



Application for Taxicab/Limousine Company License CASH OR CHECK ONLY!

Original Application
 Renewal License
 # _____

FEES ARE NON-REFUNDABLE

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

Date Recv'd NOV 06 2023
 Total \$ 37.00
 Receipt #: 5807-07

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
L & M CARRIAGE SERVICE

Business Address
3140 Mid Valley Dr

City
De Pere

State
WI

Zip Code
54115'

Company Email Address [REQUIRED]
Deniselmqs@aol.com

Company Phone Number [REQUIRED]

Individual
 Partnership
 Corporation

Business Owners Name
Mike Gildernick

Date of Birth

Gender
m

Business Owner Phone Number

Business Owner Email Address

Driver's License Number
G436-5566-0026-04

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:
Provide entertainment with horse/wagon rides

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?
NA

SECTION 3 - VEHICLES TO BE OPERATED - Attach additional sheets if necessary

Vehicle Number	Capacity	Make/Model	DOT License Plate #
Green Trolley Wagon	15-20	NA	NA

SECTION 4 - INSURANCE NOTICE

Insurance Carrier
West Bend Mutual

Insurance Agent Name
Betty Clow

Insurance Agent Phone Number

Insurance Agent Email Address

Policy Number
2128730 - on file with City of Appleton

Policy Period
9/4/2023 - 9/4/2024

Department		Approve	Deny	Date of Recommendation	Staff Member
Risk Management					
Police					
Fire					
Inspection					
Safety and Licensing					
Common Council					
COI on File?		Denial Reasoning			
YES	NO				
				Date Issued	Expiration Date
					License Number

FOR OFFICE USE ONLY

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 Mrs. Mike Schmitt