

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$65/vehicle

Renewal Fee: \$2,200/two years + \$65/vehicle

1. Applicant Name Badger Bus Lines, Inc. Home Phone # (608) 255-1511
Home Address 5501 Femrite Drive, Madison, Wisconsin 53718

2. Company Name Badger Bus Lines, Inc.
Business Address 5501 Femrite Drive, Madison, Wisconsin 53718
Business Telephone Number (608) 255-1511

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

Flate Rate _____ Number of Vehicles _____

Zone _____ Number of Vehicles _____

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____



Total number of vehicles proposed to be operated _____

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

White with black and red lettering.

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

Our rates are determined by Madison Metro
\$3.25 cash / 1 green ticket / 1 blue ticket / 3 yellow tickets / 1 orange ticket.

6. Name of Insurance Company National Interstate
Business Address 3250 Interstate Dr., Richfield OH, 44286
Business Telephone Number (800) 929-1500

7. Name of Insurance Agent Integrated Risk Solutions
Business Address PO Box 635, Pewaukee WI, 53072
Business Telephone Number (262) 523-9600

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

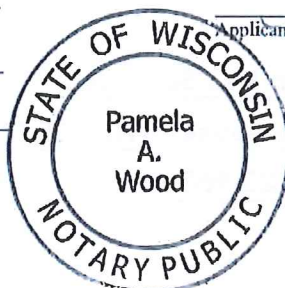
Subscribed and sworn before me

this 15th day of January, 2019.

Pamela A Wood
Notary Public

My Commission Expires 11/13/2020

Jason Fensho
Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

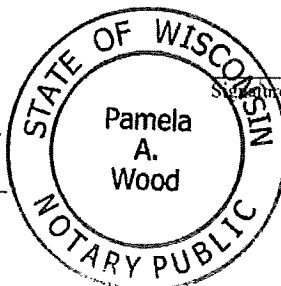
John Meier, being first duly sworn on oath, deposes and says:

1. That the affiant owns , operates _____, or manages _____ a taxicab business in the City of Madison, doing business as Badger Bus Lines, Inc..
2. That as of the date of this Affidavit, (Company Name) Badger Bus Lines, Inc., (Address) 5501 Femrite Drive, Madison, WI 53718, Madison, Wisconsin, doing business as Badger Bus Lines, 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 15th day of January, 2019.

Pamela A. Wood
Notary Public
My Commission Expires 11/13/2020



Jason Ferrite
Signature of person signing Affidavit under oath

City of Madison -- Taxicab Rate Schedule

METER RATES

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)

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

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

"DROP" Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____
Additional Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

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: Badger Bus Lines, Inc.

Proposed Effective Date: Jan 1, 2019

Submitted by: Jason Fenske
(Signature)

Jason Fenske
(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 # _____

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service