



**FEES ARE NON-REFUNDABLE** Date Recv'd 5/29/20  
 License fee EACH Vehicle \$30.00 Acct. 11030.4320  
 Investigation fee 5 \$ 7.00 Acct. 100.2359  
 Total fee paid \$ 5 Receipt 943-0005

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

Original Application  
 Renewal – License # \_\_\_\_\_

**SECTION 1 – APPLICANT INFORMATION**

Name of Company: Budget Medical Transportation, LLC Business Phone: [REDACTED]  
 Business Street Address: 2401 W. Jonathon Drive City: Appleton State: WI Zip: 54914  
 Owner's Name: Anthony Xiong Date of Birth: [REDACTED]  Individual  Partnership  Corporation  
 Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Owner's Driver License Number: X520-0006-1442-04 Owner's Driver License Number: X520-0006-1442-04

**SECTION 2 – VEHICLES TO BE OPERATED** (Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
5TDZA23C94S091648	8	Toyota/Sienna	848-FSK

**SECTION 3 - COMPANY HISTORY**

Is the company currently licensed in any other municipality? YES  NO  If Yes, what municipality?  
 Has the company ever been denied a license by any municipality? YES  NO  If Yes, please explain:  
 Have any of the owners ever been convicted of a crime? YES  NO  If Yes, please explain:

Describe the basic operations of the company:  
 a non-medical transportation transporting patients to their appointments.  
 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?  
 2401 W. Jonathon Drive, Appleton, WI 54914

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage: Liability - 500,000 CSL, UM-BI only - 100,000 CSL, UM-BI only - 100,000 CSL  
 Insurance Carrier: AdvisorNet Property & Casualty  
 Insurance Agent Name and Phone Number: Tim Drees, Producer, D: 866-896-0281 Ext. 3757 | F: 612-313-7579  
 Policy Number: 10223622  
 Policy Period: 12/30/2019

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 *D. Henry Kimmy* 5-26-20

**FOR OFFICE USE ONLY**

COI on file? YES NO

Sealer	Approve	Deny	By	Reason	S&L Date
Police					Common Council
Fire					Date issued
Inspection					Exp. date

8-10-12

*Reasonable accommodations for persons with disabilities will be made upon request and if feasible.*