

# 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 Jamie St.Ledger E-Mail Address jamie@lunarcycleservices.com Home Phone # (414) 364-0846  
Home Address 2220 N Bremen St unit#1 Milwaukee, WI 53212

2. Company Name Lunar Cycle Services LLC  
Business Address 905 E Center St Milwaukee, WI 53212  
Business Telephone Number (414) 364-0846

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

Gratuity/Tip For short distances (< 0.5 miles)

Gratuity with Minimal Charge Longer rides (> 0.5 miles)

Per hour charge \_\_\_\_\_

Per mile charge \_\_\_\_\_

Per Block \_\_\_\_\_

Other- explain \_\_\_\_\_

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

2009 Main Street Pedicab Broadway

6. Name of Insurance Company Business Core  
Name of Insurance Agent Angelo Catsouras  
Business Address 1300 Bristol Street North, suite 160 Newport Beach, CA 92660  
Business Telephone Number 1-855-647-2562  
E-Mail Address pedicabs@bcis1.com

# Pedal Cab Filing Affidavit

State of Wisconsin )  
County of Dane )

\_\_\_\_\_, being first duly sworn on oath, deposes and says:

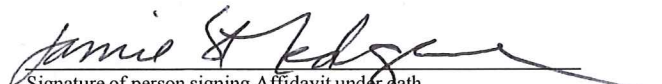
1. That the affiant owns   x  , operates   x  , or manages   x   a pedal cab business in the City of Madison, doing business as Lunar Cycle Services LLC.
2. That as of the date of this Affidavit, (Company Name) Lunar Cycle Services LLC, (Address) 905 E Center St, Milwaukee, Madison, Wisconsin, doing business as Pedicab PPV, 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  
  x   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 16 day of August, 20 17.

Notary Public

My Commission Expires 6/26/20.

  
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