



FEES ARE NON-REFUNDABLE		Date Recv'd	59, 22
License fee EACH Vehicle	\$30.00	Acct. CLLTSE	
Investigation fee	\$ 37	Acct. CLCPIF	3600 - 1
Total fee paid	\$ 37	Receipt	

LICENSE APPLICATION

for
COMMERCIAL QUADRICYCLE

Original Application
 Renewal – License # _____

SECTION 1 – APPLICANT INFORMATION

Name of Company Social Station, LLC		Business Phone 920	
Business Street Address W6068 Nolan Dr		City App	State WI
Owner's Name Chris Burns	Date of Birth [REDACTED]	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Owner's Name	Date of Birth		
Owner's Driver License Number [REDACTED]	Owner's Driver License Number		

SECTION 2 – VEHICLES TO BE OPERATED (Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
N/A	15	2015 Pedal Biz Megacycle	No Plate required

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 Powered tours

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? No

SECTION 4 - ROUTES

All Commercial Quadricycle Routes are subject to approval by the Police Department.

Number of APPROVED routes: _____ Maps of APPROVED routes must be submitted as an attachment to the application

SECTION 4 – INSURANCE NOTICE

Insurance Coverage: HUB International Northwest LLC

Insurance Carrier: Cincinnati Specialty Insurance Co

Insurance Agent Name and Phone Number: 01699407 (509) 747-3121

Policy Number: _____

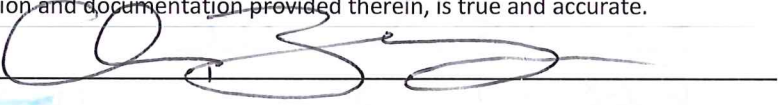


Policy Period: _____

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 attorneys 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 _____



FOR OFFICE USE ONLY					COI on file? YES NO	
Sealer	Approve	Deny	By	Reason	S&L Date	
Police					Common Council	
Fire					Date issued	
Inspection					Exp. date	

2010

Payor Name: SOCIAL STATION, LLC

Account Number: 3000581605

SUMMARY OF YOUR ACCOUNT:

Current Policy Activity	\$1,143.10
Amount Due for Account	\$1,143.10

CURRENT POLICY ACTIVITY:

POLICY TYPE: General Liability **POLICY NUMBER:** 0169940 **EXPIRATION DATE:** 06/04/2022
PAY PLAN: Quarterly **NAMED INSURED:** SOCIAL STATION, LLC
COVERAGE PROVIDED BY: Cincinnati Specialty Underwriters Insurance Company

Effective Date	Description	Amount Due
06/04/2021	Installment Down Pay	\$779.00
06/04/2021	Broker Fee	\$35.00
06/04/2021	Surplus Tax	\$94.53
		\$908.53

POLICY TYPE: Inland Marine **POLICY NUMBER:** 0169943 **EXPIRATION DATE:** 06/04/2022
PAY PLAN: Quarterly **NAMED INSURED:** SOCIAL STATION, LLC
COVERAGE PROVIDED BY: Cincinnati Specialty Underwriters Insurance Company

Effective Date	Description	Amount Due
06/04/2021	Installment Down Pay	\$177.25
06/04/2021	Broker Fee	\$35.00
06/04/2021	Surplus Tax	\$22.32
		\$234.57



Statement Prepared On: 06/10/2021

Questions regarding your insurance coverage:
HUB International Northwest LLC (46023)
(509)747-3121

Statement – Premium Due

Questions regarding your statement:
Cincinnati Corporate Billing
877-942-2455, CinciBill@cinfin.com
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time
Saturday, 8 a.m.- noon Eastern Time

SOCIAL STATION, LLC
W6068 NOLAN DR
APPLETON WI 54915

Pay Online or by Phone:	<i>cinfin.com</i> 800-364-3400 Payments may be made by checking or savings. Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank holidays.
Payment Address:	CSU Producer Resources Inc. P.O. Box 145416 Cincinnati, OH 45250-5416
Overnight Payment Address:	CSU Producer Resources Inc. Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014-5141

Amount Due:	\$1,143.10
Due Date:	07/04/2021

Account Number: 3000581605
Policy Number(s) with Premium Due:
0169940, 0169943

CSU Producer Resources Inc. premiums cannot be combined with any other payments. Combining payments may result in late fees or cancellation for nonpayment of premium.

----- Please detach and return the remittance stub below with your payment. -----

Make check payable to: **CSU PRODUCER RESOURCES INC.**
*Please include your account number on the check. Do not send cash. If paying multiple CSU Producer Resources Inc. accounts include the remittance stub for each.

Account Number	Due Date	Amount Due
3000581605	07/04/2021	\$1,143.10

Please mark for change of address and complete the reverse side.

Late Payments: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

SOCIAL STATION, LLC
W6068 NOLAN DR
APPLETON WI 54915

CSU PRODUCER RESOURCES INC.
PO BOX 145416
CINCINNATI OH 45250 -5416

08 1 3000581605 07042021 000000114310 8

