



FEES ARE NON-REFUNDABLE Date Recv'd 5/29/20

License fee EACH Vehicle \$30.00 Acct. CLLTSE

Investigation fee \$ 31 \$ 7.00 Acct. CLLPIF

Total fee paid \$ _____ Receipt 943-0003

LICENSE APPLICATION

for
TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application

Renewal - License # _____

SECTION 1 - APPLICANT INFORMATION

| | | | | | |
|---|--|------------------------------------|--|--------------------|---------------------|
| Name of Company <u>ATLAS TAXI</u> | | | Business Phone | | |
| Business Street Address <u>1125 W MAIN ST LOT 17</u> | | | City <u>LETAUCHE</u> | State <u>WS</u> | Zip <u>34917</u> |
| Owner's Name <u>MATTHEW J HIRE</u> | | Date of Birth <u>[REDACTED]</u> | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | |
| Owner's Name | | Date of Birth | | | |

SECTION 2 - VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

| Vehicle Number | Capacity | Make/Model | DOT License Plate Number |
|----------------|----------|---------------------|--------------------------|
| <u>69</u> | <u>7</u> | <u>PONT MONTANA</u> | <u>APC 2599</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:
PEAK AND DROP OFF PEOPLE PKG

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 - INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: PROGRESSIVE

Insurance Agent Name and Phone Number: HEWLEK 920 499 8808

Policy Number: 03817501-3

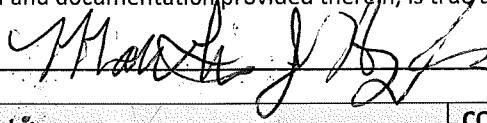
Policy Period: JUNE 19 - 19 JUNE 19 - 20

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



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