



<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd	1/22/20
License fee EACH Vehicle	\$30.00	Acct. 11030.4320	
Investigation fee	\$ 7.00	Acct. 100.2359	
Total fee paid	\$ 37	Receipt	386-0001

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

<input checked="" type="checkbox"/>	Original Application
<input type="checkbox"/>	Renewal – License # _____

**SECTION 1 – APPLICANT INFORMATION**

Name of Company BUDGET MEDICAL TRANSPORTATION, LLC		Business Phone 920-642-9488	
Business Street Address 2401 W. JONATHON DRIVE		City APPLETON	State WI
		Zip 54914	
Owner's Name ANTHONY XIONG	Date of Birth [REDACTED]		<input checked="" type="checkbox"/> Individual
Owner's Name [REDACTED]	Date of Birth [REDACTED]		<input type="checkbox"/> Partnership
Owner's Driver License Number [REDACTED]	Owner's Driver License Number		<input type="checkbox"/> Corporation

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

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
5DZA23194S091648	8	TOYOTA/SIENNA	848-FSK

**SECTION 3 - COMPANY HISTORY**

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

Describe the basic operations of the company:  
**NON-MEDICAL TRANSPORTATION - TRANSPORTING PEOPLE TO DOCTOR'S APPOINTMENT**

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?  
YES

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage: 500,000/100,000/100,000

Insurance Carrier: BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

Insurance Agent Name and Phone Number: Tim Drees - (612) 436-3769

Policy Number: QUOTE #10223622

Policy Period: 12/28/2020

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 *Anthony Kimbly*

FOR OFFICE USE ONLY				Date sent: <u>1/28/20</u>	COI on file? YES NO
Sealer	Approve	Deny	By	Reason	S&L Date <u>2/5/20</u>
Police	X		<u>Miller</u>	<u>1/27/20</u>	Common Council <u>2/5/20</u>
Fire	X		<u>Patterson</u>	<u>1/29/20</u>	Date issued
Inspection					Exp. date