



FEEES ARE NON-REFUNDABLE		Date Rec'd	53119
License fee EACH Vehicle	1x \$30.00	Acct. CLLTSE	
Investigation fee	\$ 7.00	Acct. CLLPIF	
Total fee paid	\$37	Receipt	10095

LICENSE APPLICATION

for
TAXICAB COMPANY AND LIMOUSINE SERVICE

Original Application
 Renewal - License # _____

SECTION 1 - APPLICANT INFORMATION

Name of Company ATLAS TAXI		Business Phone	
Business Street Address 1125 W MAIN ST LOT 17		City LEWIS & CLARK	State WI
Owner's Name MATTHEW J HYLE	Date of Birth [REDACTED]	Zip 54971	<input checked="" type="checkbox"/> Individual
Owner's Name	Date of Birth		<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 69	6	05 PONTIAC MONTANA	AFC 2599

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:
PICK UP AND DROP OFF PEOPLE & PKG

If the business is located in the City limits, Municipal Code requires that on-street parking is provided for. If applicable, what provisions have been made for off street parking?

SECTION 4 - INSURANCE NOTICE

Insurance Coverage:

Insurance Carrier: **PROGRESSIVE**

Insurance Agent Name and Phone Number: **H & PATRICK**

Policy Number: **03817501-2**

Policy Period: **6-18-18 TO 6-19-19**

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

Matthew J Hyle