

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$65/vehicle
Renewal Fee: \$2,200/two years + \$65/vehicle

1. Applicant Name Jennifer Hardesty Home Phone # 608-469-3099
Home Address 1732 Chadsworth Dr, Sun Prairie WI 53590
2. Company Name Transit Solutions Inc
Business Address 5315 Paulson Rd #2, McFarland WI 53558
Business Telephone Number 608-294-8747
3. Indicate method of operation and type of fare collection:

Flat Rate <input checked="" type="checkbox"/>	Number of Vehicles <u>36</u>
Zone _____	Number of Vehicles _____
Meter _____	Number of Vehicles _____
Airport Shuttle _____	Number of Vehicles _____

Total number of vehicles proposed to be operated _____
4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.
white body/white window lettering
5. List your schedule of rates to be charged and the method of charging, in detail:
Flat Rate: \$30.00 0-5 miles
\$2.50 each additional mile
6. Name of Insurance Company Integrity Mutual Insurance
Business Address 2121 E. Capitol Dr. Appleton WI 54911
Business Telephone Number 920-734-4511
7. Name of Insurance Agent Alan Neva - Ansay and Associates LLC
Business Address 101 E. Grand Avenue #11, Port Washington WI 53074
Business Telephone Number 262-376-3283

8. Is applicant a corporation? Yes No

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

Name	Address
Jim Mortenson	17710 E Southshore Dr, Parkville WI 53954
Jennifer Hardesty	1732 Chadsworth Dr, Sun Prairie WI 53596
Transit Solutions Inc	5315 Paulson Rd #2, McFarland, WI 53558

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:

Name	Address	Vehicle Serial #	\$	Fulfillment Date
	Attached			

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

Subscribed and sworn before me

this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____.


Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)

County of Dane)

Jennifer Hardesty, being first duly sworn on oath, deposes and says:

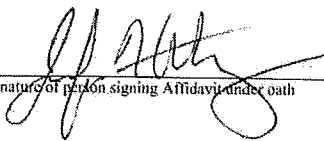
1. That the affiant owns _____, operates X, or manages X a taxicab business in the City of Madison, doing business as Transit Solutions Inc.
2. That as of the date of this Affidavit, (Company Name) Transit Solutions Inc, (Address) 5315 Paulson Rd #2 McFarland, Madison, Wisconsin, doing business as Transit Solutions Inc, 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)
 - 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.
 - 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.

Subscribed and sworn before me

this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____.



Signature of person signing Affidavit under oath

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

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 0-5 MI
Single Passenger "DROP" Charge \$ \$30.00 Additional Passenger "DROP" Charge \$ 0
Additional Distance 1 MI
Single Passenger "DROP" Charge \$ \$2.50 Additional Passenger "DROP" Charge \$ 0

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger
Zone 6 Charge \$ _____ per passenger
Zone 7 Charge \$ _____ per passenger
Zone 8 Charge \$ _____ per passenger
Zone 9 Charge \$ _____ per passenger

HOURLY RATE

\$ _____ per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
 Additional articles \$ _____ each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
 Additional bags \$ _____

Trunks and Footlockers: \$ _____ each

Aids to Handicapped People: Free

AIRPORT FEE

\$ _____ per vehicle (may not exceed the fee imposed by Dane County)

Company: _____

Proposed Effective Date: _____

Submitted by: *Jennifer Hardesty*
 (Signature)

Jennifer Hardesty
 (Type or Print Name)

This schedule must be submitted to the City Clerk at least **twenty-eight (28)** days before the proposed effective date.

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- City Department of Transportation
- City Weights and Measures (Meter Cabs only)
- Dane County Regional Airport
- City Police Department

License # _____
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service

Revised list

VEHICLE LIST - SCHEDULE A

ALL VEHICLES USED FOR PARATRANSIT

TRANSIT SOLUTIONS, INC (TSI)

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FLEET #	YEAR	MAKE	LICENSE	SERIAL NUMBER	OWNER	PERMIT #	Ambulatory Capacity	Wheelchair Capacity	Accessible (lift/ramp)	Lift/Ramp Width Limit (inches)	Lift/Ramp Weight Limit (pounds)	Wheelchair Entry (side/rear)
1	2010	DODGE	173LWZ	2D4RN4DE2AR185023	TSI	427	6	na	na	na	na	na
2	2015	DODGE	296 MVM	2C4RDGCG0FR748288	TSI	423	6	na	na	na	na	na
3	2016	FORD	630XWF	1FBZ2CM6GKA56590	TSI	424	4	2	yes	33"	800	rear
4	2012	FORD	455 TMG	1FD4E4FS1CDA55190	TSI	421	8	2	yes	33"	800	side
5	2016	DODGE	AAS2400	2C4RDGCG6GR311851	TSI	438	6	na	na	na	na	na
6	2014	DODGE	AAS2399	2C4RDGCG2ER479032	TSI	430	6	na	na	na	na	na
7	2011	FORD	634 MGX	1FD4E4FS6BDA86787	TSI	445	10	2	yes	33"	800	side
8	2014	FORD	362 VYX	1FTDS3EL0EDA35492	TSI	420	4	2	yes	34"	800	side
9	2010	CHRYSLER	402 RKG	2A4RR2D15AR386296	TSI	444	6	na	na	na	na	na
10	2013	FORD	979 RHF	1FDEE3FL0DD832714	TSI	439	10	2	yes	33"	800	side
12	2012	FORD	AFV3916	1FDXE4FS3CDA11678	TSI	428	8	3	yes	34"	1000	side
13	2012	DODGE	678YEX	2C4RDGCG3CR377901	TSI	431	6	na	na	na	na	na
14	2015	DODGE	ADW2364	2C4RDGCG9FR648903	TSI	432	6	na	na	na	na	na
15	2009	FORD	920 KGL	1FDEE35L09DA61796	TSI	422	8	2	yes	33"	800	side
16	2011	FORD	932 RLG	1FD4E4FS6BDB05337	TSI	435	12	2	yes	33"	800	side
17	2013	FORD	885 LZD	1FDEE3FS4DDA95268	TSI	436	10	3	yes	33"	800	side
18	2011	FORD	886 LZD	1FDEE3FL3BDB04693	TSI	441	6	4	yes	33"	800	side
19	2013	DODGE	679 ZAF	2C4RDGCG3DR748797	TSI	429	6	na	na	na	na	na
20	2016	DODGE	493VGD	2C4RDGBG7GR235994	TSI	450	6	na	na	na	na	na
21	2011	FORD	454 TMG	1FD4E4FSX8DA24549	TSI	447	7	5	yes	33"	800	side
22	2011	DODGE	ADY5706	2D4RN3DG2BR671893	TSI	448	6	na	na	na	na	na
23	2015	DODGE	919 KGL	2C4RDGBG4FR598087	TSI	443	6	na	na	na	na	na
24	2009	FORD	AAS2398	1FD4E45S79DA03296	TSI	425	12	2	yes	33"	800	side
25	2013	FORD	931 RLG	1FDWE3FL2DD818253	TSI	433	9	3	yes	33"	800	side
26	2012	DODGE	616 NPY	2C4RDGBG8CR226070	TSI	449	6	na	na	na	na	na
27	2009	DODGE	393 VEM	2D8HN44E49R644719	TSI	434	6	na	na	na	na	na
29	2014	DODGE	460 XGM	2C4RDGCGXER273490	TSI	452	6	na	na	na	na	na
30	2008	FORD	446 WSN	1FDWE35L86DA68687	TSI	437	12	2	yes	34"	800	side
31	2012	DODGE	142 XEA	2C4RDGCG6CR247286	TSI	442	6	na	na	na	na	na
32	2016	DODGE	445 XGM	2C4RDGCG1GR354140	TSI	451	6	na	na	na	na	na
33	2014	FORD	EC60281	1FDEE3FL5EDB20690	TSI	453	8	3	yes	33"	800	side
34	2012	FORD	ADT6394	1FD4E4FS1CDA80140	TSI	454	8	4	yes	34"	1000	side
35	2010	FORD	ADY5707	1FD4E4FS5ADA82292	TSI	455	6	3	yes	33"	800	side
36	2014	DODGE	ADF4472	2C4RDGBGXER175173	TSI	456	6	na	na	na	na	na
37	2007	FORD	AFV3915	1FDXE45S47DA92133	TSI	457	8	4	yes	33"	800	side

