2008
	84-8	X	2 MEFM 74WX YX 718 222	550 ZZA	00 MERC-SEDAN	10 SEP 2007
	85-6	X	2 D4GP 44L1 5R 431 615	815 LUE	05 DODGE G.CAR	1 MAR 2010
	86-5	X	2 FAFP 71W3 YX 141 438	739 NAU	00 CRN/VIC-SEDAN	3 APR 2008
	87-6	X	1 D4GP 24R2 6B 749 767	544 ZZA	06 DODGE G-CAR	13 NOV 2008
	88-6	X	2 D4GP 24R9 5R 280 628	328 ZZA	05 DODGE-G.CAR	2 OCT 2009
	89-8	X	1 D4GP 24R0 5B 427 711	202 ZZA	05 DODGE G.CAR	16 SEP 2009
	90-6	X	2 C4GP 54L9 4R 518 664	545 ZZA	04 CHR*TOWNCOU	9 FEB 2009
	91-8	X	2 FAFP 71W3 1X 158 973	129 LJT	01 CRN/VIC-SEDAN	8 SEP 2010
	92-5	X	2 A4GP 54L1 7R 251 759	273 JVX	07 CHR-TOWNCOU	20 NOV 2008
	93-9	X	1 D4GP 24R4 5B 393 949	160 ZZA	05 DODGE G.CAR	29 OCT 2009
	94-8	X	1 D4GP 24RX 6B 641 395	662 MNV	06 DODGE G.CAR	15 OCT 2009
	95-7	X	2 D4GP 44L9 7R 242 391	153 ZZA	07 DODGE G.CAR	29 OCT 2008
	96-7	X	1 D4GP 24R5 6B 542 807	274 JVX	05 DODGE G-CAR	30 AUG 2010
	97-5	X	2 D4GP 44L8 5R 480 875	954 HYZ	05 DODGE G.CAR	3 SEP 2009
	98-3	X	2 FAFP 71W8 1X 175 218	330 ZZA	01 CRN/VIC-SEDAN	12 MAY 2008
	99-6	X	1 D4GP 24EX 6B 653 866	302 ZZA	06 DODGE G.CAR	19 DEC 2008
	100-6	X	2 D4GP 44L8 6R 785 942	761 PGA	06 DODGE G.CAR	15 DEC 2010
	101-7	X	1 D4GP 24R1 5B 409 797	312 ZZA	05 DODGE G.CAR	25 SEP 2009
	102-5	X	2 C4GP 54L5 1R 388 488	389 MWE	01 CHR-TOWNCOU	5 MAR 2008
	103-6	X	1 D4GP 24R3 4B 594 191	152 ZZA	04 DODGE G.CAR	12 MAY 2008
	104-4	X	1 A4GP 44R3 7B 189 925	498 ZZA	07 CHR-TOWNCOU	28 MAY 2010
	105-7	X	2 B4GP 44R2 2R 531 278	162 ZZA	02 DODGE G. CAR	2 OCT 2008
	106-7	X	2 C4GP 54L7 5R 391 415	335 ZZA	05 CHR-TOWNCOU	6 APR 10
	107-6	X	2 C4GP 44R9 5R 589 816	547 ZZA	05 CHR-TOWNCOU	17 SEP 2010
	108-7	X	2 A4GP 44R9 6R 794 421	509 LEG	06 CHR-TOWNCOU	16 JUN 2009
	109-5	X	2 C4GP 54L9 5R 532 404	425 MME	05 CHR-TOWNCOU	1 MAY 2009
	110-6	X	2 D4GP 44L1 5R 327 819	271 KDK	05 DODGE G-CAR	23 AUG 2010
	111-5	X	1 D4GP 24RX 5B 169 391	670 KBL	05 DODGE G-CAR	26 APR 2007
	112-3	X	2 D4GP 44LX 5R 187 902	318 ZZA	05 DODGE G-CAR	4 JUN 2009
	113-5	X	2 D8GP 44L6 6R 737 340	299 ZZA	06 DODGE G-CAR	7 APR 2009
	114-4	X	2 D4GP 44L3 6R 737 166	161 ZZA	06 DODGE G-CAR	14 AUG 2009
	115-4	X	2 FAFP 71W7 YX 141 443	577 ZZA	00 CRN/VIC-SEDAN	6 JUN 2008
	116-4	X	2 C8GP 54L9 1R 209 929	242 NKM	01 CHR-TOWNCOU	11 JUN 2008
	117-2	XXXX	2 D4GP 44L6 6R 711 547	485 LPM	06 DODGE G-CAR	18 DEC 2009
	130-2	X	1 GJHG 39R7 Y1 142 720	111 KEF	00 GMC VAN	6 FEB 2006
	133	X	1 FBSS 31S7 YH B89 705	324 ZZA	00 FORD VAN	25 OCT 2001
	134	X	1 FBSS 31S4 2H B42 381	562 ZZA	02 FORD VAN	3 OCT 2003
	135	X	1GAHG 39U5 61 122 127	303 ZZA	06 CHEV VAN	26 SEP 2008

Admin-5	XXX	1 B4GP 4438 2B 619 407	737 NAU	02 DODGE G.CAR	9 NOV 2009
Admin-3	XXX	1 LNFM 82W8 3Y 689 106	738 NAU	03 LINC SEDAN	19 MAR 2008
Serv Veh	Temp plate	1 CCHK 28U6 6E 158 224	F79 42D	06 CHEV 2500HD TRUCK	25 NOV 2009

CALL **Murphy Ins. (Michele) # 849-6873**

National Casualty Co. Policy # CAO 0225017 [6/10/09 - 6/9/10]

