



FEES ARE NON-REFUNDABLE		Date <u>JUN 22 2023</u>
License fee EACH Vehicle	\$30.00	Acct. CLLTSE
Investigation fee	\$ 7.00	Acct. CLLPIF
Total fee paid	\$ <u>697</u>	Receipt <u>5265-01</u>

LICENSE APPLICATION

for
TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application
 Renewal - License # 2-23

SECTION 1 - APPLICANT INFORMATION

Name of Company LIR Transportation LLC dba Fox Valley Cab		Business Phone 920-734-4545	
Business Street Address 719 W Frances St		City Appleton	State WI
Owner's Name Igor Leykin		Date of Birth 08/13/1965	<input type="checkbox"/> Individual
Owner's Name		Date of Birth	<input type="checkbox"/> Partnership
			<input checked="" type="checkbox"/> Corporation

SECTION 2 - VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
SEE ATTACHED			
23 vehicles	\$30	\$690	
Raw. Fee	\$7	7	
	Total	\$697	

SECTION 3 - COMPANY HISTORY

Is the company currently licensed in any other municipality?	YES	<input checked="" type="radio"/> NO	If Yes, what municipality?
Has the company ever been denied a license by any municipality?	YES	<input checked="" type="radio"/> NO	If Yes, please explain:
Have any of the owners ever been convicted of a crime?	YES	<input checked="" type="radio"/> NO	If Yes, please explain:

Describe the basic operations of the company:

COMPANY PROVIDES ON DEMAND TAXI, LIVERY AND NEMT SERVICES

If the business is located in the City limits, Municipal Code requires that off-street parking is provided for. If applicable, what provisions have been made for off street parking? LIRT OWNS AND MAINTAINS ITS OWN FACILITY THAT CAN ACCOMMODATE UP TO 15 CARS INSIDE OUR GARAGE AND 30 VEHICLES OUTSIDE IN OUR PRIVATE PARKING LOT.

SECTION 4 – INSURANCE NOTICE

Insurance Coverage: COI ATTACHED

Insurance Carrier: FCIC – TAXI,

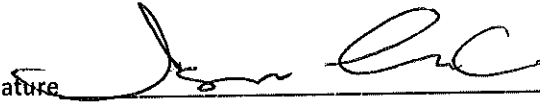
Insurance Agent Name and Phone Number:
McCLURE AND ASSOCIATES

Policy Number:
LVA123224

Policy Period:
4/21/23-4/21/24

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Applicant's Signature  6/22/23

FOR OFFICE USE ONLY

COI on file? YES NO

Sealer Approve Deny By Reason

Police

Fire

Inspection

S&L Date

Common Council

Date issued

Exp.

Sent for review JUN 23 2023

Total 23

Num	Make and model	Wi License	VIN
467	2008 Toyota Sequoia	299ZNE	5TDBY68AX8S007001
475	2014 Chrys T & C	492VPC	2C4RC1CG0ER417841
477	2011 Hyudai Sonata	301GJB	5NPEB4AC1BH016181
479	2008 Toyota Sienna	ADD4212	5TDZK23C68S119327
482	2008 Toyota Sienna	ADT5759	5TDZK23C58S222044
485	2012 Toyota Sienna	ADF4993	5TDKK3DC0CS255032
497	2013 Chrysler Town and Country	AKZ4161	2C4RC1GG2DR681362
489	2014 Nissan Altima	AKD6097	1N4AL3AP6EC319164
498	2014 Dodge Grand Caravan	AKZ4136	2C4RDGCG9ER320508
499	2010 Chrysler Town and Country	AKZ4113	2A4RR5D13AR450580
501	2010 Chrysler Town and Country	AKZ4125	2A4RR5D18AR266641
502	2008 Chrysler Town and Country	AKZ4105	2A8HR54P18R777228
503	2014 Dodge Grand Caravan	AMG1092	2C4RDGCG3ER127769
509	2008 Dodge Caravan	APH5955	1D8HN44H88B107925
514	2017 GMC Terrain	ANP4028	2GKFLTEKXH6341670
515	2016 Jeep Cherokee Wagon 4 door	ANP4029	1C4PJMCB2GW373595
516	2014 Ford Flex	ARE9974	2FMHK6D84EBD06443
517	2014 Hyundai Sonata	ASJ6104	5NPEB4AC0EH833596
518	2009 Mazda	ASJ8800	JM3TB38A190165775
521	2017 Chrysler Pacifica LX	ASU3855	2C4RC1CG7HR579132

524	2014 Ford Transit Connect	Temp	NM0GE9F79E1141432
525	2013 Toyota Sienna LE	ATH4210	5TDKK3DC6DS312769
526	2015 Toyota Sienna	ATT6681	5TDKK3DC2FS608665



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/20/2023

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 McClure & Associates 4951 Indiana Avenue Lisle IL 60532 630-241-4220 Phone 630-241-4259 Fax	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																					
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>First Chicago Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	First Chicago Insurance		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY PRO-JECT LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	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 <input checked="" type="checkbox"/> COMP/COLL \$1,000			LVA123224	4/21/23	4/21/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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		N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	OTHER UM/UIM			LVA123224	4/21/23	4/21/24	50,000/100,000

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

CERTIFICATE HOLDER

CANCELLATION

[Empty space for Certificate Holder Name]	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	AUTHORIZED REPRESENTATIVE 