

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 STEPHEN McCARTY E-Mail Address SKM13@AOL.COM Home Phone # 651 249 6036
Home Address 614 9TH ST SOUTH MINNEAPOLIS MN 55404
2. Company Name CENTRAL STATES PEDICABS, LLC
Business Address 3253 SNELLING AVE MINNEAPOLIS MN 55406
Business Telephone Number 612 338 1128
3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):
Gratuity/Tip _____
Gratuity with Minimal Charge _____
Per hour charge \$ 75
Per mile charge _____
Per Block _____
Other- explain PASSENGER & DRIVER AGREE TO FARE PRIOR TO TRIP
Hourly Rate or
Negotiated Fare
4. Describe the pedal cab vehicle (Make, model, type, age).
ALL OF OUR PEDICABS ARE YELLOW (WITH BLACK TRIM)
MAIN STREET BROADWAYS AND ARE 3 TO 5 YEARS
OLD
6. Name of Insurance Company SECURA
Name of Insurance Agent STEIN AGENCY (ALISA LAMB)
Business Address 12800 LAKE BLVD LINDSTROM MN 55405
Business Telephone Number 651 257 1042
E-Mail Address ALISA@STEININSURANCE.COM

APPLICANT IS A LIMITED LIABILITY COMPANY

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
STEVEN McCARTY	614 9TH STREET SOUTH MPLS MN 55404

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 10th day of November, 2017



Notary Public

My Commission Expires 6-29-2018





Applicant's Signature

Pedal Cab Filing Affidavit

State of Wisconsin)
County of Dane)

_____, being first duly sworn on oath, deposes and says:

1. That the affiant owns _____, operates _____, or manages _____ a pedal cab business in the City of Madison, doing business as CENTRAL STATES PEDICABS, LLC
2. That as of the date of this Affidavit, (Company Name) CENTRAL STATES PEDICABS, LLC
(Address) 3253 SWELLING AVE, MPLS MN, Madison, Wisconsin, doing business as CENTRAL STATES PEDICABS, LLC, 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)
☐ Gratuity only
☐ Gratuity with minimal charge (list amount)
☒ Per hour charge OR \$ 75 per hour or
☐ Per Mile charge Negotiated Fare prior to trip
☒ 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 10th day of November, 2017.

Notary Public

My Commission Expires 6/28/2018



Signature of person signing Affidavit under oath

Company Name CENTRAL STATES PEDICABS LLC

01/03/11-F:\Common\Licensing\Application Forms\Taxi Paratransit Ap.docx



CENTSTA-01

AHUMBLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/22/2017

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Stein Agency Inc. 12800 Lake Blvd Lindstrom, MN 55045	CONTACT NAME: PHONE (A/C, No, Ext): 1 (651) 257-1042 FAX (A/C, No): 1 (651) 257-5772 E-MAIL ADDRESS:																					
INSURED Central States Pedi Cab LLC 816 1/2 Park Ave Minneapolis, MN 55404	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td colspan="2">INSURER A: Secura Insurance Company</td><td>22543</td></tr><tr><td colspan="2">INSURER B:</td><td></td></tr><tr><td colspan="2">INSURER C:</td><td></td></tr><tr><td colspan="2">INSURER D:</td><td></td></tr><tr><td colspan="2">INSURER E:</td><td></td></tr><tr><td colspan="2">INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Secura Insurance Company		22543	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

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 CERTIFICATION 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP3264082	02/17/2017	02/17/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Notice of cancellation will be provided

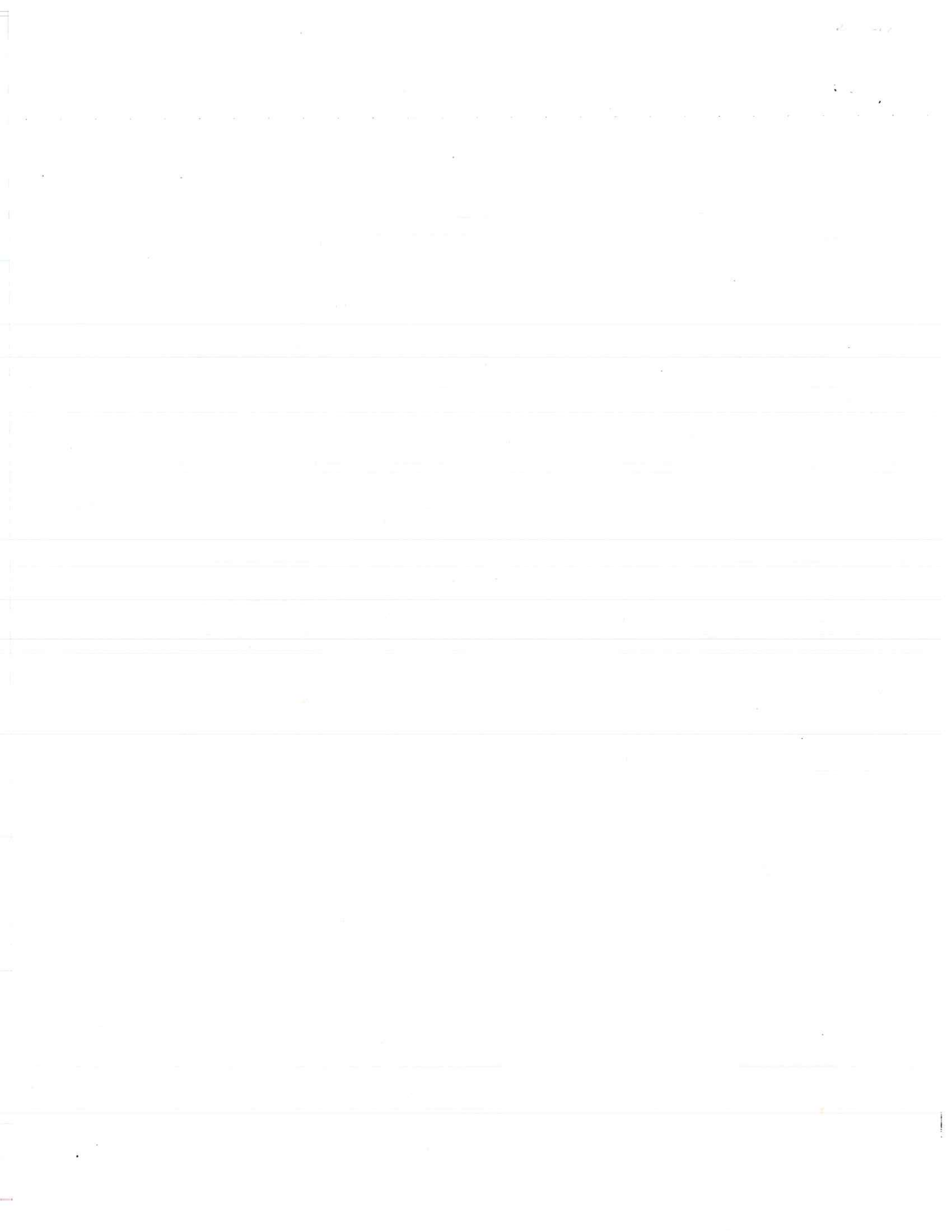
CERTIFICATE HOLDER

CANCELLATION

City of Madison, Wisconsin
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





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 29, 2017

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.

Stephen McCarty
Central States Pedicabs, LLC
614 9th Snelling Ave.
Minneapolis, MN 55404

Sincerely,

David Dryer, Traffic Engineer and Parking Manager

