

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 Koupro E-Mail Address Kai@trolleypub.com Home Phone # 520-241-9053
Home Address 320 W Martin St #204 Raleigh, NC 27601

2. Company Name Capitol Pedicycle LLC (DBA Capitol Pedaler) DBA Trolley Pub
Business Address 15 S Charter St Madison, WI 53715
Business Telephone Number 608-513-3882

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 Per 2-hr tour plus optional gratuity

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

Large custom pedal powered quadricycles

6. Name of Insurance Company

Name of Insurance Agent

Business Address

Business Telephone Number 503-684-6598

E-Mail Address Taira@niagency.com

Maxum Indenity Company
Taira Stronach, Nielsen Insurance
12587 SW 68th Ave Tigard, OR 97223

8. Is applicant a corporation? _____ Yes No

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

Name	Address

9. Is applicant a partnership? Yes _____ No

If yes, give names and address of all partners:

Name	Address
Tom Lapham	211 Andrews Ct SE Vienna, VA 22180
Knapro & Cole Ventures, LLC	523 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?

Yes _____ No

Subscribed and sworn before me

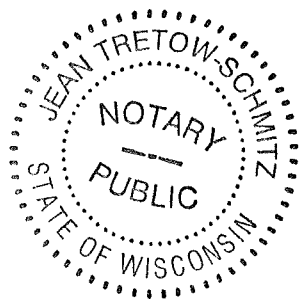
this 16th day of March, 2015

[Handwritten Signature]
Applicant's Signature

Notary Public Jean Tretow-Schmitz

My Commission Expires 10-2-2016

[Handwritten Signature]



Pedal Cab Filing Affidavit


State of Wisconsin)
)
County of Dane)

Kai Haapro, 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 Capitol Pedaler Trolley Pub
2. That as of the date of this Affidavit, (Company Name) Capitol Pedicycle, (Address) 15 S Charter St, Madison, Wisconsin, doing business as Capitol Pedaler Trolley Pub, 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
 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.

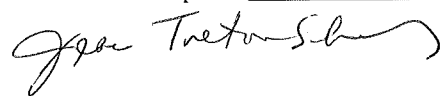
Subscribed and sworn before me

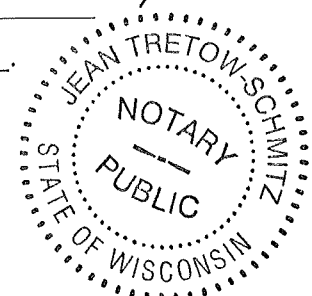
this 16th day of March, 2015


Signature of person signing Affidavit under oath

Jean Tretow-Schmitz
Notary Public

My Commission Expires 10-2-2016





Commercial Quadricycle Vehicle List Schedule A

Company Name Capitol Pedicycle

Model Year	Class & Make	Owner/Title Holder	Serial #	Permit #	Type of Service	Office Use Only								
						State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued		
2009		Capitol Pedicycle	will email											
2015		Capitol Pedicycle	will email											
2015		Capitol Pedicycle												

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)
3/16/2015

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 Capitol Pedaler 202 N Eau Claire Ave Apt #313 Madison, WI 53705 608-513-3882	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC#</th> </tr> <tr> <td>INSURER A: Maxum Indemnity Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: Maxum Indemnity Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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:			BDG0080255-01	04/25/14	04/25/15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Anyone person)</td><td style="text-align: right;">\$ 1,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Anyone person)	\$ 1,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	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	N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> PER STATUTE</td> <td style="width: 50%;"><input type="checkbox"/> OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Coverage
Serial # 10001 & 10002

CERTIFICATE HOLDER <p style="text-align: center; font-weight: bold;">For Insureds Records</p>	CANCELLATION <p style="font-size: 8px;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;">MOLPAA</div>
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