

**FEEES ARE NON-REFUNDABLE** Date Recv'd 5/20/19  
 License fee EACH Vehicle 3x \$30.00 Acct. 11030.4320  
 Investigation fee \$ 7.00 Acct. 100.2359  
 Total fee paid \$97.00 Receipt 9619

CLTSE  
CLCPIF

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

Original Application  
 Renewal – License # 2-18

**SECTION 1 – APPLICANT INFORMATION**

Name of Company Dynasty Limousine Service LLC		Business Phone 920-954-9111	
Business Street Address 314 E. Wilson Ave.		City Appleton	State WI
		Zip 54915	
Owner's Name Diana Wolters	Date of Birth ●●●●●●	<input type="checkbox"/> Individual	
Owner's Name John Wolters	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
10	10	Freightliner Sprinter	dynasty10
esc16	5	Cadillac Escalade	575 XZE
esc17	5	Cadillac Escalade	ADP 2679

**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 Charter 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?  
 Large Driveway and Rental warehouse in Menasha

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage: 1,500,000

Insurance Carrier: Progressive

Insurance Agent Name and Phone Number: Jackson Kahl 920-923-4020

Policy Number: 08086522-0

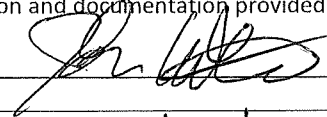
Policy Period: Aug 27 2018 to Aug 27 2019

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 5/20/19.

COI on file? YES NO

Sealer	Approve	Deny	By	Reason	S&L Date
	X		Maggio	5/28/19	6/12/19
Police	X		Miller	5/20/19	Common Council 6/19/19
Fire	X		Patterson	5/21/19	Date issued
Inspection	X		Vandewalle	5/21/19	Exp. date

8-10-12

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