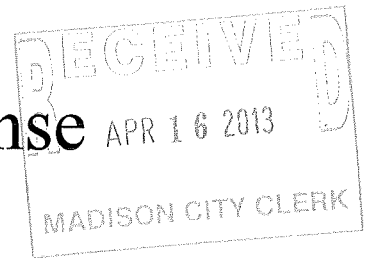


Pedal Cab Operator License Application



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 Larry Godding E-Mail Address ~~larrygodding@gmail.com~~ larrygodding@gmail.com Home Phone # 608-255-4168
Home Address 1325 E. Dayton St., Madison, WI 53703

2. Company Name il Corvo Pedicab Co.
Business Address 1325 E. Dayton St., Madison, WI 53703
Business Telephone Number (608-886-4424)

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 _____
- Per mile charge _____
- Per Block _____
- Other- explain _____

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

Mainstreet, Broadway, pedalcab, 10 years (approx.)

6. Name of Insurance Company David Ins. Co.
Name of Insurance Agent Tina Tripoli
Business Address 1300 Green Bay Rd., Racine, WI 53406
Business Telephone Number 262-898-6606
E-Mail Address _____

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 16 day of April, 2013.

Patrick J. Hrelko
Notary Public

My Commission Expires 3.16.2014.

Larry Goldring
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 _____.
2. That as of the date of this Affidavit, (Company Name) _____, (Address) _____, Madison, Wisconsin, doing business as _____, 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
_____ 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 _____ day of _____, 20_____.

Signature of person signing Affidavit under oath

Notary Public

My Commission Expires _____.

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