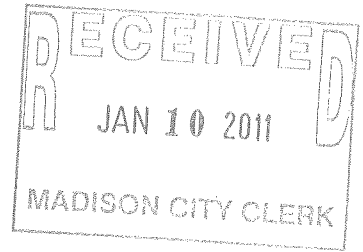


Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$60/vehicle
Renewal Fee: \$2,200/two years + \$60/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 43

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

Total number of vehicles proposed to be operated 43

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:

\$3.00 FIRST ZONE, \$1.25 EACH ADDITIONAL ZONE,
\$1.00 EACH ADDITIONAL PASSENGER

6. Name of Insurance Company PRIME HOLDINGS INSURANCE SERVICES

Business Address 8722 SOUTH 300 WEST SANDY, UT 84070-1420

Business Telephone Number 801-304-5511

7. Name of Insurance Agent RYAN VONHAGEN (TRICOR INC) 53711

Business Address 26 SCHROEDER CT SUITE 130 MADISON WI

Business Telephone Number 608-288-1800

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 53710
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 7 day of Jan, 2011.

Brona Nelson
Notary Public

My Commission Expires April 7, 2013.


Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

TOM H. MELMS, 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 7 day of Jan, 2011.
[Signature]
Notary Public
My Commission Expires April 7, 2013.

[Signature]
Signature of person signing Affidavit under oath

Badger Cab Company
Active Equipment List

Date: 12/6/2010

Time: 2:26 PM

Page No: 1

Veh ID	VIN	Make	Year	Type	Current Mil/Km/Hrs	License	ST	Expires
160	2FAFP71W42X144971	FORD	2002	TAXI		259-ZZA	WI	12/09
161	2FAFP71W34X162610	FORD	2004	TAXI		260-ZZA	WI	12/09
162	2FAFP71W95X102302	FORD	2005	TAXI		261-ZZA	WI	12/10
163	2FAFP71W06X166231	FORD	2006	TAXI		955-JBN	WI	12/10
164	2FAFP71W31X163476	FORD	2001	TAXI		263-ZZA	WI	12/09
165	2FAHP71W44X166755	FORD	2004	TAXI		264-ZZA	WI	12/09
166	2FAFP71W83X215910	FORD	2003	TAXI		265-ZZA	WI	12/09
167	2FAHP71W53X174703	FORD	2003	TAXI		956-JBN	WI	12/09
168	2FAHP71W64X141811	FORD	2004	TAXI		267-ZZA	WI	12/09
169	2FAFP71W03X136013	FORD	2003	TAXI		268-ZZA	WI	12/09
170	2FAHP71W85X161317	FORD	2005	TAXI		269-ZZA	WI	12/09
171	2FAFP71W25X102299	FORD	2005	TAXI		270-ZZA	WI	12/09
172	2FAFP72W15X117858	FORD	2005	TAXI		549-ZZA	WI	12/09
173	2FAFP71W73X160681	FORD	2003	TAXI		272-ZZA	WI	12/09
174	2FAFP71W76X156862	FORD	2006	TAXI		202-SGU	WI	12/10
175	2FAHP71WX5X176305	FORD	2005	TAXI		274-ZZA	WI	12/09
176	2FAHP71W55X158729	FORD	2005	TAXI		275-ZZA	WI	12/09
177	2FAFP71W93X160679	FORD	2003	TAXI		276-ZZA	WI	12/09
178	2FAHP71W15X176306	FORD	2005	TAXI		277-ZZA	WI	12/09
179	2FAFP71W33X160676	FORD	2003	TAXI		278-ZZA	WI	12/09
180	2FAHP71W14X144230	FORD	2004	TAXI		922-DZL	WI	07/09
181	2FAHP71W55X163851	FORD	2005	TAXI		280-ZZA	WI	12/10
182	2FAHP71W84X155838	FORD	2004	TAXI		281-ZZA	WI	12/09
183	2FAFP71W85X180005	FORD	2005	TAXI		282-ZZA	WI	12/10
184	2FAHP71W45X133031	FORD	2005	TAXI		258-ZZA	WI	12/10
185	2FAFP71WX5X126298	FORD	2005	TAXI		611-JAX	WI	01/09
186	2FAHP71W26X100904	FORD	2006	TAXI		457-SGU	WI	12/10
187	2FAHP71W64X141808	FORD	2004	TAXI		285-ZZA	WI	12/09
188	2FAHP71W65X161316	FORD	2005	TAXI		787-JCL	WI	12/09
189	2FAFP71W93X221593	FORD	2003	TAXI		287-ZZA	WI	12/09
190	2FAHP71W35X163850	FORD	2005	TAXI		288-ZZA	WI	12/10
191	2FAFP71W13X103117	FORD	2003	TAXI		289-ZZA	WI	12/09
192	2FAFP71W33X111526	FORD	2003	TAXI		501-ZZA	WI	12/09
193	2FAFO71W84X158049	FORD	2004	TAXI		291-ZZA	WI	12/09
194	2FAFP71W05X150965	FORD	2005	TAXI		292-ZZA	WI	12/09
195	2FAFP71WX3X211008	FORD	2003	TAXI		293-ZZA	WI	12/09
196	2FAHP71W83X198946	FORD	2003	TAXI		546-ZZA	WI	12/09
197	2FAFP71W65X152820	FORD	2005	TAXI		295-ZZA	WI	12/09
198	2FAHP71W93X205614	FORD	2003	TAXI		296-ZZA	WI	12/09
199	2FAFP71W95X147630	FORD	2005	TAXI		297-ZZA	WI	12/09
200	2FAHP71W46X159159	FORD	2006	TAXI		541-ZZA	WI	12/09
201	2FAHP71W84X155807	FORD	2004	TAXI		542-ZZA	WI	12/09
202	2FAFP71X75X171649	FORD	2005	TAXI		543-ZZA	WI	12/09

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		

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 \$ 3.00
Additional Zone(s) Charge \$ 1.25
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

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 \$ 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
CLEANING FEE \$25.00

AIRPORT FEE

\$ 1.00 **FROM AIRPORT ONLY** per vehicle (may not exceed the fee imposed by Dane County)

Company: BADGER CAB CO INC

Proposed Effective Date: 2-16-10

Submitted 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 # _____

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service