

25-0768



# Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

☐ Original Application

☒ Renewal License

1-25

## FEES ARE NON-REFUNDABLE

☒ Fee Per Each Individual

Vehicle (CLLTSE) \$30.00

☒ Investigation Fee

(CLLPIF) \$7.00

Date Rec'd JUN 30 2025

Total \$ 97.00

Receipt #: 8816-19

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

DYNASTY Limousine Service LLC

Business Address

1900 Vandenberg LN

City

Kaukauna

State

WI

Zip Code

54130

Company Email Address [REQUIRED]

Diane@dynasty Limousine.net

Company Phone Number [REQUIRED]

920-954-9111

☒

Individual

Partnership

Corporation

Business Owners Name

Diane Wolters

Date of Birth

Gender

F

Business Owner Phone Number

Business Owner Email Address

Driver's License Number

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:

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 #
11	5	Cadillac Escalade	APA 7201
12	5	Cadillac Escalade	ADP 2679
10	14	Freightliner Sprinter	DNsty 10

## SECTION 4 - INSURANCE NOTICE

Insurance Carrier

Fonse

Insurance Agent Name

Amy Kustrich

Insurance Agent Phone Number

Insurance Agent Email Address

Policy Number

Policy Period

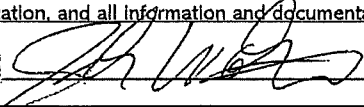
9-7-24 to 9-7-25

**SECTION 5- PENALTY NOTICE**

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



Date: 5 / 18 / 25

**FOR OFFICE USE ONLY**

Department	Approve	Deny	Date of Recommendation	Staff Member	
Risk Management	X		JUN 30 2025	B. Morgan	
Police	X		JUL 01 2025	B. Goodin	
Fire	X		JUN 30 2025	D. Henson	
Inspection					
Safety and Licensing			7-9-25		
Common Council			7-16-25		
COI on File?	Denial Reasoning		Date Issued	Expiration Date	License Number
<input checked="" type="radio"/> YES <input type="radio"/> NO					

Return to Office of the City Clerk: 100 N. Appleton St, Appleton WI 54911

**TAXICAB/LIMOUSINE/COMMERCIAL QUADRICYCLE**  
**COMPANY LICENSE INFORMATION**

- Taxicab/Limousine Service Company Licenses are required within the City of Appleton when individuals are intending to operate a taxicab or limousine company. See City of Appleton Municipal code Sec. 9-721 for more information and definitions.
  - Commercial Quadricycles as defined in §340.01(8m) of the Wisconsin Statutes are to be licensed as limousines.
- The process to obtain a Taxicab/Limousine Service License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from several City departments, the Safety and Licensing Committee and the Common Council.
  - When applying for a Commercial Quadricycle license, proposed route maps are required to be submitted attached to the application. These maps are then reviewed for approval by the Appleton Police Department. See City of Appleton Municipal code Sec. 9-729 for more information.
- If your company is licensed in another Wisconsin municipality you are exempt from paying a fee to the City of Appleton. A completed, signed application form along with a current Certificate of Insurance is all that is required for the company.
- Each Taxicab/Limousine Service Company License includes a single Taxicab Driver's License.



DYNALIM-01

AKUSTRICH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Robertson Ryan - Sheboygan 330 East Kilbourn Avenue, Suite 850 Milwaukee, WI 53202	CONTACT NAME: Nicholas Mahlik	
	PHONE (A/C, No, Ext):	FAX (A/C, No): (612) 355-2430
INSURED  Dynasty Limousine Service, LLC 1900 Vandenberg Lane Kaukauna, WI 54130	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: FORGE INSURANCE COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
13293		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
A	AUTOMOBILE LIABILITY				9/7/2024	9/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) Y/N <input type="checkbox"/> N/A						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured listed below  
30 days notice of cancellation

## CERTIFICATE HOLDER

## CANCELLATION

City of Appleton 100 North Appleton Street Appleton, WI 54911	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 