

Low-Speed Vehicle 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 Kyle Herman E-Mail Address Kyleherman1992@gmail.com Home Phone # 920-344-8640
Home Address N4870 Christopher Rd, Rio, WI

2. Company Name Talent Tree Services LLC DBA Madtown Gem
Business Address N4870 Christopher Rd, Rio, WI
Business Telephone Number 920-344-8640

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).

2023 Polaris Gem E6

6. Name of Insurance Company Western National
Name of Insurance Agent M3 insurance - Jake Page
Business Address 328 John Nolan Drive Madison, WI 53713
Business Telephone Number 608-886-6264
E-Mail Address Jake.Page@m3ins.com

Low Speed Vehicle 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.

Low Speed Vehicle

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

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 _____ day of _____, 20_____.

Applicant's Signature

Notary Public

My Commission Expires _____.