



Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

Original Application

Renewal License

in 2-24

FEES ARE NON-REFUNDABLE

Fee Per Each Individual

Date Recv'd 5 / 15 / 24

Vehicle (CLLSE) \$30.00

Total \$ 97.00

Investigation Fee

(CLLPF) \$7.00

Receipt #: 6829-8

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 <u>Dynasty Limousine Service LLC</u>			
Business Address <u>1900 Vandenberg Ln</u>	City <u>Kaunonia</u>	State <u>WI</u>	Zip Code <u>54130</u>
Company Email Address [REQUIRED] <u>Diana@dynastylimousine.net</u>	Company Phone Number [REQUIRED] <u>920-954-9111</u>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Business Owners Name <u>Diana Wolters</u>	Date of Birth	Gender <u>F</u>	
Business Owner Phone Number	Business Owner Email Address		
License Number	State Licensed <u>WI</u>		

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:
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?
N/A

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

Vehicle Number	Capacity	Make/Model	DOT License Plate #
<u>11</u>	<u>5</u>	<u>Cadillac Escalade</u>	<u>APA 7701</u>
<u>12</u>	<u>5</u>	<u>Cadillac Escalade</u>	<u>ADP 2679</u>
<u>10</u>	<u>14</u>	<u>Freightliner Sprinter</u>	<u>Dnsty 10</u>

SECTION 4 – INSURANCE NOTICE

Insurance Carrier <u>Forge</u>	Insurance Agent Name <u>Amy Kustrich</u>
Insurance Agent Phone Number	Insurance Agent Email Address
Policy Number	Policy Period <u>9-7-23 – 9-7-24</u>