



Quadricycle

FEES ARE NON-REFUNDABLE

Date Recv'd 6/28/19

License fee EACH Vehicle \$30.00

Acct. CLLTSE

Investigation fee \$ 7.00

Acct. CLLPIF

Total fee paid \$ 37-

Receipt 11354

LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application

Renewal - License #

1-19

SECTION 1 - APPLICANT INFORMATION

Name of Company Social Station LLC		Business Phone 920-205-9644	
Business Street Address 325 N. Appleton		City App	State WI
Zip 54911		Owner's Name Chris Burns	Date of Birth [REDACTED]
Owner's Name Tina Seashore		Date of Birth [REDACTED]	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

SECTION 2 - VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
1	15	Pedal Biz - MegaCycle	N/A

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:  
Pedal tours Downtown Appleton

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?

SECTION 4 - INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: US Fire Insurance Co

Insurance Agent Name and Phone Number: James Eatmon

Policy Number: AH - 6A26932-002

Policy Period: 4/24/19 - 4/24/2020

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