



paid in Oshkosh

5/22/21

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd	___/___/___
License fee EACH Vehicle	\$30.00	Acct. CLLTSE	
Investigation fee	\$ 7.00	Acct. CLLPIF	
Total fee paid	\$ <u>8</u>	Receipt	_____

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

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

**SECTION 1 - APPLICANT INFORMATION**

**Antonio**

Name of Company <u>Antonio's Transportation Service</u>		Business Phone <u>920-573-9702</u>	
Business Street Address <u>240 Algoma Blvd</u>		City <u>Oshkosh</u>	State <u>WI</u>
		Zip <u>54901</u>	
Owner's Name <u>Antonio Gaines</u>	Date of Birth <u>Corey Antonio Gaines</u>		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Owner's Name <u>N/A</u>	Date of Birth		

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

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
<u>2G1WB0SEK011</u> <u>54075</u>	<u>4</u>	<u>Chevy impala</u>	<u>AAV-8192</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: I am like uber. I pickup and drop offs

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? N/A

**SECTION 4 - INSURANCE NOTICE**

Insurance Coverage:

Insurance Carrier: Richards Insurance

Insurance Agent Name and Phone Number: Markus Helman / 262-334-2500

Policy Number: 945432898

Policy Period: 1-8-2021 - 1-8-2022

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 Cory Sami

FOR OFFICE USE ONLY				Date Sent 5/12/21		COI on file? YES NO	
Sealer	Approve	Deny	By	Reason			S&L Date
Police							Common Council
Fire							Date issued
Inspection							Exp. date

4/25/19