

**FEES ARE NON-REFUNDABLE**

License fee EACH Vehicle \$30.00  
Investigation fee \$7.00  
Total fee paid \$37

Date Recv'd 10/20/22

Acct. CLITSE

Acct. CLLPIF

Receipt 4139-1

**LICENSE APPLICATION**

for

**TAXICAB COMPANY AND LIMOUSINE SERVICE**☒ Original Application☐ Renewal – License # \_\_\_\_\_**SECTION 1 – APPLICANT INFORMATION**

Name of Company

Evergreen Campsites &amp; Resort

Business Phone

920-622-3498

Business Street Address

W5449 Archer Lane

City

Wild Rose

State

WI

Zip

54984

Owner's Name

Jim Button

Date of Birth

Date of Birth

☒ Individual☐ Partnership☐ Corporation**SECTION 2 – VEHICLES TO BE OPERATED**

(Attach additional sheets if necessary)

Vehicle Number

Capacity

Make/Model

DOT License Plate Number

Chippy Traw

20 ppl

Custom

chip xps

**SECTION 3 – COMPANY HISTORY**

Is the company currently licensed in any other municipality?

YES

NO

If Yes, what municipality?

State Lic &amp; DSPS

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:

Evergreen is a campground/resort located in Central WI. Campground

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?

**SECTION 4 – INSURANCE NOTICE**Insurance Coverage:

Insurance Carrier:

West Bend

Insurance Agent Name and Phone Number:

Melissa Pitzer 262-483-6050

Policy Number:

Attached

Policy Period:

7/1/2022 - 7/1/2023

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.

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

Date sent for approvals - 10/21/22





EVERCAM-02

DKIRK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2022

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).

|  |   |                                      |               |
|--|---|--------------------------------------|---------------|
| <b>PRODUCER</b><br>Robertson Ryan - Waukesha<br>20975 Swenson Drive, Suite 175<br>Waukesha, WI 53186 | <b>CONTACT NAME:</b> Dara Kirk                        |                                      |               |
|  | <b>PHONE (A/C, No, Ext):</b> (262) 317-8057 1857      | <b>FAX (A/C, No):</b> (262) 717-9436 |               |
|  | <b>E-MAIL ADDRESS:</b> dkirk@robertsonryan.com        |                                      |               |
| <b>INSURED</b><br><br>Evergreen Campsites and Resort<br>W5449 Archer Ln<br>Wild Rose, WI 54984       | <b>INSURER(S) AFFORDING COVERAGE</b>                  |                                      | <b>NAIC #</b> |
|  | <b>INSURER A : WEST BEND MUTUAL INSURANCE COMPANY</b> |                                      | <b>15350</b>  |
|  | <b>INSURER B : SFM MUTUAL INSURANCE COMPANY</b>       |                                      | <b>11347</b>  |
|  | <b>INSURER C :</b>                                    |                                      |               |
|  | <b>INSURER D :</b>                                    |                                      |               |
|  | <b>INSURER E :</b>                                    |                                      |               |
|  | <b>INSURER F :</b>                                    |                                      |               |

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 1968267       | 6/28/2022               | 6/28/2023               | EACH OCCURRENCE   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 300,000   |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)  | \$ 10,000    |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                |           |          | 1968267       | 6/28/2022               | 6/28/2023               | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | 1968267       | 6/28/2022               | 6/28/2023               | EACH OCCURRENCE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         | AGGREGATE   | \$           |
|          |  |           |          |               |                         |                         | Aggregate   | \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | 62201.209     | 6/28/2022               | 6/28/2023               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT  | \$ 100,000   |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 100,000   |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 500,000   |

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Appleton  
100 N Appleton St  
Appleton, WI 54911

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

*Melissa P. [Signature]*





