

RECEIVED  
JAN 23 2017  
MADISON CITY CLERK

Fee: \$2,200/two years (\$1,200/initial year) + \$65/vehicle  
Renewal Fee: \$2,200/two years + \$65/vehicle

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
John N Schmidt	1366 Judd Road, Oregon WI 53575
Michael P Schmidt	2265 Sugar River Road, Verona WI 53593
Jodie B Schmidt	1366 Judd Road , Oregon WI 53575

9. Is applicant a partnership? ☐ Yes ☒ No

If yes, give names and address of all partners:

Name	Address
NA	

10. If any vehicles licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date: NA

Name	Address	Vehicle Serial #	\$	Fulfillment Date
NA				

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

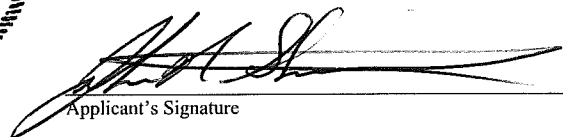


Subscribed and sworn before me

this 20th day of January, 20 17.

  
Notary Public

My Commission Expires Aug 17 2018.

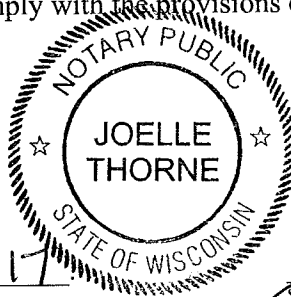
  
Applicant's Signature

# Taxicab Filing Affidavit

State of Wisconsin    )  
                                  )  
County of Dane        )

\_\_\_\_\_, being first duly sworn on oath, deposes and says:

1. That the affiant owns   X  , operates   X  , or manages   X   a taxicab business in the City of Madison, doing business as Green Cab of Madison.
2. That as of the date of this Affidavit, (Company Name) Green Cab of Madison, (Address) 1621 Beld Street, Madison, Wisconsin, doing business as South Side Brothers, 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 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.  
  X   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 26th day of January, 2017

[Signature]  
Notary Public  
My Commission Expires Aug 17 2018

[Signature]  
Signature of person signing Affidavit under oath

## Vehicle List Schedule A

Company Name Green Cab of Madison

Model Year	Class & Make	State License	Owner/ Title Holder	Serial/Engine #	Permit #	Type of Service	Office Use Only						
							State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued
2013	TOYOTA PRIUS	759-VTS	Southside Brothers, LLC	JTDKN3DU0D5689801	310	TAXICAB							
2015	TOYOTA PRIUS	316-XAC	Southside Brothers, LLC	JTDKN3DU1F1889709	311	TaxiCab							
2015	TOYOTA PRIUS	317-XAC	Southside Brothers, LLC	JTDKN3DU9F1872897	312	TaxiCab							
2015	TOYOTA PRIUS	747-YEN	Southside Brothers, LLC	JTDKN3DU7F0480572	313	TaxiCab							
2015	TOYOTA PRIUS	290-XHG	Southside Brothers, LLC	JTDKN3DU4F044317	314	TaxiCab							
2015	TOYOTA PRIUS	686-XXB	Southside Brothers, LLC	JTDKN3DU1D1709335	315	TaxiCab							
2013	TOYOTA PRIUS	318-ZAC	Southside Brothers, LLC	JTDKN3DU2F0414494	316	TaxiCab							
2015	TOYOTA PRIUS	289-XHG	Southside Brothers, LLC	JDKN3DU2F0422336	317	TaxiCab							
2016	TOYOTA PRIUS	876-ZCW	Southside Brothers, LLC	JTDKBRFU3G302273	318	TaxiCab							
2013	TOYOTA PRIUS	760-VTS	Southside Brothers, LLC	JTDKN3DU1D5701910	319	TaxiCab							
2010	TOYOTA PRIUS	219-XTW	Southside Brothers, LLC	JTDKN3DU5A1311945	320	TaxiCab							
2015	TOYOTA PRIUS	749-YEN	Southside Brothers, LLC	JTDKN3DU1F1998817	321	TaxiCab							
2011	TOYOTA PRIUS	858-???	Southside Brothers, LLC	JTDKN3DU3B0258251	322	TaxiCab							
	TOYOTA PRIUS		Southside Brothers, LLC	Replacing	323	TaxiCab							
2012	TOYOTA PRIUS	732-UFH	Southside Brothers, LLC	JTDKN3DU8C5512704	324	TaxiCab							
2010	TOYOTA PRIUS	860-ZLA	Southside Brothers, LLC	JTDKN3DU1A0224467	325	TaxiCab							

## Vehicle List Schedule A

Company Name \_\_\_\_\_

Model Year	Class & Make	State License	Owner/ Title Holder	Serial/Engine #	Permit #	Type of Service	Office Use Only						
							State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued
2013	Toyota Prius	661-UMT	South Side Brothers, LLC	JTDKN3DU2D5552262	326	Taxi Cab							
2013	Toyota Prius	761-VST	South Side Brothers, LLC	JTDKN3DU1D5695834	327	Taxi Cab							
2015	Toyota Prius	748-YEN	South Side Brothers, LLC	JTDKN3DU8F0481147	328	Taxi Cab							
2011	Toyota Prius	861-ZLA	South Side Brothers, LLC	JTDKN3DU3B0256743	329	Taxi Cab							
2012	Toyota Prius	862-ZLA	South Side Brothers, LLC	JTDZ3EUC3035064	330	Taxi Cab							
2011	Toyota Prius	856-ZLA	South Side Brothers, LLC	JTDKN3DUXB5288530	331	Taxi Cab							
2011	Toyota Prius	855-ZLA	South Side Brothers, LLC	JTDKN3DU5A1122227	332	Taxi Cab							
2012	Toyota Prius	113-THK	South Side Brothers, LLC	JTDZ3EUC3017730	333	Taxi Cab							
2015	Toyota Prius	291-XHG	South Side Brothers, LLC	JTDKN3DU9F0440865	334	Taxi Cab							
2012	Toyota Prius	854-ZLA	South Side Brothers, LLC	JTDKN3DUXC5467877	335	Taxi Cab							
2012	Toyota Prius	853-ZLA	South Side Brothers, LLC	JTDKN3DU6C5465446	336	Taxi Cab							
2015	Toyota Prius	770-YEN	South Side Brothers, LLC	JTDKN3DU9F0476667	337	Taxi Cab							
2016	Toyota Prius	877-ZCW	South Side Brothers, LLC	JTDKBRFJ7G3010180	338	Taxi Cab							
2012	Toyota Prius	857-ZLA	South Side Brothers, LLC	JTDKN3DU1C5495518	339	Taxi Cab							
2013	Toyota Prius	622-UMT	South Side Brothers, LLC	JTDKN3DU6D5544777	340	Taxi Cab							
2013	Toyota Prius	863-ZLA	South Side Brothers, LLC	JTDKN3DU5D5538548	341	Taxi Cab							

# Vehicle List Schedule A

Company Name \_\_\_\_\_

Model Year	Class & Make	State License	Owner/ Title Holder	Serial/Engine #	Permit #	Type of Service	Office Use Only						
							State Reg.	Ins.	Meter	Insp.	Mark.	Color	Permit Issued
2013	Toyota Prius	618-UMT	SouthSide Brothers, LLC.	JTDKN3DU8D5542464	342	TaxiCab							
2013	Toyota Prius	619-UMT	SouthSide Brothers, LLC.	JTDKN3DU8D5539340	343	TaxiCab							
2013	Toyota Prius	621-UMT	SouthSide Brothers, LLC.	JTDKN3DU9D5546183	344	TaxiCab							
2013	Toyota Prius	446-URK	SouthSide Brothers, LLC.	JTDKN3DU3D5562198	345	TaxiCab							
2015	Toyota Prius	750-YEN	SouthSide Brothers, LLC.	JTDKN3DU4F11990243	346	TaxiCab							
2013	Toyota Prius	443-URK	SouthSide Brothers, LLC.	JTDKN3DU2D5573581	347	TaxiCab							
2013	Toyota Prius	447-JRK	SouthSide Brothers, LLC.	JTDKN3DU5D0340064	348	TaxiCab							
2014	POLARIS GEM	156-4LS	SouthSide Brothers, LLC.	52CG6AGA7E0004632	349	TaxiCab							
2013	Toyota Prius	762-VTS	SouthSide Brothers, LLC.	JTDKN3DU3D1724127	350	TaxiCab							
2013	Toyota Prius	758-VTS	SouthSide Brothers, LLC.	JTDKN3DU3D5699268	351	TaxiCab							
2011	Toyota Prius	736-XEV	SouthSide Brothers, LLC.	JTDKN3DU6B0260544	352	TaxiCab							
2015	Toyota Prius	319-XAC	SouthSide Brothers, LLC.	JTDKN3DU9F0412337	353	TaxiCab							
2009	GMC Van	109-SHL	SouthSide Brothers, LLC.	1GJHG39K191103223		not for hire							



## City of Madison -- Taxicab Rate Schedule

### METER RATES

#### In Town

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

#### Out of Town

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

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

#### In Town

\$5.00 initial person, \$1/person thereafter And \$1.00/zone  
"DROP" Distance Zone Based off City approved Zone map \_\_\_\_\_ MI "DROP" Charge \$ \$5.00 initial person, plus \$1/person, plus \$1 times number of zones \_\_\_\_\_  
Additional Distance \_\_\_\_\_ MI Additional Charge \$ \$1.00/ Zone or \$2.50 if outside zone \_\_\_\_\_  
Wait Time \$.60/ min \_\_\_\_\_ Seconds Wait Charge \$ \_\_\_\_\_

#### Out of Town

\$5.00 initial person, \$1/person thereafter  
"DROP" Distance \_\_\_\_\_ MI "DROP" Charge \$ \_\_\_\_\_  
Additional Distance \$2.50 / mile \_\_\_\_\_ MI Additional Charge \$ \_\_\_\_\_  
Wait Time .60/ min \_\_\_\_\_ Seconds Wait Charge \$ \_\_\_\_\_

### ZONE RATES

First Zone Charge \$ \$5.00 Shared or \$7.50 Direct \_\_\_\_\_  
Additional Zone(s) Charge \$ \$1.00 Shared or \$1.50 Direct \_\_\_\_\_  
Additional Passenger Charge \$ \$1.00 Shared or \$1.00 Direct (for passengers making the same trip as the first passenger) \_\_\_\_\_  
Outer Zone Distance \$ 2.50 \_\_\_\_\_ MI Outer Zone Charge \$ \_\_\_\_\_  
Wait Time .60/ min on both Shared or Direct \_\_\_\_\_ Seconds Wait Charge \$ \_\_\_\_\_

### FLAT RATES

Under the JUMP App + \$8.00 Flat from 1440 Monroe to 917E Mifflin St. "the Flat JUMP zone"  
"DROP" Distance \_\_\_\_\_ MI 3.00 Miles  
Single Passenger "DROP" Charge \$ \$8.00 within the JUMP zone \_\_\_\_\_ Additional Passenger "DROP" Charge \$ add \$1.00/ ea. passenger \_\_\_\_\_  
Additional Distance \$2.50 when outside the JUMP zone \_\_\_\_\_ MI  
Single Passenger "DROP" Charge \$ \_\_\_\_\_ Additional Passenger "DROP" Charge \$ \_\_\_\_\_

### LIMOUSINE RATES

Zone 1 Charge \$ \_\_\_\_\_ per passenger Zone 6 Charge \$ \_\_\_\_\_ per passenger  
Zone 2 Charge \$ \_\_\_\_\_ per passenger Zone 7 Charge \$ \_\_\_\_\_ per passenger  
Zone 3 Charge \$ \_\_\_\_\_ per passenger Zone 8 Charge \$ \_\_\_\_\_ per passenger  
Zone 4 Charge \$ \_\_\_\_\_ per passenger Zone 9 Charge \$ \_\_\_\_\_ per passenger  
Zone 5 Charge \$ \_\_\_\_\_ per passenger

**HOURLY RATE**

\$ \_\_\_\_\_ per hour

**RATES FOR OTHER SERVICES**

Personal Baggage: First two articles \_\_\_\_\_ Free  
Additional articles \$ \_\_\_\_\_ .50/ bag each (except trunks and footlockers)

Groceries Carried to Door: First two bags \_\_\_\_\_ Free  
Additional bags \$ \_\_\_\_\_ .50/bag

Trunks and Footlockers: \$ \_\_\_\_\_ \$2.00 per Trunk each

Aids to Handicapped People: \_\_\_\_\_ Free

**AIRPORT FEE**

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

Company: Green Cab of Madison

Proposed Effective Date: June 30<sup>th</sup>, 2017Submitted by: \_\_\_\_\_  
(Signature)

Jodie B Schmidt

(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 # \_\_\_\_\_

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2017

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> Kunkel & Associates, Inc. 401 Data Court Dubuque IA 52003		<b>CONTACT NAME:</b> Abby Zahorik <b>PHONE (A/C, No, Ext):</b> 563-585-2310 <b>E-MAIL ADDRESS:</b> certs@kunkel-inc.com <b>FAX (A/C, No):</b> 563-557-7316		
<b>INSURED</b> Green Cab of Madison Inc 1621 Beld St Madison WI 53715		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: Integrity Mutual Insurance Co		14303
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:** 72293760**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CPP263811103	9/8/2016	9/8/2017	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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA263811204	9/8/2016	9/8/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$2500 DED \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP263811304	9/8/2016	9/8/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$100,000 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)

The policies provide a 30 day notice of cancellation except for non-payment of premium.

**CERTIFICATE HOLDER****CANCELLATION**Madison City Clerk's Office  
210 Martin Luther King Jr Blvd  
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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