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 MOX Pretosky E-Mail Address MOUNDER Olive Com Phone # 608-304-371
	Home Address 505 CONKIN 11. #18 Madison, W.D. 53703
	. Company Name Pedal Fast Pedicab
	Business Address
	Business Telephone Number 608-304-3713
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
4.	Other- explain Describe the pedal cab vehicle (Make, model, type, age).
	Pedal Tek manufactured trailer Style connected to mountain bike. Two years old
_	
6.	Name of Insurance Company Flies Insurance Agency Inc. Name of Insurance Agent Steve Fleis
	Business Address PO box 537 1824 E. Mainst, Onglaska W. Suffo
	Business Telephone Number 608-783-5206 E-Mail Address 6 hamme @ fleis horence, com

Name	Address
Name	Address
O To annuli annut a manturambine?	Voc X No
9. Is applicant a partnership?	
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
Madison pertaining to the licensing about these and all other ordinances of	has read and is thoroughly familiar with the ordinances of the City of and regulating of pedal cabs in the City of Madison, and agrees to abide the City and laws of the State of Wisconsin?
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Madison pertaining to the licensing aby these and all other ordinances of No No Subscribed and sworn before me this day of May	and regulating of pedal cabs in the City of Madison, and agrees to abide the City and laws of the State of Wisconsin? Madison, and agrees to abide the City and laws of the State of Wisconsin?
Madison pertaining to the licensing aby these and all other ordinances of No No Subscribed and sworn before me	and regulating of pedal cabs in the City of Madison, and agrees to abide the City and laws of the State of Wisconsin? Madison, and agrees to abide the City and laws of the State of Wisconsin?

Pedal Cab Filing Affidavit

State of Wisconsin) (County of Dane)	
, being first d	uly sworn on oath, deposes and says:
1. That the affiant owns, operates, or man Madison, doing business asPEda Fast P	edicab.
2. That as of the date of this Affidavit, (Company Name (Address) SOS CONKLIN PI # PORTER PROFEST PROFEST A shown on the reverse side of this Affidavit and incompany Name (Address) A shown on the reverse side of this Affidavit and incompany Name (Address)	, Madison, Wisconsin, doing business as, was the owner of the vehicles listed on Schedul
3. That the schedule of fares to be charged in the operation boxes to indicate which pedal cab rates, gratuities, or Gratuity only Gratuity with mininal charge (list amount)	minimum charges are applicable)
Per hour charge Per Mile charge Per trip charge 4. a) That attached to this Affidavit for deposit with the Consurance specifying insurance coverage of the type	es and amounts required by Section 11 06(8) (b) of the
b) That also attached to said Policy or Certificate of Li the State of Wisconsin Office of the Commissioner licensed and authorized to transact pedal cab insurar	of Insurance showing the insurance company is nee coverage in the State of Wisconsin; and
 c) That said insurance policy contains a provision that its term except upon thirty days' written notice to th 	the same may not be cancelled before the expiration of
5. That this Filing Affidavit is made to comply with the p Ordinances described herein.	provisions of Section 11.06 of the Madison General
ubscribed and sworn before me	
nis, 20	Signature of person signing Affidavit under oath
otary Public My Commission Expires	

Pedal Cab Vehicle List Schedule A

company Name Pedal Fast Pedicab

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	Color												
Only	Insp. Mark.												
Office Use Only	Insp.						40						
Offi	Meter												
manufactural wavesure	Ins.												
	State Reg.												
Type of	Service			Ñ									
Permit	#				Å								
11 L	Senal #												
Owner/	Title Holder	2011 pedalitek Max Pretasky	>								-		
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Model	Year	1900											

Office Use Only:	
Rate allowed by operating license: Meter Zone	Flat Limousine
Submission Date: Last Rate Cha	ange Submitted:
Distribution: † City Division of Traffic Engineering	Ticones #
† City Police Department	License #
	403 Para-Transit Operating
	405 Public Passenger Vehicle/Pedal Cab
	406 Horse-Drawn Vehicle
	408 Pedal Cab Service
01/03/11-F:\Cleonimon\Licensing\Application Porms\Taxi Paratransit Ap.docx	

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CERTIFICATE OF LIABILITY INSURANCE

PRETA-6

OP ID: BH

07/03/13

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(les) 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).

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Flei PO	DUCER s Insurance Agency Inc. Box 537			Phone: 608-783-5206 Fax: 608-783-5209	PHONE (A/C, No. Ext): 608-783-5206 FAX (A/C, No): 608-783-5209						
	4 E. Main Street				E-MAIL ADDRESS: bhamme@fleisinsurance.com						
	laska, WI 54650 /en J. Fleis					NAIC#					
					Incirero A . Se	DING COVERAGE A Mutual Co	22543				
INSU	RED Max Pretasky					22040					
11400	W1025 Lauterbach Rd				INSURER B :						
	La Crosse, WI 54601				INSURER C:						
					INSURERD:	* .					
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					INSURER F:						
co	VERAGES CE	RTIFIC	CATE	NUMBER:							
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	CLAIMS-MADE X OCCUR			:				MED EXP (Any one person) \$	Excluded		
		ł	1					PERSONAL & ADV INJURY \$	1,000,000		
			İ					GENERAL AGGREGATE \$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000		
	POLICY PRO-	1						\$			
	AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT	4 000 000		
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	WORKERS COMPENSATION	 	-					WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	Ì		İ			E.L. EACH ACCIDENT . \$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
	DESCRIPTION OF OPERATIONS below	ļ						E.L. DISEASE - POLICY LIMIT \$			
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DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101. Additional Remarks S	Schedule, if more sr	ace is	required)				
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CEF	RTIFICATE HOLDER			· · ·	CANCELLAT	ON	• • • • • • • • • • • • • • • • • • • •				
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				İ				REOF, NOTICE WILL BE DE			
	City of Madison its office	rs.						Y PROVISIONS.			
	officials, agents & emplo			į	<u>.</u>						
	215 Martin Luther King J			ſ	AUTHORIZED REP	RESE	NTATIVE				
	Madison, WI 53703			Ì	1+ -		Θ .				
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