



**FEES ARE NON-REFUNDABLE**

License fee EACH Vehicle \$30.00 Acct. CLLTSE  
 Investigation fee \$7.00 Acct. CLLPIF  
 Total fee paid \$37 Receipt

Date Recv'd 11/19/19  
 5-0005

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

Original Application  
 Renewal - License # \_\_\_\_\_

**SECTION 1 - APPLICANT INFORMATION**

Name of Company: Carmichael's Carriages Business Phone: 920-836-2013  
 Business Street Address: 3910 Fairview Rd City: Weaver State: NC Zip: 54956  
 Owner's Name: Rodger - San Carmichael Date of Birth: [REDACTED]  
 Individual  
 Partnership  
 Corporation

**SECTION 2 - VEHICLES TO BE OPERATED**

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
		<u>Horse &amp; Carriages</u>	

**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: Driving horses on various vehicles  
 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: Eric  
 Insurance Carrier: ~~State~~ Insurance  
 Insurance Agent Name and Phone Number: Darren Van Camp - 788-4800  
 Policy Number: 2062415324  
 Policy Period: 6/24/19 - 6/24/20

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