

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 JAMES SYDOW E-Mail Address james.sydown@gmail.com Home Phone # 414-465-8294
Home Address 1216 E. BRADY ST. #2 MILWAUKEE, WI 53202

2. Company Name El Caballo Pedicab
Business Address 1216 E. BRADY ST. #2 MILWAUKEE, WI 53202
Business Telephone Number 414-465-8294

3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):

Gratuity/Tip X
Gratuity with Minimal Charge _____
Per hour charge _____
Per mile charge _____
Per Block _____
Other- explain _____

4. Describe the pedal cab vehicle (Make, model, type, age).

2013 Pontiac Non-ELECTRIC WIDE-BODY

6. Name of Insurance Company NIELSON INSURABLE AGENCY
Name of Insurance Agent TAIRA STONACH
Business Address 12587 SW 68th AVE. Tigard, OR 97223
Business Telephone Number 503-684-6598
E-Mail Address taira@niagency.com

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

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 by these and all other ordinances of the City and laws of the State of Wisconsin?

Yes _____ No

Subscribed and sworn before me

this 15th day of August, 2014.

Rosemary A. Canchola
Notary Public
My Commission Expires 11/22/2015

[Signature]
Applicant's Signature

State of WI
County of Milwaukee



Pedal Cab Filing Affidavit

State of Wisconsin)
County of Dane)

JAMES SYDOW, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates _____, or manages _____ a pedal cab business in the City of Madison, doing business as El Caballo PEBILAS.
2. That as of the date of this Affidavit, (Company Name) ~~El Caballo PEBILAS~~ JAMES SYDOW, (Address) 1210 E. Brady St. #2 MILWAUKEE, Madison, Wisconsin, doing business as El Caballo PEBILAS, 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 as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)
 - X Gratuity only
 - _____ Gratuity with minimal charge (list amount)
 - _____ Per hour charge
 - _____ Per Mile charge
 - _____ Per trip charge
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) (b) 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 Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage 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

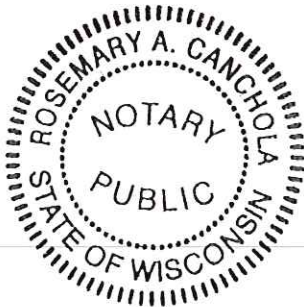
this 15th day of August, 2014.

Rosemary A. Canchola
Notary Public

My Commission Expires 11/22/2015.

State of WI
County of Milwaukee

[Signature]
Signature of person signing Affidavit under oath



Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- † City Division of Traffic Engineering
- † City Police Department

License # _____
403 Para-Transit Operating
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service