

Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

Original Application

Renewal License

5-24

| FEES ARE NON-REFUND | ABLE |
|--|------------------------|
| Fee Per Each Individual Vehicle (CLLTSE) \$30.00 | Date Recv'd 10 / 14/25 |
| Investigation Fee | Total \$ 3 + |
| Investigation Fee | 1200-E |
| (CLLPIF) \$7.00 | Receipt #: 9289-5 |

LICENSE PERIOD IS FROM

July 1st - June 30th

Note: please allow 3 weeks for application processing

| Company Name L & M CARRIAGE SERVICE | SECTION 1 - APPLICANT INFO | RMATION A | nswer all question | ns completely. Ple | ease PRIN | Γ clearly. | | | |
|--|--|-------------------|--|-------------------------|-------------------|----------------|--|----------|----------------------|
| Business Address 3140 Mild Valley Dr De Pere Dere Dere Dere Dere Dere Dere Dere | Company Name | <u> </u> | STATE OF CHARLES AND A STATE OF | | | | . 1.6 115 | | |
| 3140 Mid Valley Dr De Pere WI 54115 | L & M CARRIAGE SERVICE | : | | | | | | | |
| Company Email Address (REQUIRED) DeniseImqs@aol.com Business Owners Name Business Owner Name Mike Gildernick Business Owner Phone Number Business Owner Fnone Number Business Owner Fnone Number Business Owner Email Address Driver's License Number State Licensed Wil SECTION 2 - COMPANY HISTORY Is the company currently licensed in any other municipality? YES X NO If Yes, what municipality? Have any of the owners were been convicted of a crime? If Yes, please explain: Describe the basic operations of the company: Provide enterfainment via horse& wagon/carriage rides If the subiness 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? NA SECTION 3 - VEHICLES TO BE OPERATED: Attach additional sheets if inacessary Vahicle Number Capacity Make/Model DOT License Plate # Insurance Agent Name BETTY CLOW Insurance Agent Name BETTY CLOW Insurance Agent Name BETTY CLOW Insurance Agent Rame BETTY CLOW Insurance Agent Rame | Business Address | A-400 | | City | | State | Zlp | о Со | de |
| Company Email Address [REQUIRED] DeniseImqs@aol.com Business Owner Name Mike Glidernick Business Owner Phone Number Business Owner Phone Number Business Owner Email Address Driver's License Number State Licensed Wil SECTION 2 - COMPANY HISTORY Is the company currently licensed in any other numbrality? YES X NO H Yes, what municipality? Have any of the owners were been convicted of a crime? If yes, please explain: Have any of the owners were been convicted of a crime? For subsiness 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? NA SECTION 3 - VEHICLES TO BE OPERATED. Attach, additional sheets (It necessary) Vanice Number Capacity Make/Model DOT License Plate # OREEN TROLLEY WAGON 15-20 NA NA NA SECTION 4 - INSURANCE NOTICE Insurance Agent Name BETTY Clow BETTY CLOW Insurance Agent Pemal Address Policy renod | 3140 Mid Valley Dr | | | De Pere | | WI . | 54 | 11 | 5 |
| Business Owners Name Mike Glidernick 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 X NO If Yes, what municipality? Has the company ever been denied a license by any municipality? YES X NO If Yes, please explain: Have any of the owners ever been convicted of a crime? YES XNO If Yes, please explain: Describe the basic operations of the company: Provide entertainment via horse& wagon/carriage rides 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? NA SECTION 3 - VEHICLES TO BE OPERATED: Attach solditional sheets if rincessary Vehicle Number Capacity Make/Model DOT License Plate # GREEN TROLLEY WAGON 15-20 NA NA SECTION 4 - INSURANCE NOTICE Insurance Agent Phone Number Insurance Agent Plane BETTY CLOW Insurance Agent Plane BETTY CLOW Insurance Agent Plane BETTY CLOW Policy Number Policy Number Policy Number Policy Number | | | ALACT - 12.4. APRIL - 12.4 | Company Phone Nu | mber [REQU | JIRED] | | M | Partnership |
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| | Tolloy Training | | | | | | | | |

| 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. |
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| Applicant's Signature Mrs. Mike Leldernick Date: 10 18 1 2035 |

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| Department | Approve | Deny | Date of Recommendation | Staff Member | | |
| Risk Management | | | | | | |
| Police | | | | | | |
| Fire | | | | | | |
| Inspection | | | | | | |
| Safety and Licensing | | | | | | |
| Common Council | | | | | | |
| COI on File? | Denia | al Reasoning |] | Date Issued | Expiration Date | License Number |
| YES NO | | | | | | |

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

SECTION 5- PENALTY NOTICE

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.