

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 Jodie Schmidt Home Phone # 608-255-1234

Home Address NA

2. Company Name Mobility Transformation Incorporated

Business Address 821 E Washington Ave- 4th Floor Suite

Business Telephone Number 608-255-1234

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

Flat Rate _____ Number of Vehicles _____

Zone X Number of Vehicles 34

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

Total number of vehicles proposed to be operated 40

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

The vehicles used will be Electric Vehicles. Currently Tesla Model 3's, but not limited too the Tesla Model . Generally white. Vehicles will be branded with company name and logo, including powered by Zerology. The operating permit and vehicle permit number will be displayed per the ordinance requirements.

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

Green Cab is zone based. Zones are calculated in accordance with the City of Madison zone map, currently on file. Zone fares = initial fare for first zone + additional dollar(s) for each zone(s) thereafter..

There is a wait time fee, on a per min.basis. Additional charges are accesses for additional passengers, extra bags, and special events. See " zone base" section" for exact amounts. .

6. Name of Insurance Company Integrity Insurance

Business Address Kunkle & Associates

Business Telephone Number 563-585-2768 Tammy Feller

7. Name of Insurance Agent Abby Zahorik

Business Address 3220 Syene Rd, Suite 102 | Madison, WI | 53713

Business Telephone Number Direct (608) 210-1081

8. Is applicant a corporation? Yes No

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

Name	Address
Shree Kalluri - CEO and Founder	1705 Hidden Hill Drive, Verona Wisconsin 53593
Ram Venkatesh - VP of operations	9710 Trappers Trail , Middleton Wisconsin 53562
Anthony O'hare	5610 Mendota Drive, Middleton Wisconsin 53562

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
See full list of vehicles	in Letter for Request			

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 22 day of January, 20 20 .

Applicant's Signature

Notary Public
My Commission Expires _____.

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

_____, 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 Green Cab of Madison.
2. That as of the date of this Affidavit, (Company Name) Mobility Transformation Incorporated, (Address) 821 E Washington Avenue, Madison, Wisconsin, doing business as Green Cab of Madison, 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 _____ day of _____, 20_____.

Signature of person signing Affidavit under oath

Notary Public

My Commission Expires _____.

Vehicle List Schedule A

Company Name Mobility Transformations Incorporated dba Green Cab of Madison

See full list of vehicles in attached letter of request.

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

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 \$ \$7.00
Additional Zone(s) Charge \$ \$1.25
Additional Passenger Charge \$ \$1 (for passengers making the same trip as the first passenger)
Outer Zone Distance \$1.50 MI Outer Zone Charge \$ \$1.50/mile
Wait Time .60 cents Seconds Wait Charge \$.60 cents

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 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 \$ _____ each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
 Additional bags \$.50 cents

Trunks and Footlockers: \$ 1.00 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: 1-22-2020

Submitted by: _____

(Signature)

Jodie 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