



**FEES ARE NON-REFUNDABLE**

License fee EACH Vehicle \$30.00  
Investigation fee \$ 7.00  
Total fee paid \$ 37.00

Date Recv'd 7/5/20  
Acct. CLLTSE  
Acct. CLCPIF  
Receipt 1107-7

**LICENSE APPLICATION**

for  
**COMMERCIAL QUADRICYCLE**

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

**SECTION 1 - APPLICANT INFORMATION**

Name of Company <u>Social Station, LLC</u>		Business Phone [REDACTED]	
Business Street Address <u>W6088 Nolan Dr</u>		City <u>Appleton</u>	State <u>WI</u>
Owner's Name <u>Chris Burns</u>		Date of Birth [REDACTED]	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Owner's Name		Date of Birth	
Owner's Driver License Number [REDACTED]		Owner's Driver License Number	

**SECTION 2 - VEHICLES TO BE OPERATED**

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
	<u>15</u>	<u>Pedal Biz - Mega Cycle</u>	<u>N/A</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:  
Provides Pedal Powered tours in Downtown Appleton

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 - ROUTES**

All Commercial Quadricycle Routes are subject to approval by the Police Department.

Number of APPROVED routes: \_\_\_\_\_ Maps of APPROVED routes must be submitted as an attachment to the application

**SECTION 4 - INSURANCE NOTICE**

Insurance Coverage:

Insurance Carrier: Cincinnati through HUB Intl

Insurance Agent Name and Phone Number: Ryan Stinz: 509-863-0315

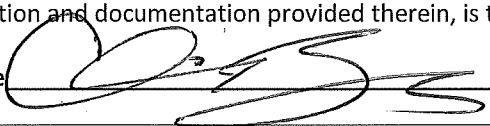
Policy Number: CSU 0151835

Policy Period: \_\_\_\_\_

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

date sent for approvals: 7/15/20

**CSU Producer Resources, Inc.**

A subsidiary of Cincinnati Financial Corporation  
P.O. Box 145496, Cincinnati, OH 45250-5496  
513-870-2000

**Date:** 06/04/2020  
**To:** HUB International Northwest LLC  
501 S Bernard St Ste 201  
Spokane WA 99204-2508  
46-023  
**From:** Jennifer Lapham  
**Insured:** Social Station, LLC  
**Mailing Address:** 6068 W Nolan Dr.  
Appleton WI 54915

**INSURANCE BINDER**

Thank you for placing your insurance with us. Please read this binder carefully since coverage terms may not be the same as you requested. This binder serves as proof of insurance beginning on the Effective Date shown below, subject to all terms and conditions of the policy or policies that will be issued. In the event of any inconsistency, the terms and conditions of the policy or policies prevail.

Coverage to be provided by The Cincinnati Specialty Underwriters Insurance Company, an approved non-admitted company.

**NOTICE TO POLICYHOLDER:**

This insurance contract is with an insurer which has not obtained a certificate of authority to transact regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus line coverage pursuant to s. 618.41 of the Wisconsin Statutes. Section 618.43(1), Wisconsin Statutes, requires payment by the policyholder of 3% tax on gross premium.

**Effective Date:** 06/05/2020      **Expiration Date:** 06/05/2021

**Policy Number:** CSU0151833

**Description of Operations:** Party Bike

**Coverage:**  
**General Liability - OCCURRENCE**

**Retroactive Date:** NONE

