



**FEES ARE NON-REFUNDABLE** Date Recv'd 2/22/20  
 License fee EACH Vehicle \$30.00 Acct. CLLTSE  
 Investigation fee (38) \$7.00 Acct. CLLRIE  
 Total fee paid \$ 38 Receipt \_\_\_\_\_

**LICENSE APPLICATION**  
 for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

Original Application  
 Renewal - License # \_\_\_\_\_

**SECTION 1 - APPLICANT INFORMATION**

Name of Company <u>Busta Move Party Bus LLC</u>		Business Phone <u>920-734-0486</u>	
Business Street Address <u>N2969 State Rd. 47</u>		City <u>Appleton</u>	State <u>WI</u>
Owner's Name <u>Justin Geise</u>		Date of Birth <u>[REDACTED]</u>	Zip <u>54913</u>
Owner's Name <u>-</u>		Date of Birth <u>-</u>	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC

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

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
<del>1FDLE40F8VB83789</del>	<del>14</del>	<del>Ford Shuttle</del>	<del>244716B</del>
1FDLE40F8VH83789	14	Ford Shuttle	244716B

**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:  
Event Bus 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?  
NA

**SECTION 4 - INSURANCE NOTICE**

Insurance Coverage: Full Liability

Insurance Carrier: National Liability & Fire Insurance Co.

Insurance Agent Name and Phone Number: Trey Neher 920-984-0123

Policy Number: 73APR367462

Policy Period: 8-14-19 - 8-14-20

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

*Justin M. De*

2-11-2020

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