

# 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 LINDA BESSER Home Phone # 608-838-7760  
Home Address 2901 Bible Camp Rd. McFarland, WI 53558

2. Company Name Capitol Pedicycle d/b/a Capitol Pedaler  
Business Address 2901 Bible Camp Rd. McFarland, WI 53558  
Business Telephone Number 608-838-7760 cell-608-347-2547

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

Schedule:

Flate Rate X Number of Vehicles 1  
Zone \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
Meter \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
Airport Shuttle \_\_\_\_\_ Number of Vehicles \_\_\_\_\_

M-F = 6p-11pm  
Sa+Su = 10am-11pm

Total number of vehicles proposed to be operated 1

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc. Pedicycle  
Red Steel Frame with wood trim; CANVAS roof; Dimensions = height is 9.5', width is 5', length 17.5'; logo and lettering currently being designed; Placement of signs to be determined when it arrives (possibly roof area and/or bumpers).

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

Flat rate of \$155/hr. w/ 2 hr. minimum Monday thru Thursday;  
\$185/hr. w/ 2 hr. minimum Friday thru Sunday. 8 passenger minimum and 15 passenger maximum. To be booked online website.

6. Name of Insurance Company ISU Insurance Services of Westlake  
Business Address 2985 E. Hillcrest Dr. #201 Westlake Village, CA 91362  
Business Telephone Number 805-409-2880

7. Name of Insurance Agent LORA VAN DIXORN  
Business Address same as above  
Business Telephone Number 805-409-2866

(LLC)

8. Is applicant a corporation?  Yes  No

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

Name	Address
Linda Besser	2901 Bible Camp Rd. McFarland, WI 53558
Sandy Theune	" " " "
Catherina Nooyen	6108 Overlook Dr. McFarland, WI 53558
Lourdes Fernandez	" " " "
Corporation address	2901 Bible Camp Rd. McFarland, WI 53558

9. Is applicant a partnership?  Yes  No

If yes, give names and address of all partners:

Name	Address
See above	

10. If any vehicles licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date:

N/A

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 17<sup>th</sup> day of February, 20 11.

Paulo Am Madatol  
Notary Public

My Commission Expires 8/14/2011.

Linda Besser  
Applicant's Signature

**HOURLY RATE**

\$ 155 + 185 per hour - See #5 for further explanation.

**RATES FOR OTHER SERVICES**

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

*N/A* Groceries Carried to Door: First two bags Free  
Additional bags \$ \_\_\_\_\_

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

Aids to Handicapped People: Free

**AIRPORT FEE**

*N/A* \$ \_\_\_\_\_ 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

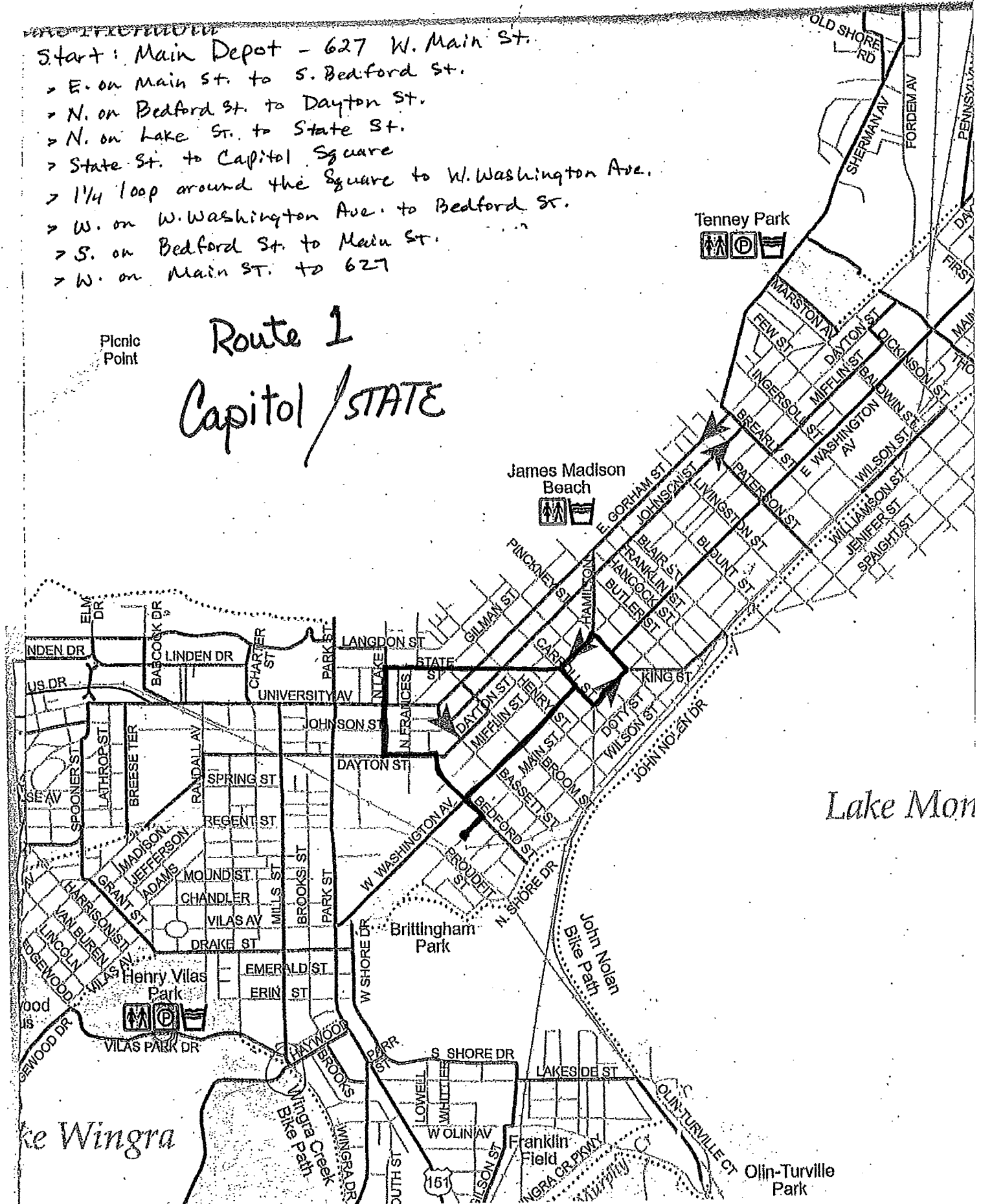
Start: Main Depot - 627 W. Main St.

- > E. on Main St. to S. Bedford St.
- > N. on Bedford St. to Dayton St.
- > N. on Lake St. to State St.
- > State St. to Capitol Square
- > 1/4 loop around the Square to W. Washington Ave.
- > W. on W. Washington Ave. to Bedford St.
- > S. on Bedford St. to Main St.
- > W. on Main St. to 627

# Route 1

## Capitol / STATE

Picnic Point



Lake Monona

Lake Wingra

Olin-Turville Park

Start: Main Depot - 627 W. Main St.  
 > E. on W. Main St to S. Bedford St.  
 > N. on S. Bedford St. to W. Dayton St.  
 > W. on W. Dayton St. to Lake St.  
 > N. on Lake St. to State St.  
 > State St. to Capital Square

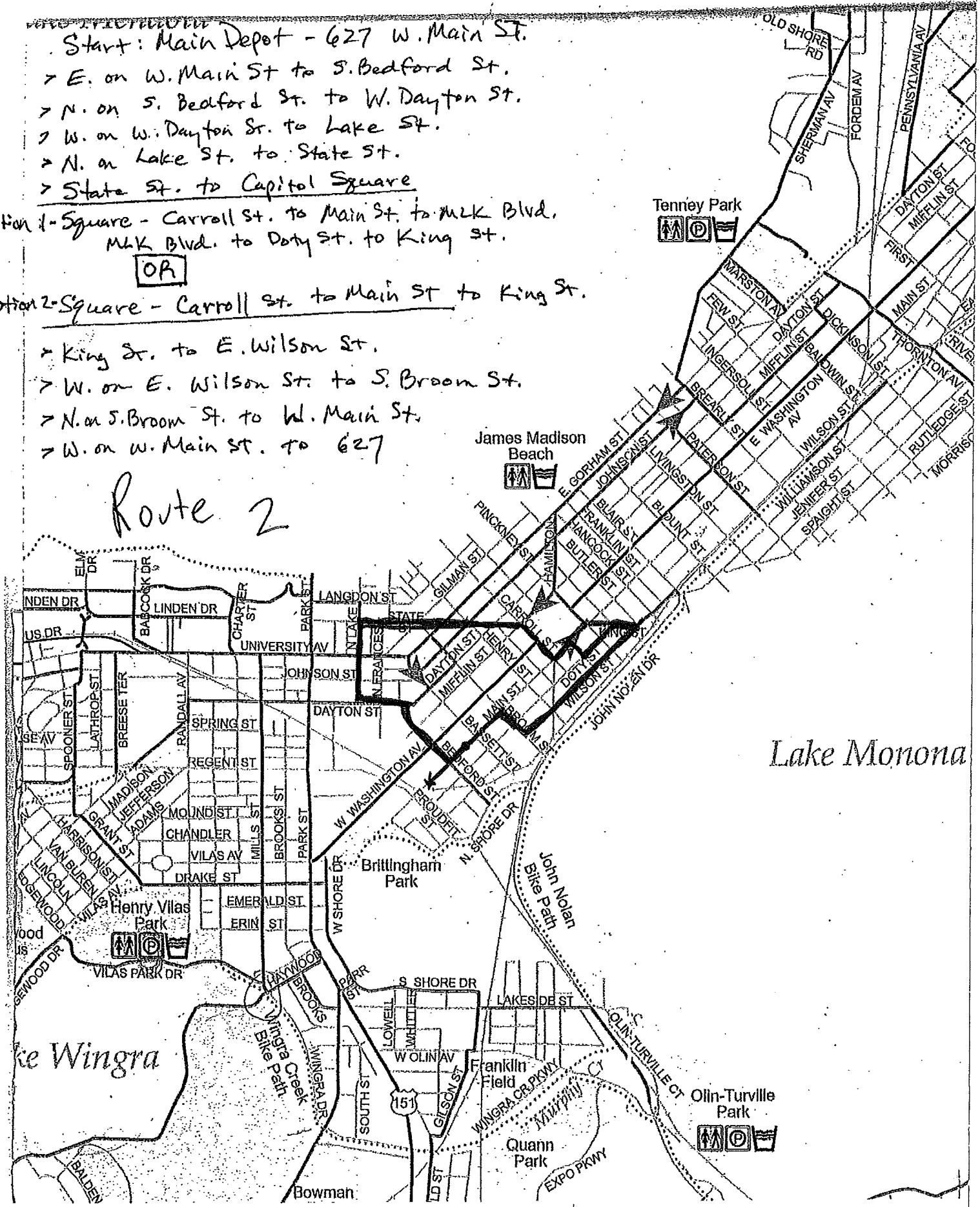
Option 1 - Square - Carroll St. to Main St. to MLK Blvd.  
 MLK Blvd. to Doty St. to King St.

OR

Option 2 - Square - Carroll St. to Main St. to King St.

> King St. to E. Wilson St.  
 > W. on E. Wilson St. to S. Broom St.  
 > N. on S. Broom St. to W. Main St.  
 > W. on W. Main St. to 627

Route 2



Lake Monona

Lake Wingra


Olin-Turville Park

- Start: Main Depot - 627 W. Main St.
- > W. on Main St to Proudfit St.
  - > N. on Proudfit St. to Regent St.
  - > Regent St. to Randall St.
  - > N. on Randall St. to W. Dayton St.
  - > E. on W. Dayton St. to N. Bedford St.
  - > S. on N. Bedford St. to W. Main St.
  - > W. on W. Main St. to 627

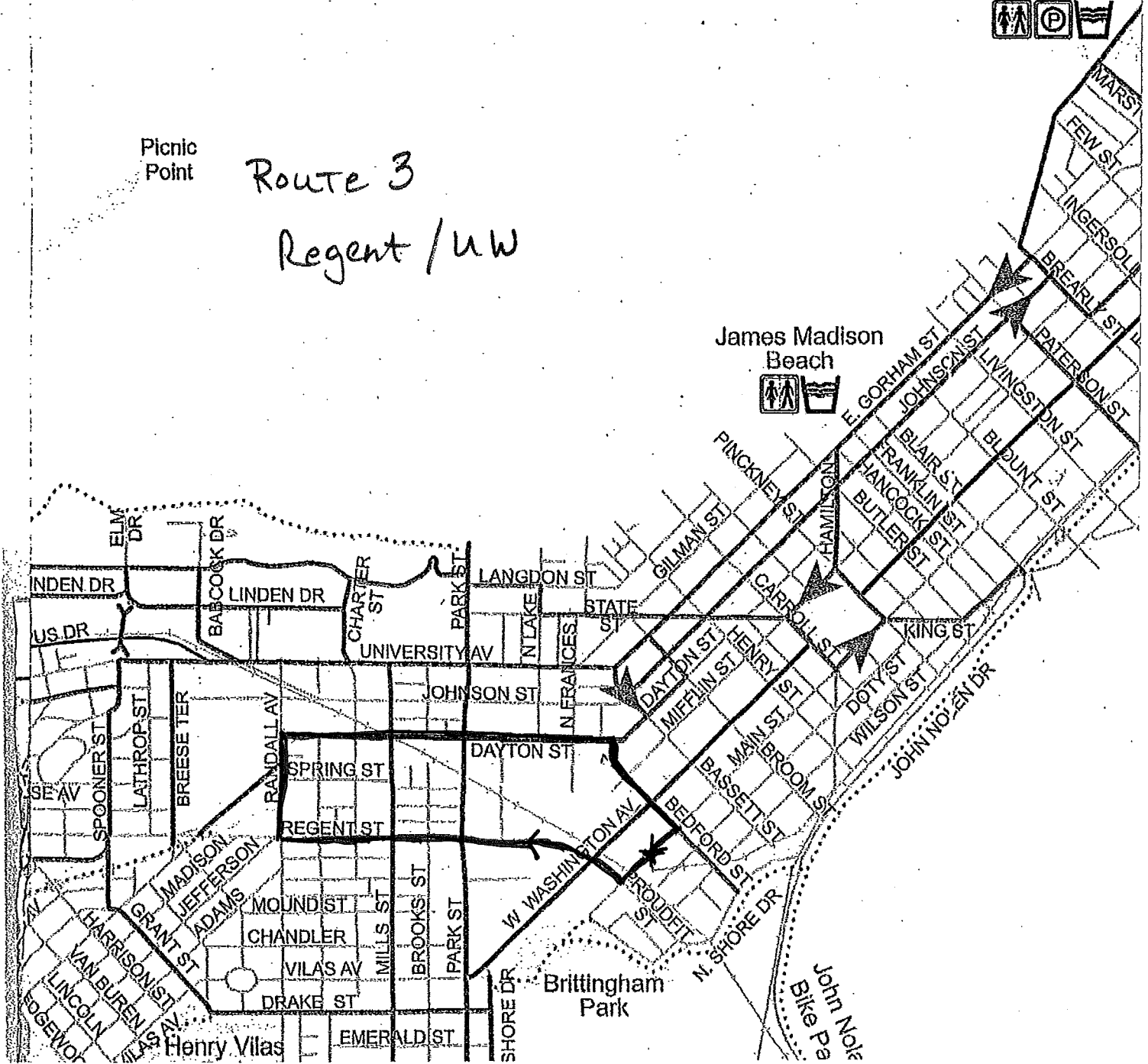
Picnic Point

## Route 3 Regent / UW

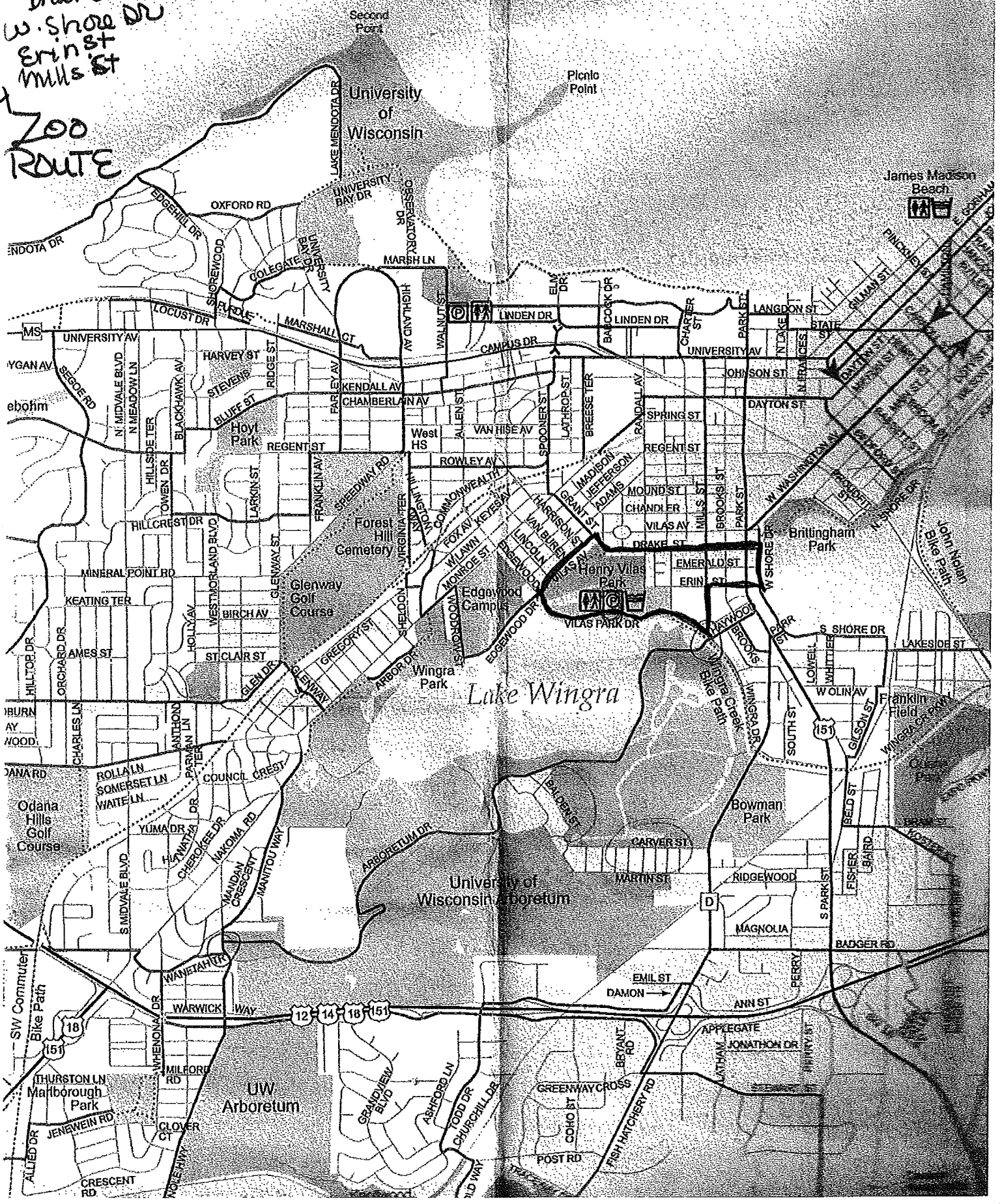
Tenney Park



James Madison Beach

Vilas Park Dr  
Vilas Av  
Druke St  
W. Shore Dr  
Erin St  
Mills St  
#4  
ZOO  
ROUTE



Second Point

Picnic Point

James Madison Beach

Lake Wingra

University of Wisconsin Arboretum

UW Arboretum

SW Commuter  
Bike Path

18

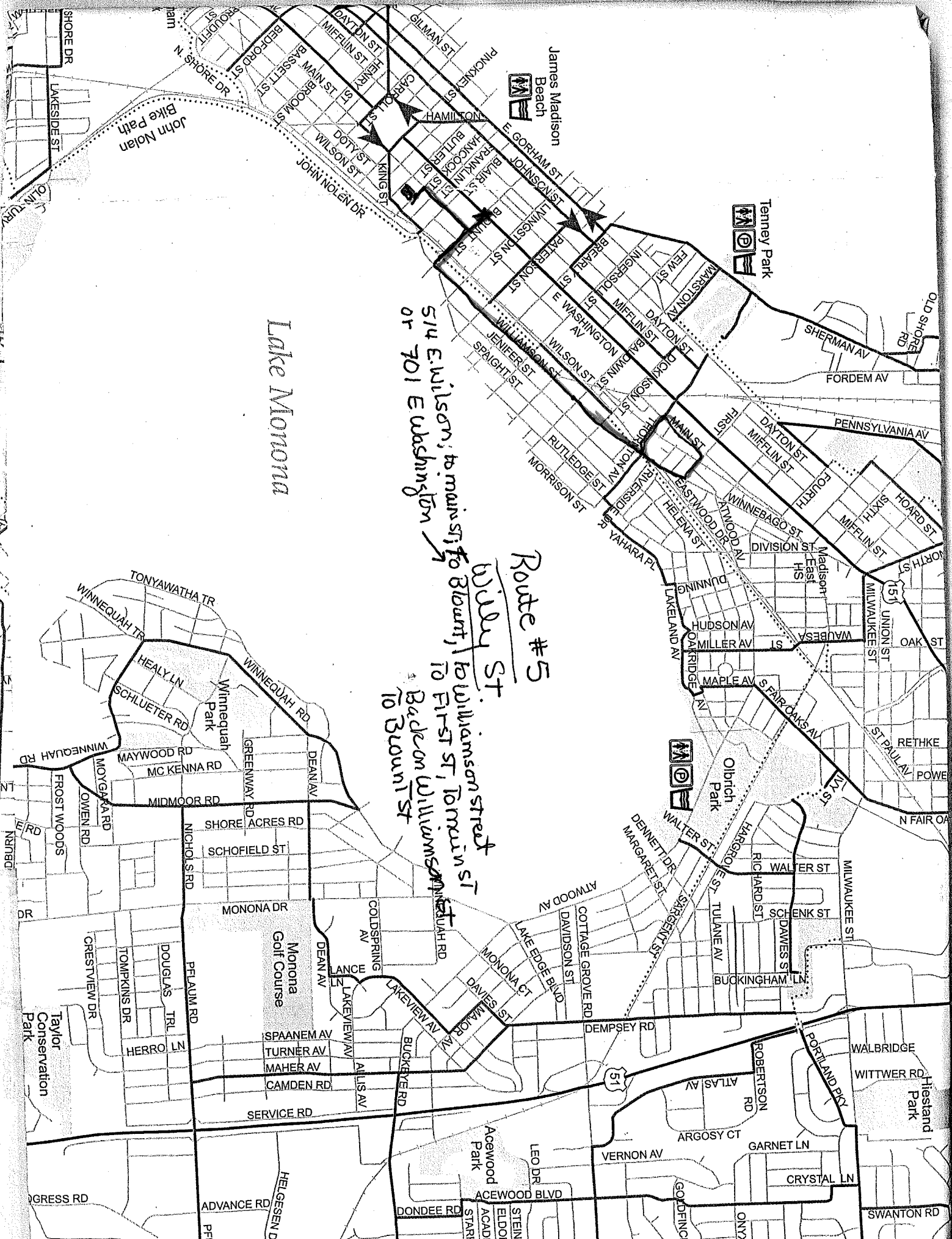
12 14 18 151

151



Lake Monona

Route #5  
Wiley St  
514 E. Wilson, to main st to Bount, to Williamson street  
to First St, Tomlin St  
or 701 E Washington  
to Bount St  
to Bount St



James Madison Beach

Tenney Park

Route #5  
Wiley St  
514 E. Wilson, to main st to Bount, to Williamson street  
to First St, Tomlin St  
or 701 E Washington  
to Bount St  
to Bount St

Hestland Park

Monona Golf Course

Taylor Conservation Park

Acewood Park

Olbrich Park

Helgesen Dr

Dondee Rd

Vernon Av

Crystal Ln

Swanton Rd

Progress Rd

Herro Ln

Spaanem Av

Turner Av

Maier Av

Camden Rd

Service Rd

Atlas Av

Robertson Rd

Walbridge

Dr

Monona Dr

Schofield St

Shore Acres Rd

Greenway Rd

Dean Av

Atwood Av

Walter St

Richard St

Walter St

Dr

Midmoor Rd

Mc Kenna Rd

Maywood Rd

Healy Ln

Schlueter Rd

Winequah Rd

Winequah Tr

Winequah Tr

Winequah Tr

Dr

Winequah Rd

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Winequah Rd





# Terms of Use Agreement

I understand, Capitol Pedaler reserves the right to refuse service or remove any passenger that displays intoxicated, unsafe, unruly or inappropriate behavior.

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Signature

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Date

## **CAPTITOL PEDICYCLE d/b/a CAPITOL PEDALER**

*Capitol Pedaler's* mission is to bring to Madison an opportunity for fun, healthy, eco friendly entertainment for groups of people through the use of a human-powered vehicle (HPV). This activity is very popular and well known in other bicycle friendly communities in Europe. We feel this opportunity is a perfect fit for Madison and Dane County. Our target market will be groups of friends, family groups, business groups, various theme parties and celebrations (bachelorette/bachelor, birthday, reunion, etc).

The "vehicle" is a bicycle powered by 16-people. The pedicycle will be used for reserved group outings, travelling a designated route for a designated timeframe. The 'Pedaler' is an import from Amsterdam. It's very popular in Holland, Germany, and other European countries. Minneapolis was the first US City to have one. Other US cities currently running a similar pedicycle are Milwaukee WI, Lawrence KS, Nashville TN, and Houston TX

The pedicycle holds up to 15 passengers, and is driven by a *Capitol Pedaler* employee only. There are 12 seats with pedals along the sides, a 3 passenger seat bench on the back row, a driver and one employee (optional) can occupy the middle to interact with passengers and to fetch the group non-alcoholic drinks and snacks. Minimum number to move the pedicycle is 6 to 8 people. You must be over 18 to ride and each passenger must sign a waiver and have identification. Bike helmets will be made available but optional through waiver.

The pedicycle is 5 feet wide by 17.5 feet long by 9.5 feet high. It is of steel construction, red in color, with wood trim. Traditional bicycle chain and sprocket connected to a center drive train. It is equipped with hydraulic brakes on all 4 wheels and has a foot brake with back up hand brake operated by the driver. The pedicycle is equipped with a removable metal frame and canvas roof. The rear bench is removable for handicap access. The pedicycle will be equipped with a sound system that will be operated in accordance with Madison General Ordinances.

The *Capitol Pedaler's* hours of operation on weekdays (Monday-Friday) will comply with the 6:00 pm starting time as stated in the Madison General Ordinances. Weekend hours of operation will be 10 am – 11 pm. We anticipate the majority of business taking place Thursday – Sunday, but would like to be available to accommodate a Monday - Wednesday request.

*Capitol Pedaler* was formed by four partners, all of whom have law enforcement backgrounds. Two of the partners are retired from City of Madison Police Department, one is an investigator with the WI Department of Justice and one is a warden for the WI Department of Natural Resources.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/26/2011

**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).**

<b>PRODUCER</b> ISU Insurance Services of Westlake License #0G00809 2985 E. Hillcrest Drive #201 Westlake Village, CA 91362	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 805.409.2880</td> <td><b>FAX (A/C, No):</b> 805.409.2881</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2"><b>PRODUCER CUSTOMER ID #:</b></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b> 805.409.2880	<b>FAX (A/C, No):</b> 805.409.2881	<b>E-MAIL ADDRESS:</b>		<b>PRODUCER CUSTOMER ID #:</b>							
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<b>INSURED</b> Capitol Pedicycle, LLC DBA: Capitol Pedaler 6108 Overlook Drive McFarland, WI 53558	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Indemnity Insurance Co. N.A.</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Indemnity Insurance Co. N.A.		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES** **CERTIFICATE NUMBER: 11/12** **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	ADDITIONAL INSURER (INSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	D3759040A	01/21/2011	01/21/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY	X	D3759040A	01/21/2011	01/21/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS	\$					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI)	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 City of Madison, its officers, officials, agents and employees are named as additional insured with respect to insured's operations on premises.  
 30 day notice of cancellation

<b>CERTIFICATE HOLDER</b>  City of Madison 210 Martin Luther King Jr Blvd Madison, WI 53703	<b>CANCELLATION</b>  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 
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# Taxicab Filing Affidavit

State of Wisconsin )  
                                  )  
County of Dane        )

LINDA BESSER, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages \_\_\_\_\_ a taxicab business in the City of Madison, doing business as CAPITOL Pedicycle d/b/a CAPITOL PEDALER
2. That as of the date of this Affidavit, (Company Name) CAPITOL Pedicycle d/b/a CAPITOL Pedaler  
(Address) 2901 BIBLE CAMP Rd McFARLAND, ~~Madison~~, Wisconsin, doing business as CAPITOL PEDALER, 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.
  - X 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 17<sup>th</sup> day of February, 2011.

Reula Ann McAtosh  
Notary Public

My Commission Expires 8/14/2011.

Linda Besser  
Signature of person signing Affidavit under oath

