

Pedal Cab Vehicle Operator License Application

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 Steven Anderson E-Mail Address anderson.steven13@gmail.com Home Phone # 443 531 0214
Home Address 4200 University Ave Apt 105 Madison, WI 53705

2. Company Name Badger Bike Taxi LLC
Business Address 4200 University Ave Apt 105 Madison, WI 53705
Business Telephone Number 443 531 0214

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

Gratuity/Tip _____
Gratuity with Minimal Charge \$10.00 + Gratuity
Per hour charge _____
Per mile charge _____
Per Block _____
Other- explain _____

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

Make: Mainstreet Pedicab Model: Broadway
Type: 2-3 Persons
AGE: Brand new

6. Name of Insurance Company Couri Insurance Agency Inc.
Name of Insurance Agent Dave Neuteib
Business Address 379 W Main St, Waukesha, WI 53186
Business Telephone Number 262-348 8077
E-Mail Address dneuteib@courri.com

8. Is applicant a corporation, partnership or limited liability corporation (LLC)? Yes No

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

Name	Address
STEVEN ANDERSON	4200 UNIVERSITY AVE APT 105 MADISON, WI 53705

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 2 day of November, 2023.

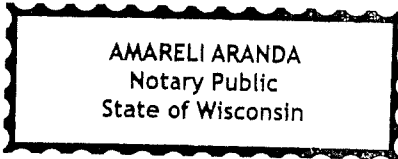


Applicant's Signature



Notary Public

My Commission Expires 05/05/2025.



Pedal Cab Filing Affidavit

State of Wisconsin)
)
County of Dane)

Steven Anderson, being first duly sworn on oath, deposes and says:

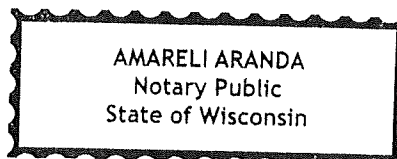
1. That the affiant owns X, operates _____, or manages _____ a pedal cab business in the City of Madison, doing business as Badger Bike Taxi LLC.
2. That as of the date of this Affidavit, (Company Name) Badger Bike Taxi LLC, (Address) 4200 UNIVERSITY AVE APT 105 Madison, WI 53705, Madison, Wisconsin, doing business as Badger Bike Taxi LLC, 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
 - \$ 10.00 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 2 day of November, 2023.

[Signature]
Notary Public
My Commission Expires 05/05/2025.

[Signature]
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



Traffic Engineering Division

Yang Tao, PhD, PE, City Traffic Engineer

Madison Municipal Building
215 Martin Luther King Jr Blvd
Suite 109
P.O. Box 2986
Madison, Wisconsin 53701-2986
Phone: (608) 266-4761
Fax: (608) 267-1158
www.cityofmadison.com

November 6, 2023

City Clerk
Madison Municipal Bldg.
215 Martin Luther King Jr
Blvd #153,
Madison, WI 53701

Dear City Clerk:

Under MGO 11.06(2)(c), the City Traffic Engineer shall have the authority to issue a provisional license to Pedal-Cab operators pending final approval of the Common Council if the Pedal-Cab operator obtains a valid driver permit, provides proof of liability insurance coverage as required in Subsection (8) (b) of this ordinance, and passes a vehicle inspection.

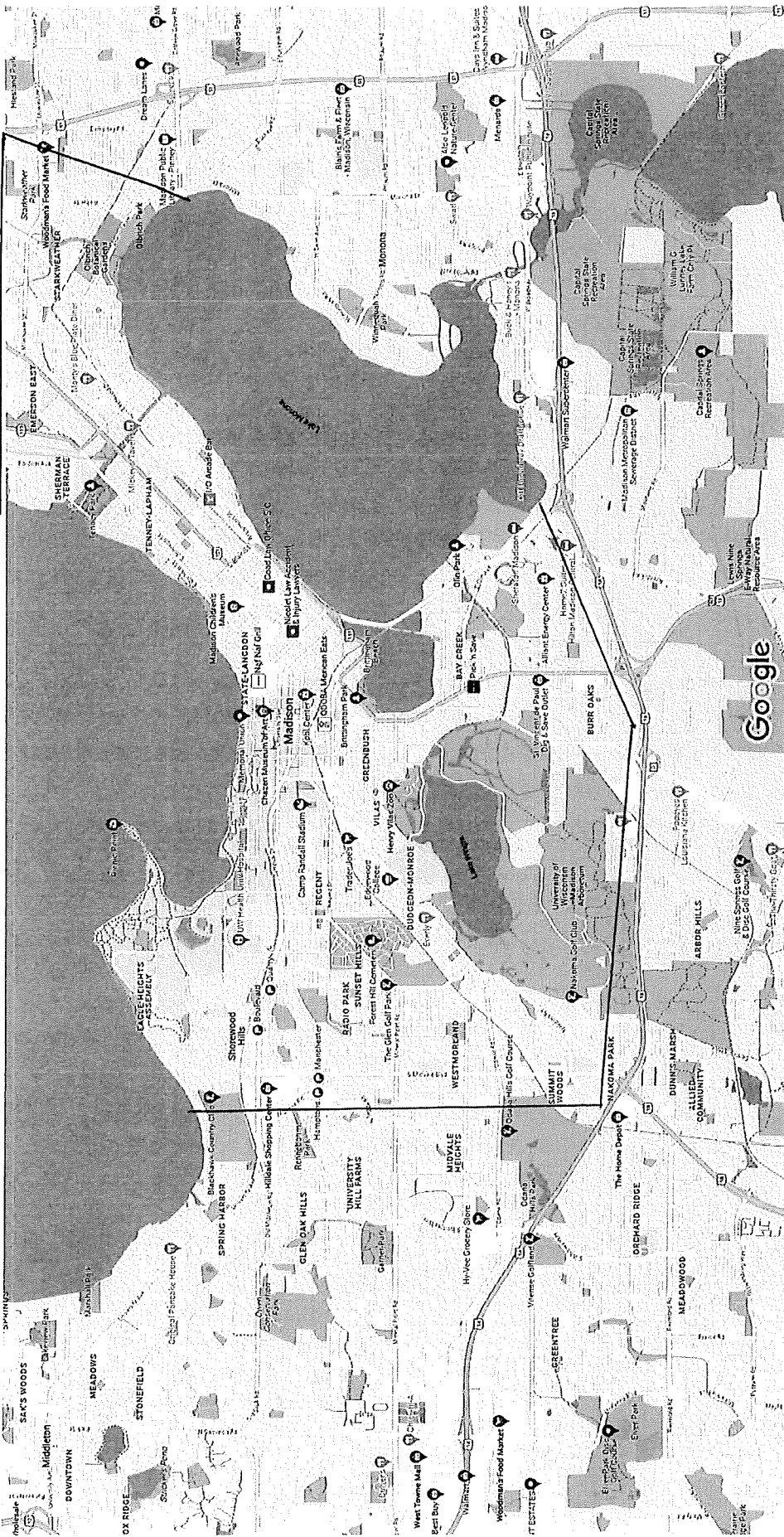
The below pedicab operator has provided the required documentation and upon appropriate payment to the City Clerk's Office is authorized to receive a Provisional License to Engage in the Business of Transporting Passengers for hire- pedicab, and Pedal Cab Vehicle Permit.

Steven Anderson
Badger Bike Taxi LLC
4200 University Ave #105
Madison, WI 53705

Sincerely,

Yang Tao, City Traffic Engineer

Google Maps



Map data ©2023 Google 2000 ft



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/01/2023

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 have ADDITIONAL INSURED provisions or 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 Couri Insurance Agency, Inc. 379 West Main Street Waukesha WI 53186		CONTACT NAME: Dave Neuleib PHONE (A/C, No, Ext): (262) 548-8077 E-MAIL ADDRESS: dneuleib@couri.com FAX (A/C, No): (262) 542-6993	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Amwins-Kinsale Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2311113347 **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:	Y		0100266472-0	10/31/2023	10/31/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 0						
	PERSONAL & ADV INJURY \$ 1,000,000						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Madison, its officers, officials and employees are additional insureds on a primary and non-contributory basis.

CERTIFICATE HOLDER		CANCELLATION	
City of Madison 210 Martin Luther King Jr Dr Madison WI 53703		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 	

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