



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

Original Application
 Renewal License
 # _____

FEES ARE NON-REFUNDABLE **NOV 03 2023**

Fee Per Each Individual Date Recv'd _____
 Vehicle (CLLTSE) \$30.00 Total \$ 37.00
 Investigation Fee Receipt #: 5807-03
 (CLLPF) \$7.00

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
Evergreen Campsites & Resort

Business Address
W5449 Archer Lane City **Wild Rose** State **WI** Zip Code **54984**

Company Email Address [REQUIRED] _____ Company Phone Number [REQUIRED] _____

Business Owners Name
Jim Button Date of Birth _____ Gender _____

Business Owner Phone Number _____ Business Owner Email Address _____

Driver's License Number
b350-4556-4382-02 State Licensed **Wisconsin**

SECTION 2 - COMPANY HISTORY

Is the company currently licensed in any other municipality? YES NO

If Yes, what municipality? state and DSPS

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:
Evergreen is a campground/resort located in Central Wisconsin

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

Vehicle Number	Capacity	Make/Model	DOT License Plate #
Chippy Train	20 people	custom	chip xps

SECTION 4 – INSURANCE NOTICE

Insurance Carrier
West Bend Insurance Agent Name
Melissa Pitzen

Insurance Agent Phone Number _____ Insurance Agent Email Address _____

Policy Number 7-1-2023 Policy Period 7-1-2024

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 _____

LPB

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? YES NO	Denial Reasoning		Date Issued	Expiration Date	License Number

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