## Pedal Cab 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 <u>Andrew Otis (12/07</u> Address aotis@creamcityrickshaw.com	/1977)	E-Mail	Home Phone # 414-313-0717
Home Address 2642 S. Shore Drive, M	lilwaukee, WI 53207		
2. Company Name <u>Cream City Rickshaw</u>	, Inc.		
Business Address 905 E. Center Street,	Milwaukee, WI 53212	2	
Business Telephone Number 414-272-	RIDE (7433) & 414-	313-0717	
3. Indicate method type of fare or gratuity Gratuity/Tip Gratuity with Minimal Charge Per hour charge Per mile charge Per Block Other- explain Our compa	X	-	v customers are charged for trip):  "Trip for Tips" is our slogan.
4. Describe the pedal cab vehicle (Make, r	nodel, type, age).		
2009 Mainstreet Broadway. The Broadway mo	del features turn signals, br	ake lights,	running lights and a headlamp. For
additional features, the Broadway is equipped	with passenger seatbelts, s	idestep and	l a safety bar to hold. If needed, we also
mount a slow-moving vehicle sign on the back	of our pedicabs. No insurar	nce claims s	ince working around Wisconsin for 6 years.
6. Name of Insurance Company <u>Nielser</u> Name of Insurance Agent <u>Taira Stron</u>	ach		
Business Address 12587 SW 68th Ave	nue, Tigard, OR 97223		
Business Telephone Number 503-684-6 E-Mail Address taira@niagene			

8. Is applicant a corporation? X Yes	No					
If yes, give names and addresses of board of o	lirectors, and address of corporation:					
Name	Address					
Andrew David Otis	2642 S. Shore Drive, Milwaukee, WI 53207					
9. Is applicant a partnership? Yes  If yes, give names and address of all partners:	X No					
Name	Address					
Does the applicant agree that he/she has read and Madison pertaining to the licensing and regulatin by these and all other ordinances of the City and X Yes No	is thoroughly familiar with the ordinances of the City of ag of pedal cabs in the City of Madison, and agrees to abide laws of the State of Wisconsin?					
Subscribed and sworn before me  this 3 day of Sept., 20 14  Notary Public My Commission Expires 4-3-16	Applicant's Signature					



## Pedal Cab Vehicle List Schedule A

Company Name: Cream City Rickshaw, Inc.

	[gggptser]	SuppleMark	la estánia	Occupies:	Lassaci	Ispanese	-5.5.5.5.6.6.4	ASSESSED CAL	(H,252-70)	SERVICE N	I succession	e anceso	(	SSUCSIA	STATE OF THE PARTY	**************************************	(Marshare)
	Permit Issued																
	Color																
only	Mark																
Office Use Only	Meter: Insp. Mark																
	Meter																
	Ins.											- 76					
	State Reg.																
Type of	Service	Pedicab Rides	Pedicab Rides														
Permit	#																
7	Senal#	FE9A 1629 (BIKE #1)	FE9A 1584 (BIKE #2)	FE8E 02039 (BIKE #3)	FE9A 1516 (BIKE #4)	FE9A 1556 (BIKE #5)	FE9A 1645 (BIKE #6)	FE8J 0716 (BIKE #7)	FE9A 1502 (BIKE #8)	FE9A 1581 (BIKE #9)	FE9A 1610 (BIKE #10)	FE9A 1573 (BIKE #11)	FE7H 0001 (BIKE #12)	FE9A 1656 (BIKE #13)	FE8E 02123 (BIKE #14)	FE8J 0676 (BIKE #15)	
Owner/	Title Holder	Cream City Rickshaw,	Cream City Rickshaw,														
Class &	Make	Mainstreet;	Mainstreet;														
Model	Year	2009	5002	2009	2009	2009	2009	5002	2009	2009	2009	5005	5005	2009	2009	5009	

## Pedal Cab Filing Affidavit

State of Wisconsin )
County of Dane )
Andrew Otis (Owner of Cream City Rickshaw, Inc), being first duly sworn on oath, deposes and says:
1. That the affiant owns X, operates X, or manages 15 a pedal cab business in the City of
Madison, doing business as Cream City Rickshaw, Inc
2. That as of the date of this Affidavit, (Company Name) Cream City Rickshaw, Inc,
(Address) 905 E. Center Street, Milwaukee, WI 53212 , Madison, Wisconsin, doing business as
Cream City Rickshaw, Inc. , was the owner of the vehicles listed on Schedule
A shown on the reverse side of this Affidavit and incorporated herein.
<ol> <li>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)</li> <li>X Gratuity only</li> </ol>
Gratuity with mininal charge (list amount)
Per hour charge Per Mile charge
Per trip charge
<ul> <li>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</li> <li>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</li> </ul>
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.
<ol> <li>That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.</li> </ol>
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Subscribed and sworn before me
this 3rd day of Sept., 20 14. Summing Anidavit under oath States Calalano States Calalano
Notary Pilblic alulano
Notary Pylolic  My Commission Expires 4-3-16