

Commercial Quadricycle Vehicle Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$500/initial year) +
\$50/vehicle/year

Renewal Fee: \$400/two years +
\$50/vehicle/year

1. Applicant Name Kai Kaapro E-Mail Address Kai@trolleypub.com Home Phone # 520-241-9053
Home Address 241 New Bern Place Raleigh, NC 27601

2. Company Name Capitol Pedicycle, LLC DBA Trolley Pub Madison
Business Address 211 New Bern Place Raleigh, NC 27601
Business Telephone Number 608-513-3882

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 Per trip (2 hours) - \$400

4. Describe the pedal cab vehicle (Make, model, type, age). 14 passenger commercial quadricycles

2012 CyclePub Quadricycle

2014 Crawler Pub Quadricycle

2014 CyclePub Quadricycle

6. Name of Insurance Company Hub International Northwest LLC
Name of Insurance Agent Ryan Stinzi
Business Address 835 N Post St., Suite 203 Spokane, WA 99201
Business Telephone Number 509-863-0315
E-Mail Address Ryan.Stinzi@hubinternational.com

8. Is applicant a corporation? _____ Yes X No

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

Name	Address

9. Is applicant a partnership? X Yes _____ No

If yes, give names and address of all partners:

Name	Address
Kaapro & Cole Ventures, LLC	211 New Bern Place Raleigh, NC 27601

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?

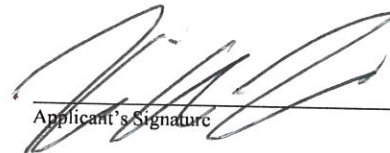
 X Yes _____ No

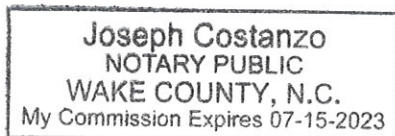
Subscribed and sworn before me

this 24 day of JUNE, 2021.

Joseph Costanzo
Notary Public

My Commission Expires 7-15-2023.


Applicant's Signature



Pedal Cab Filing Affidavit

State of Wisconsin)
County of Dane)

Kai Kaapro

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

1. That the affiant owns X, 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) Capitol Pedicycle, LLC,
(Address) 802 Regent Street, Madison, Wisconsin, doing business as
Trolley Pub Madison, 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

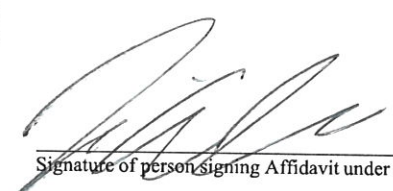
X _____ Per trip charge
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said 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.

Joseph Costanzo
NOTARY PUBLIC
WAKE COUNTY, N.C.
My Commission Expires 07-15-2023

Subscribed and sworn before me

this 24 day of June, 2021.

Joseph Costanzo
Notary Public
My Commission Expires 7-15-2023.


Signature of person signing Affidavit under oath

Company Name Capitol Pedicycle, LLC DBA Trolley Pub Madison

01/03/11-F:\Clcommon\Licensing\Application Forms\Taxi Paratransit Ap.docx

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



CAPIPED-02

KCONAWAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2021

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 Hub International Northwest LLC PO Box 3144 Spokane, WA 99220	CONTACT NAME:		
	PHONE (A/C, No, Ext): (509) 747-3121	FAX (A/C, No): (509) 623-1073	
INSURED Capitol Pedicycle, LLC 323 W Davie St. Raleigh, NC 27601	E-MAIL ADDRESS: nowspkinfo@hubinternational.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Cincinnati Specialty Underwriters Ins Co		13037
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	X		CSU0149581	4/7/2021	4/7/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Holder is listed as an additional insured per the attached policy document

CERTIFICATE HOLDER

CANCELLATION

City Of Madison, it's officers, officials, agents & employees 215 MLK Dr. Madison, WI 53703-2986	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 