25-1231

Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

☑ Original Application
☒ Renewal License
4-25

FEES ARE NON-REFUNDABLE

☒ Fee Per Each Individual Vehicle (CLLTSE) $30.00
☒ Investigation Fee (CLLPIF) $7.00

Date Recv'd 10/14/25
Total $ 37.00
Receipt #: 9285-2

LICENSE PERIOD IS FROM
July 1st – June 30th

Note: please allow 3 weeks for application processing

SECTION 1 – APPLICANT INFORMATION *Answer all questions completely. Please PRINT clearly.*

Company Name: Evergreen Campsites and Resort

Business Address	City	State	Zip Code
W5449 Archer Ln	Wild Rose	WI	54984

Company Email Address [REQUIRED]	Company Phone Number [REQUIRED]	☐ Individual ☐ Partnership ☒ Corporation
evergreencampsites@gmail.com	920 622 3498	

Business Owners Name	Date of Birth	Gender
Jim Button		M

Business Owner Phone Number	Business Owner Email Address

Driver's License Number	State Licensed
	WI

SECTION 2 – 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:

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 3 – VEHICLES TO BE OPERATED *Attach additional sheets if necessary*

Vehicle Number	Capacity	Make/Model	DOT License Plate #
Chippy Express	20	'86 Chevy	

SECTION 4 – INSURANCE NOTICE

Insurance Carrier	Insurance Agent Name
Robertsand Ryan West Bend	Melissa Pitzen

Insurance Agent Phone Number	Insurance Agent Email Address

Policy Number	Policy Period
	6-28-25 → 6-28-26

SECTION 5- PENALTY NOTICE

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 attorney's 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 _____ **Date:** 10 / 9 / 25

FOR OFFICE USE ONLY

Department	Approve	Deny	Date of Recommendation	Staff Member
Risk Management				
Police				
Fire				
Inspection				
Safety and Licensing				
Common Council				

COI on File? YES NO	Denial Reasoning	Date Issued	Expiration Date	License Number

Return to Office of the City Clerk: 100 N. Appleton St, Appleton WI 54911

TAXICAB/LIMOUSINE/COMMERCIAL QUADRICYCLE COMPANY LICENSE INFORMATION

- Taxicab/Limousine Service Company Licenses are required within the City of Appleton when individuals are intending to operate a taxicab or limousine company. See City of Appleton Municipal code Sec. 9-721 for more information and definitions.
    - Commercial Quadricycles as defined in §340.01(8m) of the Wisconsin Statutes are to be licensed as limousines.
- The process to obtain a Taxicab/Limousine Service License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from several City departments, the Safety and Licensing Committee and the Common Council.
    - When applying for a Commercial Quadricycle license, proposed route maps are required to be submitted attached to the application. These maps are then reviewed for approval by the Appleton Police Department. See City of Appleton Municipal code Sec. 9-729 for more information.
- If your company is licensed in another Wisconsin municipality you are exempt from paying a fee to the City of Appleton. A completed current application form along with proof of insurance is all that is required.

EVERCAM-02 JSEKHAR

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/12/2025

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).

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

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	X COMMERCIAL GENERAL LIABILITY			1968267	6/28/2025	6/28/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			1968267	6/28/2025	6/28/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / OCCUR			1968267	6/28/2025	6/28/2026	EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 2,000,000
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			62201.112	6/28/2025	6/28/2026	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

City of Appleton
100 N Appleton St
Appleton, WI 54911

CANCELLATION

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 Peterson