

**FEES ARE NON-REFUNDABLE**

License fee EACH Vehicle \$30.00
 Investigation fee \$ 7.00
 Total fee paid \$ 97.00

Date Recv'd

Acct. CLLTSE

Acct. CLLPIF

Receipt

6/28/2037715**LICENSE APPLICATION**

for

TAXICAB COMPANY AND LIMOUSINE SERVICE Original Application Renewal - License # 5-22**SECTION 1 - APPLICANT INFORMATION**

Name of Company

DYNASTY Limousine Service LLC

Business Phone

920-954-9111

Business Street Address

1900 Vandenberg Ln

City

Kaukauna

State

WI

Zip

54130

Owner's Name

Diana Wolters

Date of Birth

●●●●●● - ●● Individual Partnership Corporation

Owner's Name

John Wolters

Date of Birth

●●●●●● - ●●**SECTION 2 - VEHICLES TO BE OPERATED**

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
<u>12</u>	<u>5</u>	<u>Cadillac Escalade</u>	
<u>10</u>	<u>10</u>	<u>Mercedes Sprinter</u>	<u>DNSTY10</u>
<u>8</u>	<u>5</u>	<u>Cadillac Escalade</u>	<u>ADP 2679</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:

Luxury chartered transportation

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?

Not in city limits**SECTION 4 - INSURANCE NOTICE**Insurance Coverage:

Insurance Carrier:

Progressive

Insurance Agent Name and Phone Number:

family insurance center 920-757-1010

Policy Number:

08086522

Policy Period:

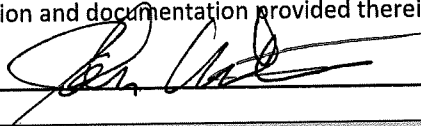
8-27-21 to 8-27-22

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 Appteton 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

Date sent for approvals: 6/28/22