25 - 1285

Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

☐ Original Application
☐ Renewal License
5-24

FEES ARE NON-REFUNDABLE
☑ Fee Per Each Individual Vehicle (CLLTSE) $30.00
☑ Investigation Fee (CLLPIF) $7.00
Date Recv'd 10/14/25
Total $ 37
Receipt #: 9289-5

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			
L & M CARRIAGE SERVICE			
Business Address	**City**	**State**	**Zip Code**
3140 Mid Valley Dr	De Pere	WI	54115
Company Email Address [REQUIRED]	**Company Phone Number [REQUIRED]**	☑ Individual ☐ Partnership ☐ Corporation	
Deniselmqs@aol.com	920-532-0882		
Business Owners Name	**Date of Birth**	**Gender**	
Mike Gildernick		M	
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 X NO

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 additional sheets if necessary*

Vehicle Number	Capacity	Make/Model	DOT License Plate #
GREEN TROLLEY WAGON	15-20	NA	NA

SECTION 4 – INSURANCE NOTICE

Insurance Carrier	Insurance Agent Name
WEST BEND MUTUAL	BETTY CLOW
Insurance Agent Phone Number	**Insurance Agent Email Address**
Policy Number	**Policy Period**
	09/04/25 - 09/04/26

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 Mrs. Mike Helderich Date: 10 / 8 / 2025

FOR OFFICE USE ONLY

Department	Approve	Deny	Date of Recommendation	Staff Member
Risk Management				
Police				
Fire				
Inspection				
Safety and Licensing				
Common Council				

COI on File?	Denial Reasoning	Date Issued	Expiration Date	License Number
YES 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.