

25-0611



Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY

☐ Original Application
☒ Renewal License
 # _____

FEES ARE NON-REFUNDABLE

☒ Fee Per Each Individual Date Rec'd 6/2/25
 Vehicle (CLLTSE) \$30.00 Total \$ 97.00
☒ Investigation Fee
 (CLLPF) \$7.00 Receipt #: 8078-4

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] 920-840-6176
 Business Owners Name Zonea Mims Date of Birth _____ Gender F
 Business Owner Phone Number _____ Business Owner Email Address _____
 Driver's License Number _____ State Licensed WI

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 Cab
 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 #
01	6	Dodge Grand Caravan	AVA 6727
02	3	Dodge Grand Caravan	ASR 2296
03	6	Chrysler Voyager	A2C 1328

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 4.03.2025 - 4.03.2026

SECTION 5- PENALTY NOTICE

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 *James M. [Signature]* Date: 6/18/25

FOR OFFICE USE ONLY

Department	Approve	Deny	Date of Recommendation	Staff Member	
Risk Management					
Police	<i>K</i>		<i>JUN 04 2025</i>	<i>B. Goodin</i>	
Fire	<i>K</i>		<i>JUN 03 2025</i>	<i>D. Henson</i>	
Inspection	<i>K</i>		<i>JUN 03 2025</i>	<i>K. Craven</i>	
Safety and Licensing			<i>6-11-25</i>		
Common Council			<i>6-18-25</i>		
COI on File?	Denial Reasoning		Date Issued	Expiration Date	License Number
<input checked="" type="radio"/> YES <input type="radio"/> NO					

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

TAXICAB/LIMOUSINE/COMMERCIAL QUADRICYCLE
COMPANY LICENSE INFORMATION

- Taxicab/Limousine Service Company Licenses are required within the City of Appleton when individuals are intending to operate a taxicab or limousine company. See City of Appleton Municipal code Sec. 9-721 for more information and definitions.
 - Commercial Quadricycles as defined in §340.01(8m) of the Wisconsin Statutes are to be licensed as limousines.
- The process to obtain a Taxicab/Limousine Service License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from several City departments, the Safety and Licensing Committee and the Common Council.
 - When applying for a Commercial Quadricycle license, proposed route maps are required to be submitted attached to the application. These maps are then reviewed for approval by the Appleton Police Department. See City of Appleton Municipal code Sec. 9-729 for more information.
- If your company is licensed in another Wisconsin municipality you are exempt from paying a fee to the City of Appleton. A completed, signed application form along with a current Certificate of Insurance is all that is required for the company.
- Each Taxicab/Limousine Service Company License includes a single Taxicab Driver's License.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2025

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).

PRODUCER Ansay & Associates, LLC. 4351 W College Ave Suite 310 Appleton WI 54914		CONTACT NAME: Tracy Boeing PHONE (A/C, No.): _____ E-MAIL ADDRESS: _____ FAX (A/C, No.): 920-560-7078		
INSURED Z's Overflow LLC 1280 S. Van Dyke Rd Ste 3 Appleton WI 54914		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Scottsdale Insurance Co		41297
		INSURER B : ICW Group		27847
		INSURER C : Prime Insurance Company		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 1491741978 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		CPG7924309	1/11/2025	1/11/2028	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
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/POP AGG	\$ 2,000,000
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
C	AUTOMOBILE LIABILITY		SC25041038	4/3/2025	4/3/2028	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WM5081997	1/31/2025	1/31/2026	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Community Care, Inc
1801 Dolphin Drive
Waukesha WI 53186

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

Tracy L. Boeing

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