

# 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

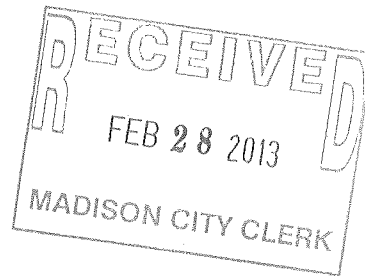
1. Applicant Name Jostein V. Beekle Home Phone # 345-8624  
Home Address 920 Park View Dr. Stoughton WI 53715

2. Company Name AFFILIATED CARRIAGE SYSTEMS Inc  
Business Address 1403 Gibson St Madison WI 53715  
Business Telephone Number 1-408-258-7454

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

Flate Rate _____	Number of Vehicles <u>—</u>
Zone _____	Number of Vehicles <u>—</u>
Meter <del>_____</del> <input checked="" type="checkbox"/>	Number of Vehicles <u>47</u>
Airport Shuttle <input checked="" type="checkbox"/>	Number of Vehicles <u>3</u>

Total number of vehicles proposed to be operated 50



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

SILVER with Blue lettering

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

Rate 1 \$4.00 Flag Rate 2.20 per mile (1/10 = 120') 60 sec Time in Motion (30 sec = 30')  
Rate 2 5.00 Flag Rate 3.30 per mile (1/10 = 130') 60 Sec Time Not in Motion 20' = 20 sec  
\$1.60 per min

6. Name of Insurance Company NATIONAL CASUALTY Insurance  
Business Address 8877 N. GAINWAY Ct Dr Scottsdale AZ 85258  
Business Telephone Number 1-480-483-6752

7. Name of Insurance Agent Murphy Insurance Group Attn Dan Murphy  
Business Address 257 Progress Way Wauwatosa WI 53597  
Business Telephone Number 1-208-849-6873

8. Is applicant a corporation?  Yes  No

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

Name	Address
Tostand V. Brekke	926 Park View Dr - Monroeville 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
	N/A			

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 28<sup>th</sup> day of February, 2013.

Atty. Erik Brekke Bar #10383413  
Notary Public

My Commission Expires 15 PERMANENT.

  
Applicant's Signature

# Taxicab Filing Affidavit

State of Wisconsin )  
                                  )  
County of Dane        )

Jostein Brekke, being first duly sworn on oath, deposes and says:

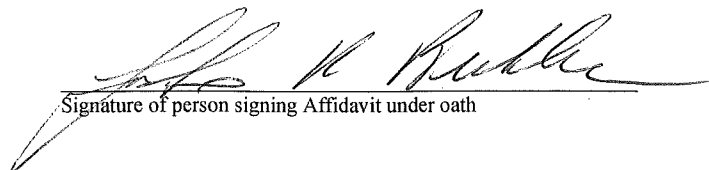
1. That the affiant owns , operates \_\_\_\_\_, or manages \_\_\_\_\_ a taxicab business in the City of Madison, doing business as MADISON TAXI.
2. That as of the date of this Affidavit, (Company Name) AFFILIATED CARRIAGE SYSTEMS, (Address) 1403 Gilson St, Madison, Wisconsin, doing business as MADISON 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 28<sup>th</sup> day of FEBRUARY, 2013.

Atty Erik Brekke Pac # 1038343  
Notary Public

My Commission Expires IS PERMANENT.

  
Signature of person signing Affidavit under oath



# City of Madison -- Taxicab Rate Schedule

## METER RATES

### In Town

"DROP" Distance 4<sup>00</sup> (includes first 1/11) MI  
Additional Distance 1/11 = 20<sup>d</sup> or 2<sup>00</sup> per MI  
Wait Time 20 sec = 20<sup>d</sup> or 60<sup>d</sup> Seconds  
per Min

"DROP" Charge \$ 4<sup>00</sup> (includes first 1/11 mile)  
Additional Charge \$ 1/11 = 20<sup>d</sup> or 2<sup>00</sup> per Mile  
Wait Charge \$ 20 sec = 20<sup>d</sup> or 60<sup>d</sup> per Min

### Out of Town

"DROP" Distance 5<sup>00</sup> (includes First 1/11) MI  
Additional Distance 1/11 = 30<sup>d</sup> or 3<sup>30</sup> per MI  
Wait Time 30<sup>d</sup> = 30<sup>d</sup> or 60<sup>d</sup> per Min Seconds

"DROP" Charge \$ 5<sup>00</sup> (includes First 1/11 mile)  
Additional Charge \$ 1/11 = 30<sup>d</sup> or 3<sup>30</sup> per Mile  
Wait Charge \$ 30<sup>d</sup> = 30<sup>d</sup> or 60<sup>d</sup> per Min

## VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town (70<sup>00</sup> per hour)

"DROP" Distance \_\_\_\_\_ MI  
Additional Distance \_\_\_\_\_ MI  
Wait Time \_\_\_\_\_ Seconds

"DROP" Charge \$ \_\_\_\_\_  
Additional Charge \$ \_\_\_\_\_  
Wait Charge \$ \_\_\_\_\_

Out of Town (80<sup>00</sup> per hour)

"DROP" Distance \_\_\_\_\_ MI  
Additional Distance \_\_\_\_\_ MI  
Wait Time \_\_\_\_\_ Seconds

"DROP" Charge \$ \_\_\_\_\_  
Additional Charge \$ \_\_\_\_\_  
Wait Charge \$ \_\_\_\_\_

## ZONE RATES

First Zone Charge \$ \_\_\_\_\_  
Additional Zone(s) Charge \$ \_\_\_\_\_  
Additional Passenger Charge \$ N/A (for passengers making the same trip as the first passenger)  
Outer Zone Distance \_\_\_\_\_ MI  
Wait Time \_\_\_\_\_ Seconds

Outer Zone Charge \$ \_\_\_\_\_  
Wait Charge \$ \_\_\_\_\_

## FLAT RATES

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

Additional Passenger "DROP" Charge \$ \_\_\_\_\_  
Additional Passenger "DROP" Charge \$ \_\_\_\_\_

## LIMOUSINE RATES

Zone 1 Charge \$ 8<sup>00</sup> per passenger  
Zone 2 Charge \$ 11<sup>00</sup> per passenger  
Zone 3 Charge \$ 15<sup>00</sup> per passenger  
Zone 4 Charge \$ 17<sup>00</sup> per passenger  
Zone 5 Charge \$ 20<sup>00</sup> per passenger

Zone 6 Charge \$ 23<sup>00</sup> per passenger  
Zone 7 Charge \$ 27<sup>00</sup> per passenger  
Zone 8 Charge \$ 30<sup>00</sup> per passenger  
Zone 9 Charge \$ 34<sup>00</sup> per passenger

**HOURLY RATE**

\$ Taxi 44.00 per hour  
(1-4)  
MAXI TAXI \$55.00 per hour (5-7)

**RATES FOR OTHER SERVICES**

Personal Baggage: First two articles Free  
Additional articles \$ 1.50 each (except trunks and footlockers)  
Groceries Carried to Door: First ~~two~~ <sup>four</sup> bags Free  
Additional bags \$ 1.50  
Trunks and Footlockers: \$ 4.00 each  
Aids to Handicapped People: Free

**AIRPORT FEE**

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

Company: AFFILIATED PARTRIDGE SYSTEM INC DBA: MADISON TAXI

Proposed Effective Date: Currently Filed

Submitted by: Richard A. Novack Gen Mgr.  
(Signature)

RICHARD NOVACK Gen Manager  
(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

20 February 2013  
Fax (608) 259-8294

(608) 258-7454 (Ext 108)

Permit #	CAR #	INSURED	V.I.N #	PLATE #	YR & STYLE	SERVICE DATE
120	70-7	X	2 D8HN 54P5 8R 109 548	270 KDK	08 DODGE G.CAR	14 APR 2011
122	71-8	X	2 D4GP 44L3 6R 835 064	737 NAU	06 DODGE G.CAR	11 JAN 2012
119	72-8	X	2 D4GP 24R5 5R 122 738	372 RGM	04 DODGE G-CAR	4 NOV 2010
125	73-7	X	2 D8HN 44E7 9R 557 512	243 NKM	09 DODGE G.CAR	18 NOV 2011
123	74-6	X	2 D4GP 44L3 5R 524 152	501 NNV	05 DODGE G.CAR	29 JAN 2012
124	75-8	X	2 A4GP 44R4 7R 221 279	252 TFF	07 DODGE G.CAR	2 MAR 2011
126	76-7	X	2 A4GP 54L7 6R 800 749	253 TFF	06 CHR-TOWNCOU	10 DEC 2012
118	77-7	X	1 D8HN 54P1 8B 167 378	254 TFE	08 DODGE G.CAR	12 JUL 2011
127	78-5	X	2 D4GP 44L9 5R 557 286	255 TFE	05 DODGE G. CAR	17 SEP 2010
121	79-8	X	2 D4GP 44L1 6R 879 130	256 TFE	06 DODGE G.CAR	12 APR 2011
80	80-7	X	2 C4GP 54L1 5R 133 309	130 LJT	05 CHR-TOWNCOU	30 MAY 2012
81	81-8	X	2 FAFP 71W8 3X 111 277	257 TFE	03 CRN/VIC-SEDAN	10 OCT 2008
82	82-4	X	2 MEFM 74W8 YX 601 111	258 TFE	00 MERC-SEDAN	19 DEC 2007
83	83-8	X	1 D8GP 24R4 7B 140 132	259 TFE	07 DODGE G.CAR	28 SEP 2011
84	84-8	X	2 MEFM 74WX YX 718 222	274 TZW	00 MERC-SEDAN	10 SEP 2007
85	85-6	X	2 D4GP 44L1 5R 431 615	261 TFE	05 DODGE G.CAR	1 MAR 2010
86	86-6	X	1 D8HN 54P6 8B 114 658	739 NAU	08 DODGE G. CAR	22 AUG 2012
87	87-6	X	1 D4GP 24R2 6B 749 767	262 TFE	06 DODGE G-CAR	13 NOV 2008
88	88-7	X	2 A4GP 44R8 7R 147106	328 ZZA	07 CHR-TOWNCOU	16 OCT 2012
89	89-9	X	2 C8GP 54L1 5R 137 259	263 TFE	05 CHR-TOWNCOU	20 DEC 2011
90	90-7	X	2 D4GP 44L1 6R 835 063	264 TFE	06 DODGE G.CAR	14 NOV 2011
91	91-8	X	2 FAFP 71W3 1X 158 973	401 TFE	01 CRN/VIC-SEDAN	8 SEP 2010
92	92-5	X	2 A4GP 54L1 7R 251 759	402 TFE	07 CHR-TOWNCOU	20 NOV 2008
93	93-10	X	2 D4GP 44L9 5R 104 198	403 TFE	05 DODGE G.CAR	23 JUL 2012
94	94-8	X	1 D4GP 24RX 6B 641 395	662 MNV	06 DODGE G.CAR	15 OCT 2009
95	95-8	X	2 A4GP 54L6 6R 881 646	153 ZZA	06 CHR-TOWNCOU	22 AUG 2011
96	96-7	X	1 D4GP 24R5 6B 542 807	274 JVX	05 DODGE G-CAR	30 AUG 2010
97	97-7	X	2 C4GP 54L2 5R 295 126	954 HYZ	05 CHR-TOWNCOU	10 DEC 2012
98	98-3	X	2 FAFP 71W8 1X 175 218	330 ZZA	01 CRN/VIC-SEDAN	12 MAY 2008
99	99-6	X	1 D4GP 24EX 6B 653 866	404 TFE	06 DODGE G.CAR	19 DEC 2008
100	100-6	X	2 D4GP 44L8 6R 785 942	761 PGA	06 DODGE G.CAR	15 DEC 2010
101	101-8	X	1 D4GP 24R3 7B 160 020	312 ZZA	07 DODGE G.CAR	20 FEB 2012
102	102-6	X	2 D4GP 44L0 5R 141 334	406 TFE	05 DODGE G.CAR	23 MAR 2011
103	103-7	X	1 D4GP 44L4 5B 353 993	405 TFE	05 DODGE G.CAR	9 MAY 2012
104	104-4	X	1 A4GP 44R3 7B 189 925	407 TFE	07 CHR-TOWNCOU	28 MAY 2010
105	105-9	X	2 C4GP 54L1 5R 538 389	408 TFE	05 CHR-TOWNCOU	20 SEP 2012
106	106-7	X	2 C4GP 54L7 5R 391 415	409 TFE	05 CHR-TOWNCOU	6 APR 10
107	107-6	X	2 C4GP 44R9 5R 589 816	410 TFE	05 CHR-TOWNCOU	17 SEP 2010
108	108-7	X	2 A4GP 44R9 6R 794 421	411 TFE	06 CHR-TOWNCOU	16 JUN 2009
109	109-5	X	2 C4GP 54L9 5R 532 404	425 MME	05 CHR-TOWNCOU	1 MAY 2009
110	110-6	X	2 D4GP 44L1 5R 327 819	271 KDK	05 DODGE G-CAR	23 AUG 2010
110	111-6	X	2 C8GP 54L1 5R 425 105	670 KBL	05 CHR-TOWNCOU	15 MAR 2012
112	112-4	X	1 D8HN 44H8 8B 109 724	318 ZZA	08 DODGE G-CAR	20 FEB 2013
113	113-6	X	1 D4GP 24R6 6B 666 455	412 TFE	06 DODGE G-CAR	12 FEB 2013
114	114-5	X	2 A4GP 54L9 6R 923 260	413 TFE	06 CHR-TOWNCOU	15 AUG 2012
115	115-5	X	2 D4GP 44L7 6R 904 208	275 TZW	06 DODGE G-CAR	31 AUG 2011
116	116-5	X	2 D4GP 44L4 5R 150 232	242 NKM	05 DODGE G-CAR	16 NOV 2012
117	117-2	XXXX	2 D4GP 44L6 6R 711 547	414 TFE	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-6	XXX	2 C4GP 54L0 2R 787 570	228 ZZA	02 CHR-TOWNCOU	11 JAN 2012
	Admin-3	XXX	1 LNHM 82W8 3Y 639106	738 NAU	03 LINC-SEDAN	19 MAR 2008
	Serv.Veh	Temp plate	1 GCHK 29U6 6E 158 224	F79 42D	06 CHEV 2500HD TRUCK	25 NOV 2009

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

National Casualty Co. Policy # CAO 0237704 [6/9/11 - 6/9/12] V-LIST99.DOC-W7.0





MADITAX-03

ASHLEYW

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/28/2013

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).

<b>PRODUCER</b> The Murphy Insurance Group 251 Progress Way Suite 300 Waunakee, WI 53597-2520	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (608) 849-6873      FAX (A/C, No): (608) 849-6871 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Wilson Mutual</b>	<b>NAIC #</b> 19950
<b>INSURED</b>  Madison Taxi Rick Nesvacil 1403 Gilson St Madison, WI 53715	<b>INSURER B: National Casualty Company</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	


**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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			32.012938-00	2/3/2013	2/3/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<b>AUTOMOBILE LIABILITY</b>			CAO0245763	6/9/2012	6/9/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED		RETENTION \$				\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			32.004166-10	7/20/2012	7/20/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City of Madison Risk Manager 210 Martin Luther King Blvd Madison, WI 53710	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.