

# Pedal Cab 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 Jamie St. Ledger E-Mail Address jamie@lunar Home Phone # (414)364-0846  
cycleservices.com  
Home Address 2874 S. Delaware Ave Milwaukee WI 53207
2. Company Name Lunar Cycle Services, LLC  
Business Address 2874 S. Delaware Ave Milwaukee WI 53207  
Business Telephone Number (414) 364-0846
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).  
Main Street pedicab Broadway ~~2010~~ 2009  
serial # FE8E 02123 green fiberglass cab
6. Name of Insurance Company Business Core Insurance Services Inc.  
Name of Insurance Agent Angelo Catsouras  
Business Address 1300 Bristol St. North, Ste 100, Newport Beach CA  
Business Telephone Number (949) 861-5993 92660  
E-Mail Address pedicabs@bcis1.com

8. Is applicant a corporation? \_\_\_\_\_ Yes    ~~\_\_\_\_\_~~ No    LLC

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

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_.

Pedal Cab Filing Affidavit

State of Wisconsin )
County of Dane )

Jamie Lyn St. Ledger, being first duly sworn on oath, deposes and says:

- 1. That the affiant owns X, operates X, or manages \_\_\_ a pedal cab business in the City of Madison, doing business as Lunar Cycle Services LLC (pedicab)
2. That as of the date of this Affidavit, (Company Name) Lunar Cycle Services, (Address) 2874 S. Delaware Ave, Milwaukee, Madison, Wisconsin, doing business as pedicab, 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 \_\_\_ day of \_\_\_, 20\_\_.

Signature of person signing Affidavit under oath

Notary Public
My Commission Expires \_\_\_\_\_.



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**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)

06/21/2016

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).

<b>PRODUCER</b> Business Core Insurance Services Inc. 1300 Bristol St. North Ste 100 Newport Beach CA 92660	<b>CONTACT NAME:</b> Angelo Catsouras <b>PHONE (A/C, No, Ext):</b> 949-861-5993 <b>E-MAIL ADDRESS:</b> pedicabs@bcis1.com	<b>FAX (A/C, No):</b> 949-769-6849
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Lunar Cycles Services, LLC 2874 S. Delaware Ave. Milwaukee WI 53207	<b>INSURER A:</b> ATAIN SPECIALTY INSURANCE <span style="float: right;">NAIC # 17159</span>	
	<b>INSURER B:</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 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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CIP266728-0033  DEDUCTIBLE \$500	03/04/2016	03/04/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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>AUTOMOBILE LIABILITY</b> <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"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Pedicab Serial Number: **FE8E 02123** and FE9A 1502

City of Madison, its officers, officials, agents and employees are named as Additional Insured.

### CERTIFICATE HOLDER

City of Madison  
 215 MLK DR.  
 PO Box 2986  
 Madison, WI 53703-2986

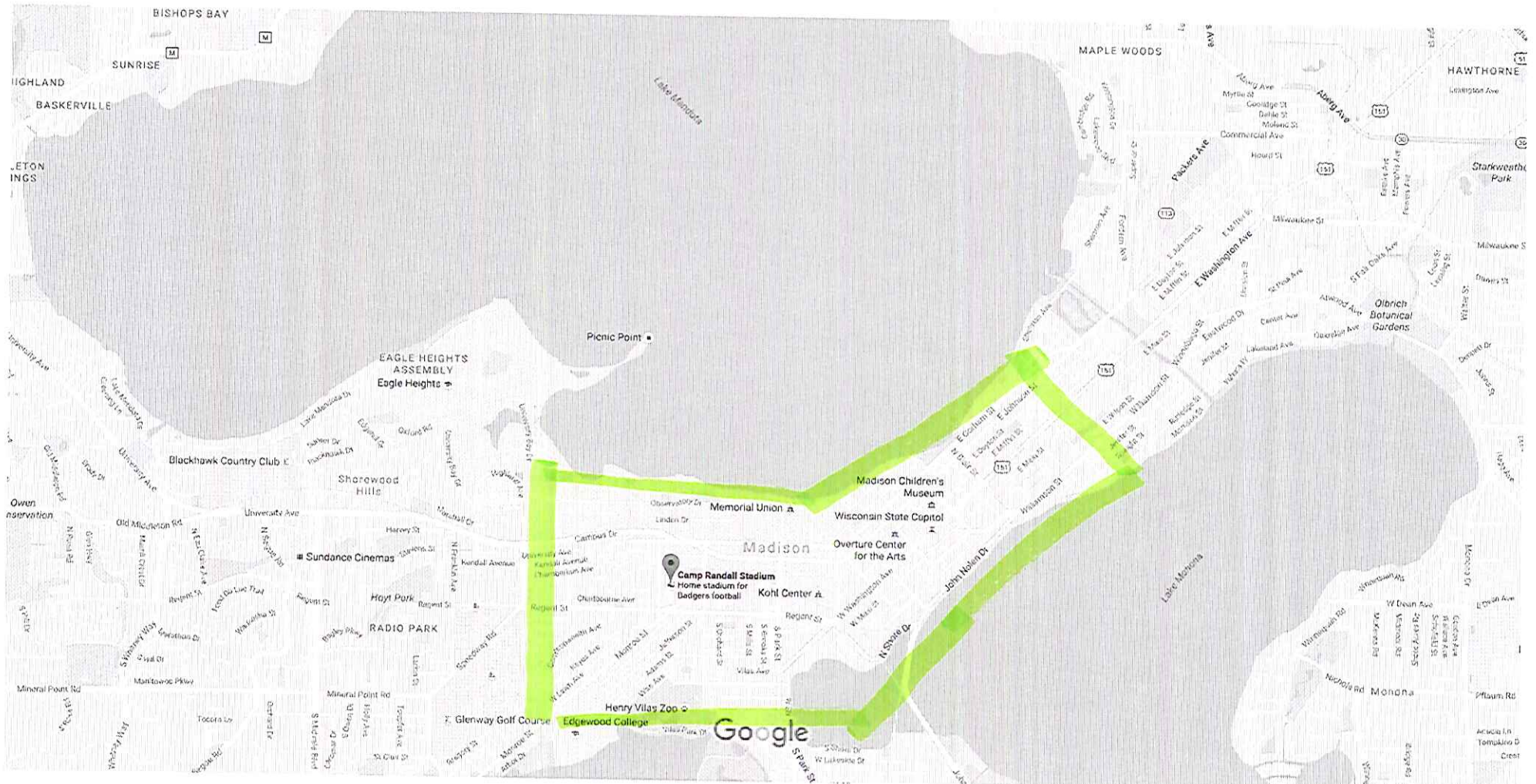
### CANCELLATION

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

Angelo catsouras

# Google Maps Camp Randall Stadium



Map data ©2016 Google 2000 ft