

# 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

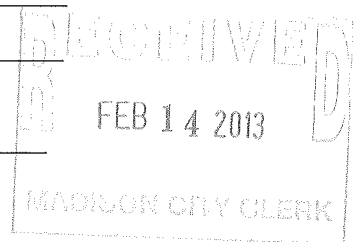
1. Applicant Name GREGORY P. MORRISON Home Phone # 608 836-3594  
Home Address 710 HINDEN CAVE RD. MADISON, WI 53717

2. Company Name TRANSIT SOLUTIONS, INC.  
Business Address 173 E. BADGER RD, MADISON, WI 53713  
Business Telephone Number 608 294-8747

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

Flat Rate  Number of Vehicles 28  
Zone \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
Meter \_\_\_\_\_ Number of Vehicles \_\_\_\_\_  
Airport Shuttle \_\_\_\_\_ Number of Vehicles \_\_\_\_\_

Total number of vehicles proposed to be operated 28



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

WHITE BODY - WHITE WINDOW LETTERING

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

FLAT RATE: \$30<sup>00</sup> 0-5 MILES  
\$ 2<sup>50</sup> EACH ADDITIONAL MILE

6. Name of Insurance Company INTEGRITY MUTUAL INSURANCE  
Business Address 2121 EAST CAPITOL DR, P.O. Box 539  
Business Telephone Number APPLETON, WI 54912 920 734-4511

7. Name of Insurance Agent JOHN T. SOUTH WORTH - ANSAY+ASSOCIATES LLC/MOSINEE  
Business Address 306 WATER ST. MOSINEE, WI 54455  
Business Telephone Number 715 693-2100

8. Is applicant a corporation?  Yes  No

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

Name	Address
JIM MORTENSON	6561 WINDING WAY DEFOREST, WI 53532
GREG MORRISON	710 HIDDEN CAVERA, MADISON, WI 53717

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:

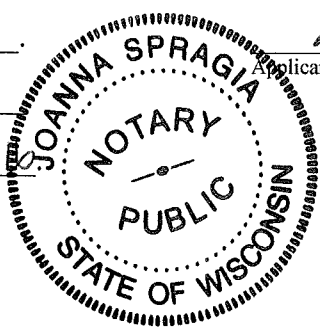
Name	Address	Vehicle Serial #	\$	Fulfillment Date
PLEASE SEE ATTACHMENT				

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 14<sup>th</sup> day of February, 2013.

Notary Public  
 My Commission Expires October 2, 2015



*[Handwritten Signature]*  
 Applicant's Signature

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

NAME	ADDRESS	VEHICLE SERIAL NUMBER	\$\$	DUE DATE
Johnson Bank	5133 East Terrace	1FDWE35L19DA92026	25,734	JAN 2015
Johnson Bank	5133 East Terrace	1FDWE3FL9BDA10704	29,079	JAN 2015
Johnson Bank	5133 East Terrace	1FD4E45S68DB16567	19,399	FEB 2016
Johnson Bank	5133 East Terrace	1FD4E45S48DB13566	19,399	FEB 2016
Johnson Bank	5133 East Terrace	2D8HN44H78R717350	7,005	FEB 2016

# Taxicab Filing Affidavit

State of Wisconsin )  
                                  )  
County of Dane )

GREGORY P. MORRISON, being first duly sworn on oath, deposes and says:

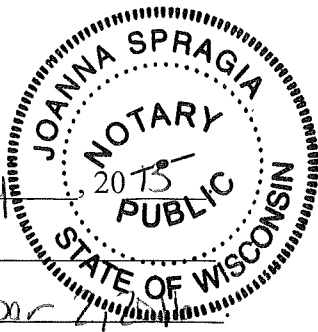
1. That the affiant owns , operates , or manages \_\_\_\_\_ a taxicab business in the City of Madison, doing business as TRANSIT SOLUTIONS, INC.
2. That as of the date of this Affidavit, (Company Name) TRANSIT SOLUTIONS, INC. (Address) 173 EAST BANGOR RD., Madison, Wisconsin, doing business as TRANSIT SOLUTIONS, INC., 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 14<sup>th</sup> day of February

Notary Public

My Commission Expires October 2013



A handwritten signature in black ink, appearing to read "Gregory P. Morrison".

Signature of person signing Affidavit under oath



## VEHICLE LIST - SCHEDULE A

## ALL VEHICLES USED FOR PARATRANSIT

TRANSIT SOLUTIONS, INC (TSI)

21-Feb-13

FLEET #	YEAR	MAKE	LICENSE	SERIAL NUMBER	OWNER	PERMIT #
1	2002	CHRYSLR	845 JPD	1C8GJ25832B610213	TSI	442
2	2003	DODGE	296 MVM	2D4GP44343R281450	TSI	423
3	2005	FORD	919 KGL	1FTNE24L35HA38970	TSI	424
4	2008	FORD	455 TMG	1FD4E45S68DB13567	TSI	421
5	2007	DODGE	217 RPU	1D8GP24R47B164866	TSI	438
6	2008	DODGE	565 SCX	1D8HN44H18B145934	TSI	430
7	2007	FORD	634 MGX	1FTSS34L37DA83547	TSI	445
9	2007	DODGE	402 RKG	1D8GP24R87B164871	TSI	444
10	2009	FORD	979 RHF	1FDW35L29DA92021	TSI	439
11	2005	DODGE	168 MTH	1D4GP24R85B204848	TSI	426
12	2006	FORD	240 KVJ	1FTNS24LX6HA65237	TSI	440
13	2008	DODGE	518 MBS	1D8HN44H38B175887	TSI	431
14	2008	DODGE	386 SGY	1D8HN44HO8B181114	TSI	432
15	2005	FORD	920 KGL	1FTNE24L15HA38966	TSI	422
16	2009	FORD	932 RLG	1FDWE35L19DA92026	TSI	435
17	2007	FORD	885 LZD	1FTSS34L87DA73483	TSI	436
18	2007	FORD	886 LZD	1FTSS34L17DA73485	TSI	441
19	2005	DODGE	449 PYB	1D4GP24RX5B117825	TSI	428
20	2003	DODGE	173 LWZ	1D4GP44363B278970	TSI	427
21	2008	FORD	454 TMG	1FD4E45S48DB13566	TSI	447
22	2007	DODGE	724 NRU	1D4GP24R87B167335	TSI	448
23	2008	DODGE	384 GYL	2D8HN44H78R717350	TSI	443
24	2009	FORD	883 RBM	1FTDS34L79DA18860	TSI	425
25	2011	FORD	931 RLG	1FDWE3FL9BDA12704	TSI	433
26	2007	CHRYSLR	606 NPY	2A4GP44R57R362359	TSI	449
27	2003	CHRYSLR	774 NNB	2C4GP44333R214206	TSI	437
28	2009	FORD	669 PEL	1FTDS34L09DA18859	TSI	446
29	2005	FORD	569 PEB	1FDWE35L55HA12696	TSI	429

# 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 0-5 MI  
Single Passenger "DROP" Charge \$ 30.00 Additional Passenger "DROP" Charge \$ \_\_\_\_\_  
Additional Distance 2.50 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





TRANS-2 OP ID: CK

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/13

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> Ansay & Associates LLC/Mosinee 306 Water Street Mosinee, WI 54455 John T. Southworth	715-693-2100 715-693-2538	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Transit Solutions Inc. Jim Mortenson 173 E Badger Rd. Madison, WI 53713	<b>INSURER A: Integrity Mutual Insurance</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP2626692	04/20/12	04/20/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA 2626693	04/20/12	04/20/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUP2626695	04/20/12	04/20/13	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP2626694	04/20/12	04/20/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: City of Madison

**CERTIFICATE HOLDER**

**CANCELLATION**

CITYMA1  City of Madison Comptrollers Office Rm 407 210 Martin Luther King Jr Blvd Madison, WI 53703	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 <i>Cathy Gottschalk</i>
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