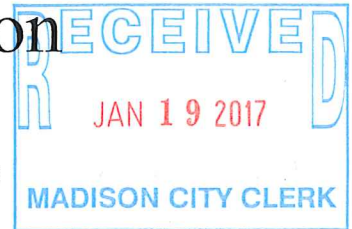


Taxicab License Application

Pursuant to Madison General Ordinance 11.06

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

Renewal Fee: \$2,200/two years + \$65/vehicle



1. Applicant Name TOM H. MELMS Home Phone # 608.244-6012
Home Address 509 WOODWARD DR MADISON, WI 53704

2. Company Name BADGER CAB CO INC
Business Address 700 COTTAGE GROVE RD MADISON WI 53716
Business Telephone Number 608-256-1363

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

Flate Rate _____ Number of Vehicles _____

Zone ✓ Number of Vehicles 29

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

Total number of vehicles proposed to be operated 29

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

WHITE BODY, RED ROOF, RED LETTERING

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

\$4.00 FIRST ZONE, \$1.00 EACH ADDITIONAL ZONE, \$1.00 EA. ADDL PASS
\$.25/1/10 MI OUTER ZONE
DIRECT SERVICE \$6.00 FIRST ZONE \$1.50 EACH ADDL ZONE

6. Name of Insurance Company INTEGRITY MUTUAL INS

Business Address P.O. Box 539

Business Telephone Number APPLETON, WI 54912-0539

7. Name of Insurance Agent COVERA INS. SERVICE

Business Address 1111 LINDEN DR. SUITE 1

Business Telephone Number HOLMEN, WI 54636

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
BADGER CAB CO INC	700 COTTAGE GROVE RD MADISON 53716
TOM H. MELMS	509 WOODWARD DR
MONA J MELMS	MADISON, WI 53704

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
NONE				

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

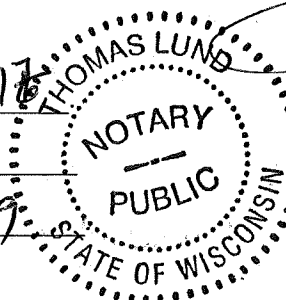
this 19th day of January, 2017

Thomas

Notary Public

My Commission Expires

05/24/19



Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

TOM H. MEELMS, 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 BADGER CAB CO INC.
2. That as of the date of this Affidavit, (Company Name) BADGER CAB CO INC., (Address) 700 COTTAGE GROVE RD, Madison, Wisconsin, doing business as BADGER 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 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.

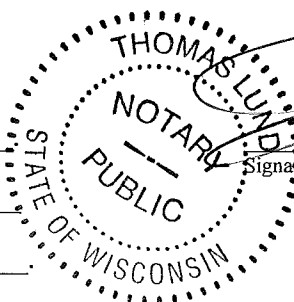
Subscribed and sworn before me

this 19th day of January, 2017

Thomas

Notary Public

My Commission Expires 05/24/19



Signature of person signing Affidavit under oath

Badger Cab

Model Year	Class and Make	State License	Serial - Engine Numbers	Assigned Sticker Number
2009	FORD CROWN VICTORIA	417UBR	2FAHP71V49X145676	161 ✓
2009	FORD CROWN VICTORIA	261ZZA	2FAHP71V39X128979	162 ✓
	FORD CROWN VICTORIA	955HBN		163
2008	FORD CROWN VICTORIA	263ZZA	2FAHP71V18X164958	164 ✓
2007	FORD CROWN VICTORIA	259ZZA	2FAFP71W77X147315	165 ✓
2008	FORD CROWN VICTORIA	809VHW	2FAFP71V38X151443	166 ✓
2008	FORD CROWN VICTORIA	649VYE	2FAB7BV2AX106867	167 ✓
2009	FORD CROWN VICTORIA	919VLA	2FAhp71v39x128965	168 ✓
2010	FORD	116ZFT	2FABP7BV8AX119106	169 ✓
2009	FORD CROWN VICTORIA	269ZZA	2FAHP71V69X18356	170 ✓
2009	FORD CROWN VICTORIA	923XTA	2FAHP71V59X138347	171 ✓
2009	FORD CROWN VICTORIA	941XTA	2FAHP71V29X128696	172 ✓
2009	FORD CROWN VICTORIA	810VHW	2FAHP71V89X145647	173 ✓
2010	FORD CROWN VICTORIA	202SGU	2FABP787V9AX125531	174 ✓
2009	FORD CROWN VICTORIA	879TSF	2FAHP71V79X146501	175 ✓
	2008 FORD CROWN VICTORIA	275ZZA	2FAHP71V48X132411	176
	2006 FORD CROWN VICTORIA	276ZZA	2FAHP71W26X156843	177
	FORD CROWN VICTORIA	418UBR		178
	2007 FORD CROWN VICTORIA	278ZZA	2FAHP71W97X147316	179
	FORD CROWN VICTORIA	922DZL		180
2008	FORD CROWN VICTORIA	280ZZA	2FAHP71V28X130205	181 ✓
2009	FORD CROWN VICTORIA	289VTY	2FAHP71V29X105788	182 ✓
2008	FORD	282ZZA	2FAFP71V38X122724	183 ✓
	2008 FORD CROWN VICTORIA	617UBR	2FAFP71UX8X125924	184
2008	FORD CROWN VICTORIA	696SWT	2FAFP71V48X166834	185 ✓
	2008 FORD CROWN VICTORIA	457SGU	2FAHP71V58X130201	186
	2008 FORD CROWN VICTORIA	303USA	2FAHP71V58X106545	187
	2007 FORD CROWN VICTORIA	595UEA	2FAHP71WX7X131688	188
2009	FORD CROWN VICTORIA	986UFV	2FAHP71VX9X145634	189 ✓
2009	FORD CROWN VICTORIA	329VDV	2FAHP71V99X122832	190 ✓
	2006 FORD CROWN VICTORIA	648VYE	2FAFP71W56X166113	191
2009	FORD CROWN VICTORIA	501ZZA	2FAHP71Y69X133819	192 ✓

2008 FORD CROWN VICTORIA	403TFG	2FAP71V28X176527	193 ✓
2008 FORD CROWN VICTORIA	981UNN	2FAP71V38X151622	194 ✓
FORD CROWN VICTORIA	293ZZA		195
2009 FORD CROWN VICTORIA	594UEA	2FAHP71V49X46715	196 ✓
2010 FORD CROWN VICTORIA	263YVA	2FABP7BV6AX130895	197 ✓
FORD CROWN VICTORIA	296ZZA		198
2009 FORD CROWN VICTORIA	796VJP	2FAHP71V99X146774	199 ✓
2009 FORD CROWN VICTORIA	420UBR	2FAHP1V89X145681	200 ✓
2008 FORD CROWN VICTORIA	574TEM	2FAP71V68X176580	201 ✓
2008 FORD CROWN VICTORIA	543ZZA	2FAHP71VX8X153070	202 ✓

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

"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 \$ _____

ZONE RATES

First Zone Charge \$ 4.00
Additional Zone(s) Charge \$ 1.00
Additional Passenger Charge \$ 1.00 (for passengers making the same trip as the first passenger)
Outer Zone Distance 1/10 MI Outer Zone Charge \$.25
Wait Time 60 Seconds Wait Charge \$.50 / MIN

FLAT RATES

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

LIMOUSINE RATES

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

HOURLY RATE\$ 30.00 per hour**RATES FOR OTHER SERVICES**

Personal Baggage: First two articles Free
Additional articles \$ 1.00 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
Additional bags \$.25

Trunks and Footlockers: \$ 2.00 each

Aids to Handicapped People: Free

BIOLOGICAL SPILLS \$ 50.00

AIRPORT FEE\$ 1.00 per vehicle (may not exceed the fee imposed by Dane County)Company: BADGER CAB CO INC.Proposed Effective Date: 1-1-2015Submitted by: 
(Signature)TOM H. MELMS

(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)
1/16/2017

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).

PRODUCER Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636		CONTACT NAME: Pam Andre PHONE (A/C, No, Ext): 608-526-2127 E-MAIL ADDRESS: pandre@coverrainsurance.com FAX (A/C, No): 608-519-2818	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Badger Cab Company 700 Cottage Grove Rd Madison WI 53716-1116		INSURER A: Integrity Group	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1031928576

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	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			CPP2057584	11/18/2016	11/18/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$100,000 PERSONAL & ADV INJURY \$5,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA 2057585	11/18/2016	11/18/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CUP2664840	11/18/2016	11/18/2017	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP2149566	11/18/2016	11/18/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

City of Madison, its officers, officials, agents & employees are listed as additional insured on a primary & non-contributory basis on the general liability.

CERTIFICATE HOLDER

City of Madison
Attn: Risk Management Room 406
210 Martin Luther King Jr Blvd
Madison WI 53703

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

Pam Andre

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