



FEEES ARE NON-REFUNDABLE

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

Date Recv'd 4/9/21
Acct. CLLTSE
Acct. CLCPIF
Receipt 20146

LICENSE APPLICATION

for
COMMERCIAL QUADRICYCLE

- Original Application
- Renewal – License # _____

SECTION 1 – APPLICANT INFORMATION

Name of Company <u>Social Station, LLC</u>		Business Phone <u>920-968-3232</u>	
Business Street Address <u>325 N. Appleton St</u>		City <u>Appleton</u>	State <u>WI</u>
Owner's Name <u>Chris Burns</u>	Date of Birth <u>[REDACTED]</u>	<input checked="" type="checkbox"/> Individual	
Owner's Name	Date of Birth	<input type="checkbox"/> Partnership	
Owner's Driver License Number <u>[REDACTED]</u>	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
<u>N/A</u>	<u>15</u>	<u>2015 Pedal Biz MegaCycle</u>	<u>No Plate Required</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: Pedal tours Company

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: Through Hub International Northwest LLC

Insurance Carrier: Cincinnati Specialty Underwriters

Insurance Agent Name and Phone Number: 509 747 3121

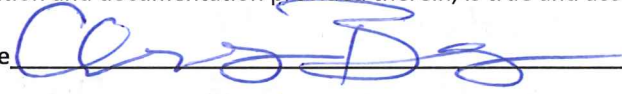
Policy Number: 0151833, 0151835

(over)

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					Date sent : 4/19/21		COI on file? YES NO	
Sealer	Approve	Deny	By	Reason	S&L Date			
	X		Maggio	4/19	4/28			
Police	X		Nagel	4/20	Common Council			
Fire	X		Paterson	4/19	5/5			
Inspection	X		Jandell Valle	4/21	Date issued			
					Exp. date			