

# Pedal Cab Operator License Application/Renewal

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 KIM POLI E-Mail Address kpoli@tds.net Home Phone # 920-883-7418  
Home Address 1221 ROSCOE ST., GREEN BAY, WI 54304

2. Company Name BLACK & TAN BIKE CAB  
Business Address 1221 ROSCOE ST., GREEN BAY, WI 54304  
Business Telephone Number 920-883-7418

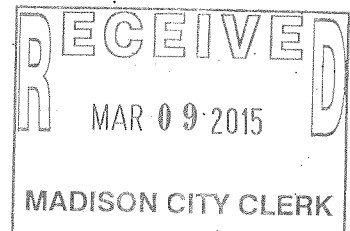
3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):

- 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).

PROFESSIONALLY FABRICATED, CUSTOM DESIGNED  
PEDICAB USING MAINSTREET PEDICAB  
COMPONENTS

6. Name of Insurance Company SECURA INSURANCE  
Name of Insurance Agent GREEN BAY INSURANCE CENTER, INC.  
Business Address 417 S. MONROE ST., GREEN BAY, WI 54305  
Business Telephone Number 920-437-9281  
E-Mail Address customer@gbic.com



8. Is applicant a corporation?  Yes  No

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

Name	Address
KIM POLI	1221 ROSCOE ST., GREEN BAY, WI 54304

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?

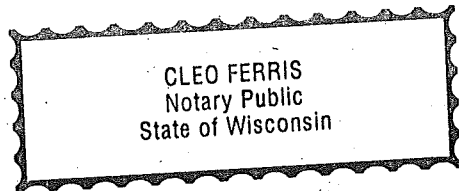
Yes  No

Subscribed and sworn before me

this 5<sup>th</sup> day of March, 2015.

Cleo Ferris  
Notary Public  
My Commission Expires 6/14/2015.

Kim Poli  
Applicant's Signature



# Pedal Cab Filing Affidavit

State of Wisconsin )  
County of Dane )

KIM POLI, being first duly sworn on oath, deposes and says:

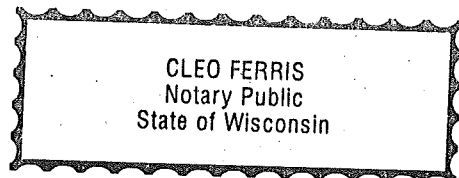
1. That the affiant owns , operates , or manages \_\_\_\_\_ a pedal cab business in the City of Madison, doing business as BLACK & TAN BIKE CAB.
2. That as of the date of this Affidavit, (Company Name) BLACK & TAN BIKE CAB, (Address) 1221 ROSCOE ST. GREEN BAY, WI, Madison, Wisconsin, 54304, doing business as BLACK & TAN BIKE CAB, 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 5<sup>th</sup> day of March, 2015.

Cleo Ferris  
Notary Public  
My Commission Expires 6/14/2015.

Kim Poli  
Signature of person signing Affidavit under oath





---

**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

