

# 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 Michael MacNeil Home Phone # 608 332-0025  
Home Address 1490 Martin Street Madison, WI 53713

2. Company Name Michaelroll's Pedicab  
Business Address 1490 Martin Street Madison, WI 53713  
Business Telephone Number (608) 332-0025

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

Flate Rate sliding scale (tips) Number of Vehicles 1  
Zone \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
Meter \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
Airport Shuttle \_\_\_\_\_ Number of Vehicles \_\_\_\_\_

Total number of vehicles proposed to be operated 1

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

frame: Green with Metal flake powder coat. 185" Tricycle with Bench on back (20" front trim, 2  
White hardshell canopy, Jackshaft for chain <sup>diverts</sup> passenger cargo storage below bench. Light foot frame, back  
Sign on backer Travel Green WI company name, contact info, picture

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

Explain a sliding scale based on what each individual can afford. <sup>trip</sup>

6. Name of Insurance Company David Insurance Agency  
Business Address 1300 S. Green bay Road Racine, WI 53406  
Business Telephone Number 262-636-1860

7. Name of Insurance Agent Jim Venturini  
Business Address \_\_\_\_\_  
Business Telephone Number 262-898-6605

8. Is applicant a corporation? \_\_\_\_\_ Yes  No

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

Name	Address

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

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  
 Applicant's Signature

Notary Public  
 My Commission Expires \_\_\_\_\_.

# Taxicab Filing Affidavit

State of Wisconsin )  
                                  )  
County of Dane      )

Michael MacNeil, 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 Michaelroll's Pedicab.

2. That as of the date of this Affidavit, (Company Name) Michaelroll's Pedicab, (Address) 1490 Martin Street, Madison, Wisconsin, doing business as Michaelroll's Pedicab, 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.  
A.P.S \_\_\_\_\_ 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 4th day of September, 2012.  
Jean Trator-Schmitz  
Notary Public  
My Commission Expires 9-23-2012.

Michael MacNeil  
Signature of person signing Affidavit under oath



# City of Madison -- Taxicab Rate Schedule

## METER RATES

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### 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)

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### 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

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First Zone Charge \$ \_\_\_\_\_  
Additional Zone(s) Charge \$ \_\_\_\_\_  
Additional Passenger Charge \$ \_\_\_\_\_ (for passengers making the same trip as the first passenger)  
Outer Zone Distance \_\_\_\_\_ MI Outer Zone Charge \$ \_\_\_\_\_  
Wait Time \_\_\_\_\_ Seconds Wait Charge \$ \_\_\_\_\_

## FLAT RATES

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"DROP" Distance Tips \_\_\_\_\_ MI  
Single Passenger "DROP" Charge \$ \_\_\_\_\_ Additional Passenger "DROP" Charge \$ \_\_\_\_\_  
Additional Distance \_\_\_\_\_ MI  
Single Passenger "DROP" Charge \$ \_\_\_\_\_ Additional Passenger "DROP" Charge \$ \_\_\_\_\_

## LIMOUSINE RATES

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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 \$ \_\_\_\_\_

Trunks and Footlockers: \$ \_\_\_\_\_ each

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

**AIRPORT FEE**

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

Company: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(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

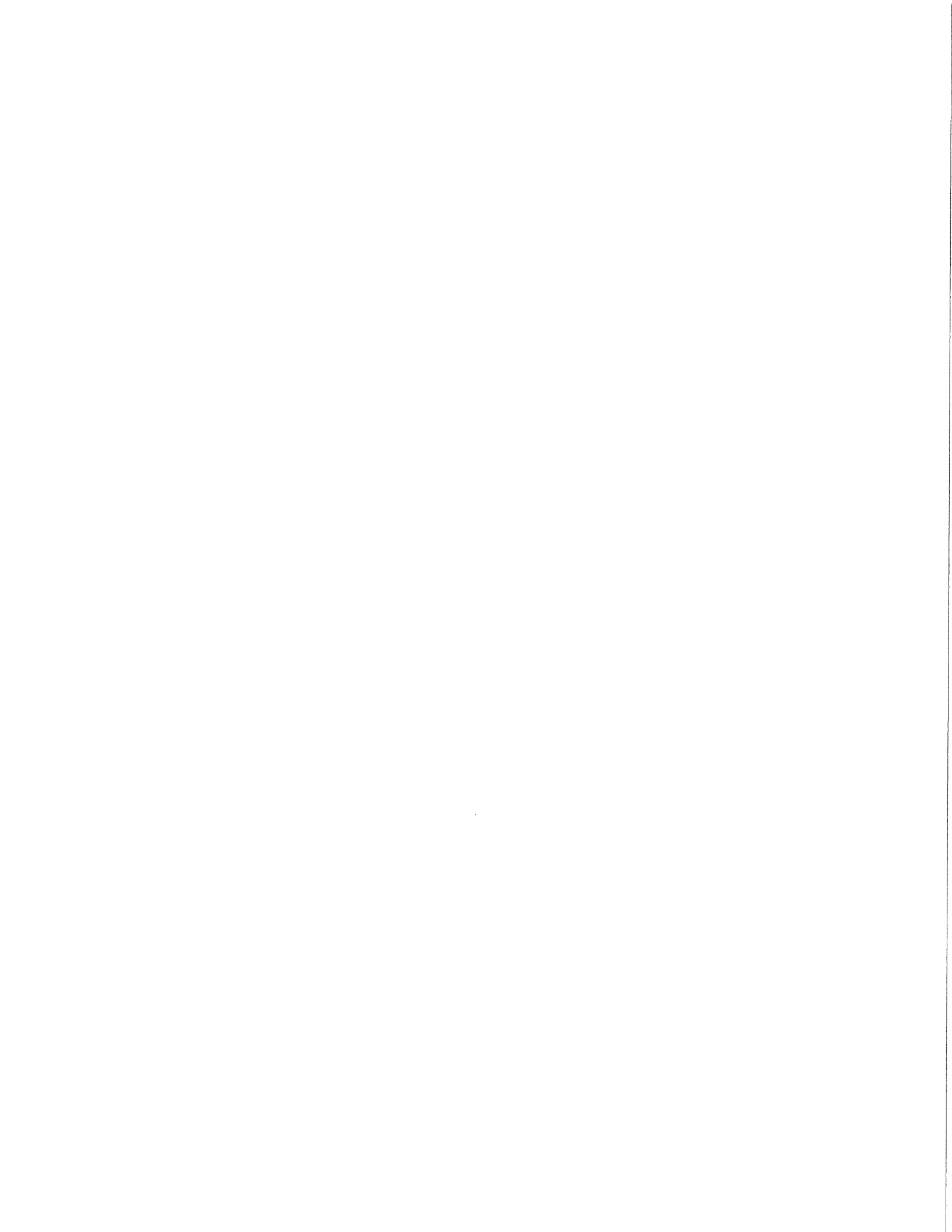
405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

## Michael Rolls Pedicab Routes

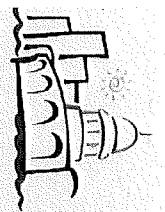
- 1) E. Mefflin St. to W. Dickinson St.
- 2) Capitol City trail to W. Lakeside St.
- 3) University Ave (bike path) to campus Dr.





**TAXI DRIVER IDENTIFICATION**

Michael M



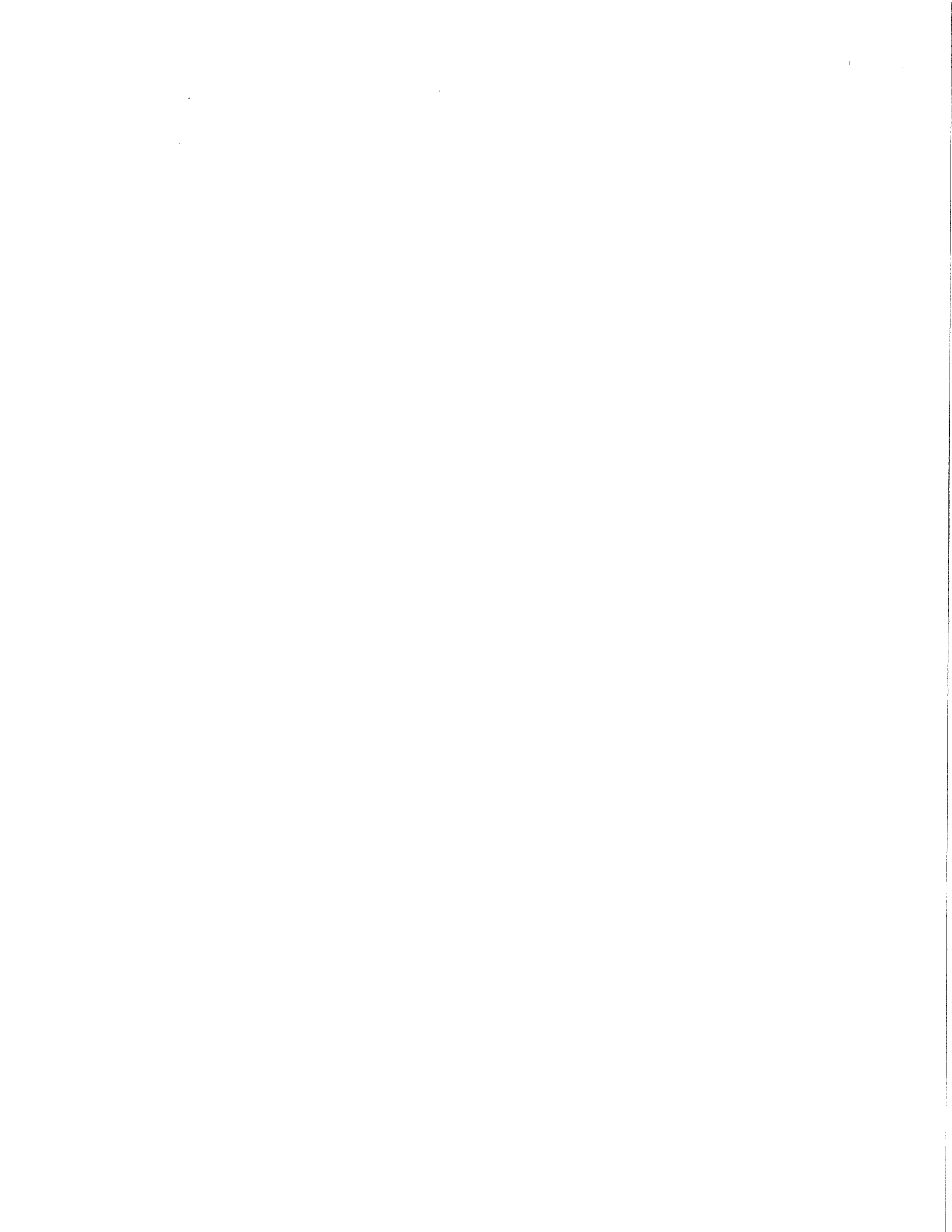
**7281**

Michaelroll's Pedicab

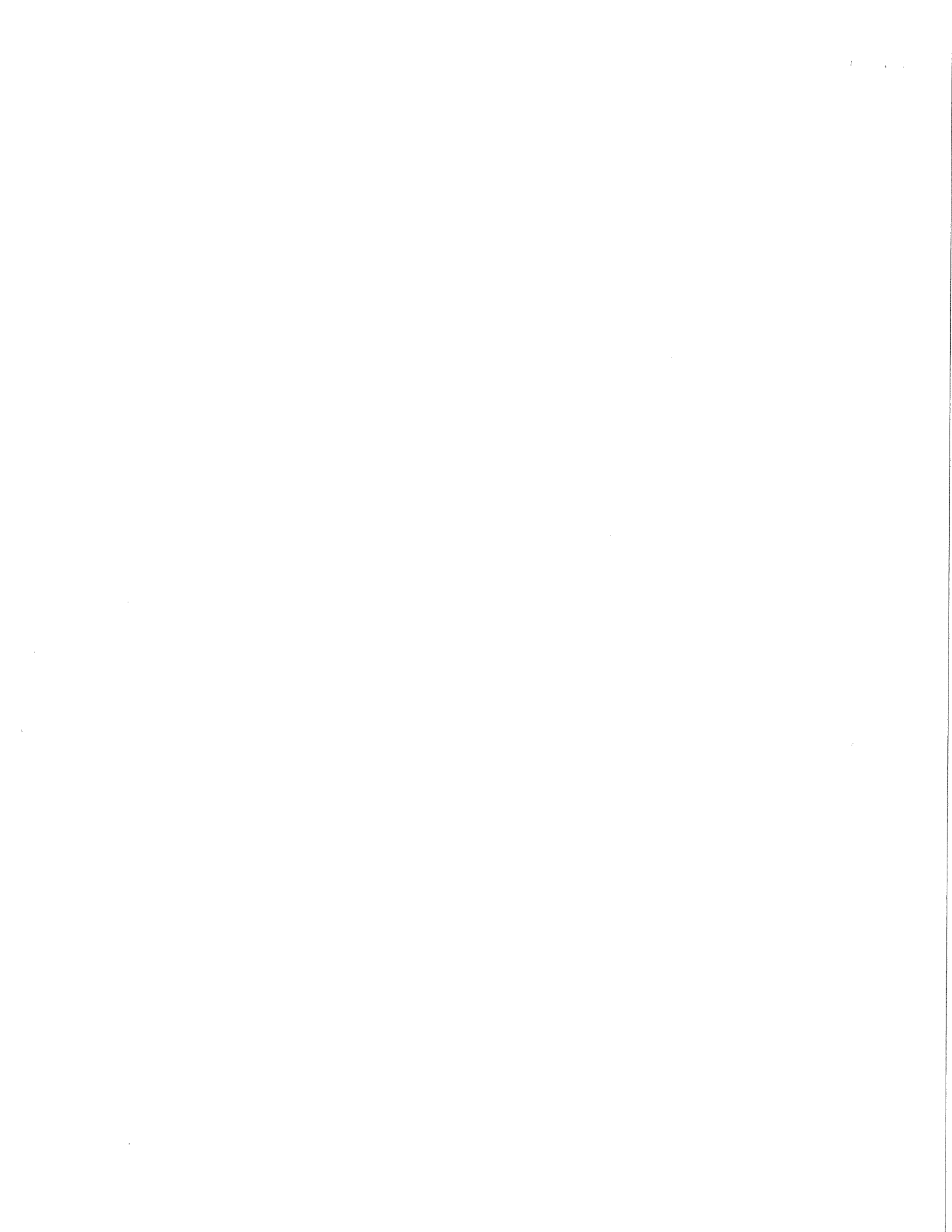
Expires: 10/31/2012

For any Complaints - Please Call (608) 266-4761











## Traffic Engineering and Parking Divisions

David C. Dryer, P.E., City Traffic Engineer and Parking Manager

Suite 100

215 Martin Luther King, Jr. Boulevard

P.O. Box 2986

Madison, Wisconsin 53701-2986

PH 608 266 4761

FAX 608 267 1158

September 4, 2012

City Clerk  
City County Bldg. -Rm 103  
210 Martin Luther King Jr. Blvd  
Madison, WI 53701

Dear City Clerk:

Under MGO 11.06(2)(c), the City Traffic Engineer shall have the authority to issue a provisional license to Pedal-Cab operators pending final approval of the Common Council if the Pedal-Cab operator obtains a valid driver permit, provides proof of liability insurance coverage as required in Subsection (8) (b) of this ordinance, and passes a vehicle inspection.

The below pedicab operator has provided the required documentation and upon appropriate payment to the City Clerk's Office is authorized to receive a Provisional License to Engage in the Business of Transporting Passengers for hire- pedicab, and Pedal Cab Vehicle Permit.

Michael MacNeil  
"Michael Rolls: Pedicab Service"  
1490 Martin Street  
Madison, WI 53713

Sincerely,

David Dryer, Traffic Engineer and Parking Manager

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