

'24/'25

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,075/two years (\$1,200/initial year) + \$35/vehicle

Renewal Fee: \$1,000/two years + \$35/vehicle

1. Applicant Name ERIK BREKKE (G.M.) Home Phone # 608-258-7444
Home Address 4700 DALE ST., McFARLAND, WI 53558

2. Company Name AFFILIATED CARRIAGE SYSTEMS INC. D/B/A MADISON TAXI
Business Address 1403 GILSON ST., MADISON, WI 53715
Business Telephone Number 608-258-7454-OR-608-255-8294

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

Flate Rate ~~1.00~~ ^{1.50} Number of Vehicles ~~37~~ ³⁷

Zone ~~1~~ Number of Vehicles ~~1~~

Meter X Number of Vehicles 37

Airport Shuttle ~~1~~ Number of Vehicles ~~1~~

Total number of vehicles proposed to be operated 37

edit per
E.B

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

SILVER (MAIN) W/ BLUE LETTERING / NEON GREEN ACCENTS

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

RATE 1: \$4.50 FLAG (FIRST 1/10 MILE), 35¢ EXH ADOT'L 1/10 MILE, 80¢/MIN T.N.M. = 40¢ EVERY 30 SECS
RATE 2: \$5 FLAG (FIRST 1/10 MILE), 45¢ EXH ADOT'L 1/10 MILE, 80¢/MIN T.N.M. = 40¢ EVERY 30 SECS
5+ PPL OR REQ'D VEHICLE (MINI VAN)

= TIME NOT IN MOTION

6. Name of Insurance Company INTEGRITY INSURANCE
Business Address 2121 E. CAPITOL DR., APPLETON, WI 54911
Business Telephone Number 920-734-4511

7. Name of Insurance Agent COVERRA INSURANCE
Business Address 3803 CREEKSIDE LN., HOLMEN, WI 54636
Business Telephone Number 608-526-2127

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
JOSTEIN BREKKE	1403 GILSON ST., MANSON, WI 53715
ERIK BREKKE	"

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: NONE

Name	Address	Vehicle Serial #	\$	Fulfillment Date
N/A				

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

SARA J BROWN
NOTARY PUBLIC
STATE OF WISCONSIN

Subscribed and sworn before me

this 30 day of January, 2025.

Sara J Brown
Notary Public
My Commission Expires 8/17/2027.

[Signature]
Applicant's Signature

City of Madison -- Taxicab Rate Schedule

METER RATES

(RATE 1 - PRIMARY RATE)

In Town

"DROP" Distance 1/10 MI
Additional Distance 1/10 MI
Wait Time 30 Seconds

"DROP" Charge \$ 4.50 (FLAG)
Additional Charge \$.35 (= \$3.50/mile)
Wait Charge \$.40

Out of Town

"DROP" Distance 1/10 MI
Additional Distance 1/10 MI
Wait Time 30 Seconds

"DROP" Charge \$ 4.50 (FLAG)
Additional Charge \$.35
Wait Charge \$.40

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

(RATE 2 -

LARGE GROUP OR REQ'D
LARGE VEHICLE/MINIVAN

In Town

"DROP" Distance 1/10 MI
Additional Distance 1/10 MI
Wait Time 30 Seconds

"DROP" Charge \$ 5.00 (FLAG)
Additional Charge \$.45
Wait Charge \$.40

Out of Town

"DROP" Distance 1/10 MI
Additional Distance 1/10 MI
Wait Time 30 Seconds

"DROP" Charge \$ 5.00 (FLAG)
Additional Charge \$.45
Wait Charge \$.40

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 \$ 12 per passenger

Zone 6 Charge \$ 37 per passenger

Zone 2 Charge \$ 18 per passenger

Zone 7 Charge \$ 42 per passenger

Zone 3 Charge \$ 23 per passenger

Zone 8 Charge \$ 45 per passenger

Zone 4 Charge \$ 27 per passenger

Zone 9 Charge \$ 55 per passenger

Zone 5 Charge \$ 33 per passenger

(37) FOR CITY/LEITH

Madison Taxi Vehicle List

As of 01/28/2025

Taxi ID	Vin #	Vehicle Make	Vehicle Model	Vehicle Year	License Plate #	Registration State	Registration Exp. Date
71	2A4RR5DGXBR746430	Chrysler	Town & Country	2011	APB4009	Wisconsin	1/31/2025
72	2C4RC1CG4CR143783	Chrysler	Town & Country	2012	AVN1048	Wisconsin	9/30/2025
73	2C4RC1BG3GR259712	Chrysler	Town & Country	2016	ASC4767	Wisconsin	9/30/2025
74							
75	2C4RC1BG9GR186734	Chrysler	Town & Country	2016	ASR5016	Wisconsin	
76	2C4RDGCG8CR289989	Dodge	Grand Caravan	2012	ASC4706	Wisconsin	11/30/2024
77	2C4RDGCG3FR718704	Dodge	Grand Caravan	2015	ATD4436	Wisconsin	2/29/2025
78	2C4RDGCG3ER173909	Dodge	Grand Caravan	2014	ARM6841	Wisconsin	10/31/2024
79							
80	2C4RC1CG3ER361362	Chrysler	Town & Country	2014	AYX1206	Wisconsin	10/31/2025
81							
82	2D4RN5D15AR408187	Dodge	Grand Caravan	2010	ASC4734	Wisconsin	10/31/2024
83	2C4RDGCGXCR329196	Dodge	Grand Caravan	2012	AVB7416	Wisconsin	8/31/2025
84	2C4RDGCG6ER258050	Dodge	Grand Caravan	2014	AVF5054	Wisconsin	7/31/2025
85							
86	2C4RDGDG9CR131644	Dodge	Grand Caravan	2012	APY5112	Wisconsin	
87	2C4RDGDG2CR108240	Dodge	Grand Caravan	2013	APF8482	Wisconsin	2/28/2025
88	2C4RC1CG8DR778037	Chrysler	Town & Country	2013	ASE9666	Wisconsin	9/30/2025
89	2C4RDGBG2CR378099	Dodge	Grand Caravan	2012	AXN1380	Wisconsin	
90	2C4RC1BGXCR251908	Chrysler	Town & Country	2012	264TFE	Wisconsin	
91	2C4RDGCG5HR686017	Dodge	Grand Caravan	2017	APB4731	Wisconsin	
92	2A4RR8DG3BR746965	Chrysler	Town & Country	2011	AWG7130	Wisconsin	8/31/2025
93	2C4RDGCG6ER182183	Dodge	Grand Caravan	2014	403TFE	Wisconsin	12/31/2023
94	2C4RC1BG0FR751905	Chrysler	Town & Country	2015	ATU1089	Wisconsin	5/31/2025
95	5FNRL6H77KB127609	Honda	Odyssey	2019	AJF1233	Wisconsin	3/31/20245
96	2C4RDGCG6ER297026	Dodge	Grand Caravan	2014	ASJ7883	Wisconsin	11/30/2024
97							
98	2C4RC1CG5ER133055	Chrysler	Town & Country	2014	609WEW	Wisconsin	12/31/2024
99	2D4RN5DG7BR790597	Dodge	Grand Caravan	2011	ARY5681	Wisconsin	8/31/2025
100	2C4RC1CG0DR779862	Chrysler	Town & Country	2013			
101	2C4RC1BG7CR251672	Chrysler	Town & Country	2012	ATP6998	Wisconsin	12/31/2024
102							
103	2C4RC1CG0CR193158	Chrysler	Town & Country	2012	APY5445	Wisconsin	
104	5FNRL5H6XCB061916	Honda	Odyssey	2012	AUD5707	Wisconsin	4/30/2025
105	2C4RDGEG7GR310530	Dodge	Grand Caravan	2016	ATN1518	Wisconsin	12/31/2024
106	2C4RC1BG9GR129367	Chrysler	Town & Country	2016	AVB6595	Wisconsin	8/31/2025
107	2A8HR54P58R759430	Chrysler	Town & Country	2008	AVN1780	Wisconsin	8/31/2025
108	2C4RC1BG5ER446673	Chrysler	Town & Country	2014	ASC4724	Wisconsin	
109	5FNRL5H67EB042162	Honda	Odyssey	2014	AVN1091	Wisconsin	9/30/2024
110	5FNRL5H66CB088580	Honda	Odyssey	2012	262TFE	Wisconsin	
111	5FNRL5H64FB056070	Honda	Odyssey	2015	AUE2471	Wisconsin	5/31/2025
112	2C4RDGBG9CR333807	Dodge	Grand Caravan	2012	ALV4280	Wisconsin	
113							
114	2C4RDGCG9ER330682	Dodge	Grand Caravan	2014	ARM6836	Wisconsin	8/31/2025
115	1GCHK29U66E158224	Chevy	Silverado	2006	LTKHD2206	Wisconsin	10/31/2025

WORK TRUCK,
NOT A TAXI

Active / Insured Vehicle List

Taxicab Filing Affidavit

State of Wisconsin)

County of Dane)

ERIK BREKKE, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages X a taxicab business in the City of Madison, doing business as MADISON TAXI.
2. That as of the date of this Affidavit, (Company Name) AFFILIATED CARRIAGE SYSTEMS INC. (Address) 1403 GILSON ST., Madison, Wisconsin, doing business as MADISON TAXI, 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)
X 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.
X 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.

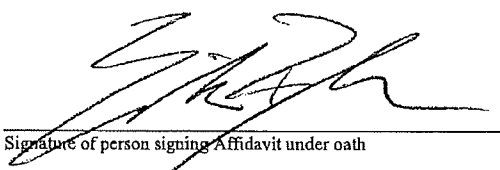
SARA J BROWN
NOTARY PUBLIC
STATE OF WISCONSIN

Subscribed and sworn before me

this 30 day of January, 2025.

Notary Public

My Commission Expires 8/17/2027.


Signature of person signing Affidavit under oath

Madison Taxi Vehicle List

As of 04/08/2025

Taxi ID	Vin #	Vehicle Make	Vehicle Model	Vehicle Year	License Plate #	Registration State	Registration Exp. Date
70	2C4RC1BG0HR667568	Chrysler	Pacifica	2017	BAL8874	Wisconsin	3/31/2026
71	2A4RR5DGXBR746430	Chrysler	Town & Country	2011	APB4009	Wisconsin	1/31/2026
72	2C4RC1CG4CR143783	Chrysler	Town & Country	2012	AVN1048	Wisconsin	9/30/2025
73	2C4RC1BG3GR259712	Chrysler	Town & Country	2016	ASC4767	Wisconsin	9/30/2025
74	2C4RDGCG2FR527078	Dodge	Grand Caravan	2015	ALT4039	Wisconsin	3/31/2026
75	2C4RC1BG9GR186734	Chrysler	Town & Country	2016	ASR5016	Wisconsin	1/31/2026
76	2C4RDGCG8CR289989	Dodge	Grand Caravan	2012	ASC4706	Wisconsin	11/30/2025
77	2C4RDGCG3FR718704	Dodge	Grand Caravan	2015	ATD4436	Wisconsin	2/28/2026
78	2C4RDGCG3ER173909	Dodge	Grand Caravan	2014	ARM6841	Wisconsin	7/31/2025
79	2C4RDGCGXDR687058	Dodge	Grand Caravan	2013	APN8445	Wisconsin	3/31/2026
80	2C4RC1CG3ER361362	Chrysler	Town & Country	2014	AYX1206	Wisconsin	10/31/2025
81	2C4RDGCG3FR684991	Dodge	Grand Caravan	2015	BAC5486	Wisconsin	2/28/2026
82	2D4RN5D15AR408187	Dodge	Grand Caravan	2010	ASC4734	Wisconsin	10/31/2025
83	2C4RDGCGXCR329196	Dodge	Grand Caravan	2012	AVB7416	Wisconsin	8/31/2025
84	2C4RDGCG6ER258050	Dodge	Grand Caravan	2014	AVF5054	Wisconsin	7/31/2025
85	2C4RC1CG5DR634204	Chrysler	Town & Country	2013	ARM9446	Wisconsin	8/31/2025
86	2C4RDGDG9CR131644	Dodge	Grand Caravan	2012	APY5112	Wisconsin	5/31/2026
87	2C4RDGDG2CR108240	Dodge	Grand Caravan	2012	APF8482	Wisconsin	2/28/2026
88	2C4RC1CG8DR778037	Chrysler	Town & Country	2013	ASE9666	Wisconsin	9/30/2025
89	2C4RDGBG2CR378099	Dodge	Grand Caravan	2012	AXN1380	Wisconsin	3/31/2026
90	2C4RC1BGXCR251908	Chrysler	Town & Country	2012	264TFE	Wisconsin	12/31/2025
91	2C4RDGCG5HR686017	Dodge	Grand Caravan	2017	APB4731	Wisconsin	12/31/2025
92	2A4RR8DG3BR746965	Chrysler	Town & Country	2011	AWG7130	Wisconsin	8/31/2025
93	2C4RDGCG6ER182183	Dodge	Grand Caravan	2014	403TFE	Wisconsin	12/31/2025
94	2C4RC1BG0FR751905	Chrysler	Town & Country	2015	ATU1089	Wisconsin	5/31/2025
95	5FNRL6H77KB127609	Honda	Odyssey	2019	AJF1233	Wisconsin	3/31/2026
96	2C4RDGCG6ER297026	Dodge	Grand Caravan	2014	ASJ7883	Wisconsin	11/30/2025
97	2D8HN54179R584633	Dodge	Grand Caravan	2009	AYT2888	Wisconsin	8/31/2025
98	2C4RC1CG5ER133055	Chrysler	Town & Country	2014	609WEW	Wisconsin	12/31/2025
99	2D4RN5DG7BR790597	Dodge	Grand Caravan	2011	ARY5681	Wisconsin	8/31/2025
100	2C4RC1CG0DR779862	Chrysler	Town & Country	2013	AYY4875	Wisconsin	9/30/2025
101	2C4RC1BG7CR251672	Chrysler	Town & Country	2012	ATP6998	Wisconsin	12/31/2025
102	2C4RDGCG5DR627172	Dodge	Grand Caravan	2013	BAL7320	Wisconsin	3/31/2026
103	2C4RC1CG0CR193158	Chrysler	Town & Country	2012	APY5445	Wisconsin	5/31/2026
104	5FNRL5H6XCB061916	Honda	Odyssey	2012	AUD5707	Wisconsin	4/30/2026
105	2C4RDGEG7GR310530	Dodge	Grand Caravan	2016	ATN1518	Wisconsin	12/31/2025
106	2C4RC1BG9GR129367	Chrysler	Town & Country	2016	AVB6595	Wisconsin	8/31/2025
107	2A8HR54P58R759430	Chrysler	Town & Country	2008	AVN1780	Wisconsin	8/31/2025
108	2C4RC1BG5ER446673	Chrysler	Town & Country	2014	ASC4724	Wisconsin	10/31/2025
109	5FNRL5H67EB042162	Honda	Odyssey	2014	AVN1091	Wisconsin	9/30/2025
110	5FNRL5H66CB088580	Honda	Odyssey	2012	262TFE	Wisconsin	12/31/2025
111	5FNRL5H64FB056070	Honda	Odyssey	2015	AUE2471	Wisconsin	5/31/2025
112	2C4RDGBG9CR333807	Dodge	Grand Caravan	2012	ALV4280	Wisconsin	3/31/2026
113	2C4RDGBG3GR227309	Dodge	Grand Caravan	2016	APC5808	Wisconsin	1/31/2026
114	2C4RDGCG9ER330682	Dodge	Grand Caravan	2014	ARM6836	Wisconsin	8/31/2025
129	1GCHK29U66E158224	Chevy	Silverado	2006	LTKHD2206	Wisconsin	10/31/2025

Active / Insured Vehicle List



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2025

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 Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636	CONTACT NAME: Pam Andre	FAX (A/C, No): 608-519-2818	
	PHONE (A/C, No, Ext): 608-269-2127	E-MAIL ADDRESS: pandre@coverrainurance.com	
INSURED Madison Taxi, Affiliated Carriage Systems Inc dba 1403 Gilson St Madison WI 53715	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : ICW Group Insurance Companies		27847
	INSURER B : Integrity Group		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:** 97629178**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 CERTIFICATE 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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 <input type="checkbox"/> OTHER:	Y	CPP2071301	6/9/2024	6/9/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	CA 2078471	6/9/2024	6/9/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y N/A		VWI 5065679 02	5/22/2024	5/22/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

City of Madison, its officers, officials, and employees are additional insureds on the general liability policy with 30 day notice of written cancellation notice to the City Clerk, City of Madison, WI and also additional insured on the commercial auto policy, when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Madison
PO Box 2986
Madison WI 53701

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

Pam Andre

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