



FEES ARE NON-REFUNDABLE		Date Recd JUL 14 2023
License fee EACH Vehicle	\$30.00	Acct. CLLTSE
Investigation fee	\$ 7.00	Acct. CLLPIE
Total fee paid	\$ <u>97.00</u>	Receipt <u>7357-02</u>

LICENSE APPLICATION

for
TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application
 Renewal - License # 5-22

SECTION 1 - APPLICANT INFORMATION

Name of Company <u>Dynasty Limousine Service LLC</u>		Business Phone <u>920-954-9111</u>	
Business Street Address <u>1900 Vardenberg Ln</u>		City <u>Kaukaune</u>	State <u>WI</u>
Owner's Name <u>Diana Walkers</u>		Date of Birth <u>6-14-59</u>	<input checked="" type="checkbox"/> Individual
Owner's Name <u>John Walkers</u>		Date of Birth <u>4-5-62</u>	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

SECTION 2 - VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
<u>8</u>	<u>5</u>	<u>Cadillac Escalade</u>	<u>AOP 2679</u>
<u>10</u>	<u>10</u>	<u>Mercedes Sprinter</u>	<u>Dnasty 10</u>
<u>12</u>	<u>5</u>	<u>Cadillac Escalade</u>	<u>APA-7701</u>

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:
Luxury Charter Transportation

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?
N/A

SECTION 4 - INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: Progressive

Insurance Agent Name and Phone Number: Family Insurance Center 920-757-1010

Policy Number: 08086522

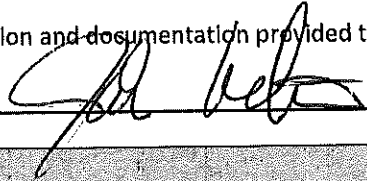
Policy Period: 8-27-22 TO 8-27-23

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



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

4/25/19