

24-0708



**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 (CLLPF) \$7.00

Date Recv'd MAY 30 2024  
 Total \$ 67.00  
 Receipt #: 6889-5

**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: Z's Overflow, LLC dba Phoenix Transportation

Business Address: 1280 S. Van Dyke Rd. # 3 City: Appleton State: WI Zip Code: 54914

Company Email Address [REQUIRED]: zoverflowllc@gmail.com Company Phone Number [REQUIRED]: (414) 520-4526

Business Owners Name: Zonea Mims Date of Birth: \_\_\_\_\_ Gender: F

Business Owner Phone Number: \_\_\_\_\_ Business Owner Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Licensed: Wisconsin

**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:  
Taxi & limosene service

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?  
Business has private parking lot.

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

Vehicle Number	Capacity	Make/Model	DOT License Plate #
<u>2CTWDGBGXKR607133</u>	<u>4</u>	<u>Dodge Caravan</u>	<u>AUR-9532</u>
<u>2CTWDGBG5JR363499</u>	<u>4</u>	<u>Dodge Caravan</u>	<u>4SP-2296</u>

**SECTION 4 – INSURANCE NOTICE**

Insurance Carrier: Prime Insurance Company Insurance Agent Name: Doreen Janssen

Insurance Agent Phone Number: \_\_\_\_\_ Insurance Agent Email Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Period: 01/24/24 - 01/24/25

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 Zoneo Rojas

**FOR OFFICE USE ONLY**

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2024

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 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).

<b>PRODUCER</b> Ansay & Associates, LLC. 4351 W College Ave Suite 310 Appleton WI 54914	<b>CONTACT NAME:</b> Doreen Janssen	
	<b>PHONE (A/C, No, Ext)</b>	<b>FAX (A/C, No):</b> 920-560-7078
<b>E-MAIL ADDRESS:</b> C		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Scottsdale Insurance Co		41297
<b>INSURED</b> Z's Overflow LLC 1280 S. Van Dyke Rd Ste 3 Appleton WI 54914	<b>ZSOVERF-01</b>	
	<b>INSURER B :</b> Prime Insurance Company	
	<b>INSURER C :</b> BCS Insurance Company	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		

**COVERAGES****CERTIFICATE NUMBER:** 1919649073**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			C	1/11/2024	1/11/2025	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY				1/24/2024	1/24/2025	PRODUCTS - COMP/OP AGG \$ 2,000,000			
	<input type="checkbox"/> ANY AUTO									COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS							BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS							BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$			
	<input type="checkbox"/> OCCUR						\$			
	EXCESS LIAB						EACH OCCURRENCE \$			
	DED						AGGREGATE \$			
	RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				OTHER			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$			
C A	Cyber Professional				6/15/2023 1/11/2024	6/15/2024 1/11/2025	E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			
							Cyber Coverage Professional 1,000,000 Professional 1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2019 Dodge Caravan 2C7WDGBGXR607133  
 2018 Dodge Caravan 2C7WDGBG5JR363499

**CERTIFICATE HOLDER****CANCELLATION**

City of Appleton	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 

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