



22x

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd	6/18/20
License fee EACH Vehicle	-\$30.00	Acct. 11030.4320	
Investigation fee	\$ 7.00	Acct. 100.2359	997-0004
Total fee paid	\$ 607	Receipt	

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

<input type="checkbox"/>	Original Application
<input checked="" type="checkbox"/>	Renewal – License #4-20

**SECTION 1 – APPLICANT INFORMATION**

Name of Company LIR Transportation LLC dba Fox Valley Cab		Business Phone 920-734-4545	
Business Street Address 719 W Frances St		City Appleton	State WI
		Zip 54914	
Owner's Name Igor Leykin	Date of Birth ●●●●●●	<input type="checkbox"/> Individual	
Owner's Name	Date of Birth	<input type="checkbox"/> Partnership	
		<input checked="" type="checkbox"/> Corporation	
Owner's Driver License Number ●●●●●●●●●●	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
See	Attachment		

**SECTION 3 - COMPANY HISTORY**

Is the company currently licensed in any other municipality?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what municipality? Oshkosh
Has the company ever been denied a license by any municipality?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please explain:
Have any of the owners ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please explain:

Describe the basic operations of the company:  
Taxi, Shuttle, ADA Livery 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?  
We have off-street parking for more than 20 vehicles outside and another 15 inside

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage: \$1M Liability

Insurance Carrier: First Chicago Insurance Company

Insurance Agent Name and Phone Number: Kevin Ciarrachi at BD McClure and Assoc. 630-241-4220

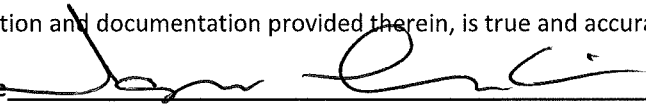
Policy Number: LVA 000123224

Policy Period: 4/21/20 - 4/21/21

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 mv insurance carrier. the policv number. and policv 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 : 6/18/20	COI on file? YES NO
Sealer	Approve	Deny	By	Reason	S&L Date	6/24/20
Police					Common Council	
Fire					Date issued	
Inspection					Exp. date	

8-10-12

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Lic.# -



Date: 6/1/2020

List of Vehicles

<u>Vehicle No.</u>	<u>Make/Model</u>	<u>Pass Cap</u>	<u>License</u>	<u>VIN</u>	<u>Active Date</u>	<u>Insurance</u>	
1	457	2010 Chrys Town & Country	7	222-YHF	2A4RR4DE5AR192589	Active as of 10/20/15	FCIC
2	459	2008 Chrys Town & Country	7	484-YPR	2A8HR44H88R748330	Active as of 04/07/2016	FCIC
3	464	2012 Dodge Grnd Caravan	6	273-ZNE	2C4RDGDG9DR100810	Active as of 01/11/2017	FCIC
4	465	2011 Chrys T & C	6	286-ZNE	2A4RR5DG7BR697977	Active as of 12/19/2016	FCIC
5	466	2008 Toyota Sienna	6	262-ZNE	5TDZK23C08S169964	Active as of 01/11/2017	FCIC
6	467	2008 Toyota Sequoia	6	299-ZNE	5TDY68AX8S007001	Active as of 12/22/2016	FCIC
7	468	2012 Dodge Grnd Caravan	6	464-ZRY	2C4RDGCG3CR136551	Active as of 03/02/2017	FCIC
8	470	2013 Dodge Grand Caravan	6	991-ZUJ	2C4RDGDG9DR726835	Active as of 03/14/2017	FCIC
9	473	2010 Dodge Grand Caravan	7	AAV-9050	2D4RN5D19AR111651	Active as of 9/1/2017	FCIC
10	474	2012 Dodge Grand Caravan	7	AAV-9053	2C4RDGDG3CR341284	Active as of 9/1/2017	FCIC
11	475	2014 Chrys T & C (Aloha)	7	492-VPC	2C4RC1CG0ER417841	Active as of 8/1/2017	FCIC
12	476	2009 Scion xB	4	AAF4451	JTLKE50E991095740	Active as of 9/1/2017	FCIC
13	477	2011 Hyudai Sonata	4	301GJB	5NPEB4AC1BH016181	Active as of 9/1/2017	FCIC
14	478	2008 Toyota Sienna	7	ABF1572	5TDZK23C48S132626	Active as of 9/1/2017	FCIC
15	479	2008 Toyota Sienna	7	ADD4212	5TDZK23C68S119327	Active as of 5/4/2018	FCIC
16	480	2006 Toyota Sienna	7	ADD4605	5TDZA22C86S393081	Active as of 5/21/2018	FCIC
17	481	2008 Toyota Sienna	7	ADL6102	5TDZK23C98S178484	Active as of 07/13/2018	FCIC
18	482	2008 Toyota Sienna	7	ADT5759	5TDZK23C58S222044	Active as of 09/05/2018	FCIC
19	483	2006 Toyota Sienna	7	ADT5697	5TDZA23C36S574443	Active as of 09/05/2018	FCIC
20	484	2011 Toyota Sienna	7	AED1381	5TDYK3DC0BS010482	Active as of 09/05/2018	FCIC
21	485	2012 Toyota Sienna	7	ADF4993	5TDKK3DC0CS255032	Active as of 09/03/2019	FCIC
22	486	2010 Ford Escape	4	AGG7386	1FMCU9D78AKC04110	ACTIVE AS OF 9/3/2019	FCIC
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# CERTIFICATE OF LIABILITY INSURANCE

DATE  
6/16/2020

<b>PRODUCER</b> McClure & Associates 4951 Indiana Avenue Lisle IL 60532 630-241-4220 Phone 630-241-4259 Fax	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> LIR Transportation LLC dba Fox Valley Cab 719 W Frances St, Appleton WI, 54914.	INSURER A: First Chicago Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<input type="checkbox"/>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
						\$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp/Coll \$1,000 deductible	LVA123224	4/21/2020	4/21/2021	COMBINED SINGLE LIMIT (Each Occurrence)	\$ 1,000,000
A		LVA123224	4/21/2020	4/21/2021	BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
					AGGREGATE	\$
						\$
						\$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TOR Y LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	<input type="checkbox"/> <b>OTHER UM/UIM</b>	LVA123224	4/21/2020	4/21/2021	50,000/100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

EFFECTIVE 4/21/2020 AUTO LIABILITY & COMP/COLL \$1,000 DEDUCTIBLE

ALL SCHEDULED VEHICLES

The City of Appleton, and its officers, council members, agents, employees, and authorized volunteers are additional insureds on the Commercial auto policy

### CERTIFICATE HOLDER

City of Appleton  
 100 North Appleton Street  
 Appleton WI 54911

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE