

**FEES ARE NON-REFUNDABLE**

License fee EACH Vehicle \$30.00
Investigation fee \$ 7.00
Total fee paid \$ 577.00

Date Recv'd

Acct. CLLTSE

Acct. CLLPIF

Receipt

6/7/22

3697-8

LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE☐ Original Application☒ Renewal – License # 4-22**SECTION 1 – APPLICANT INFORMATION**

Name of Company
LIR TRANSPORTATION LLC dba FOX VALLEY CAB

Business Phone
920-734-4545

Business Street Address
719 W Frances St.

City
Appleton

State
WI

Zip
54914

Owner's Name
Igor Leykin

Date of Birth

●●●●●●

Owner's Name
Margarita Leykin

Date of Birth

●●●●●●

☐ Individual
☐ Partnership
☒ Corporation

SECTION 2 – VEHICLES TO BE OPERATED

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
See Attached			

SECTION 3 - COMPANY HISTORY

Is the company currently licensed in any other municipality? ☒ YES ☐ NO If Yes, what municipality? New London, Oshkosh

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: LIR Transportation LLC is now a multifaceted company concentrating primarily on transportation of people. On-Demand Taxi Transportation is a component of our operations accounting for about one third of our revenue.

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? FVC has own parking outdoor and indoor parking facility sufficient to accommodate our entire fleet.

SECTION 4 – INSURANCE NOTICEInsurance Coverage:

Insurance Carrier: FIRST CHICAGO INSURANCE COMPANY

Insurance Agent Name and Phone Number: McClure and Associates 630-241-4220

Policy Number: LVA123224

Policy Period: 04/21/2021 - 04/21/2022

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 Igor Leykin

FOR OFFICE USE ONLY					Date sent : 6/8/22	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

	<u>Vehicle No.</u>	<u>Make/Model</u>	<u>Capacity</u>	<u>License</u>	<u>VIN</u>
1	465	2011 Chrys T & C	6	286-ZNE	2A4RR5DG7BR697977
2	467	2008 Toyota Sequoia	6	299-ZNE	5TDBY68AX8S007001
3	470	2013 Dodge Grand Caravan	6	991-ZUJ	2C4RDGDG9DR726835
4	475	2014 Chrys T & C (Aloha)	7	492-VPC	2C4RC1CG0ER417841
5	477	2011 Hyudai Sonata	4	301GJB	5NPEB4AC1BH016181
6	479	2008 Toyota Sienna	7	ADD4212	5TDZK23C68S119327
7	480	2006 Toyota Sienna	7	ADD4605	5TDZA22C86S393081
8	481	2008 Toyota Sienna	7	ADL6102	5TDZK23C98S178484
9	484	2011 Toyota Sienna	7	AED1381	5TDYK3DC0BS010482
10	485	2012 Toyota Sienna	7	ADF4993	5TDKK3DC0CS255032
11	489	2014 Nissan Altima	4	AKD6097	1N4AL3AP6EC319164
12	497	2013 Chrysler Town and Country	7	AKZ4161	2C4RC1GG2DR681362
13	498	2014 Dodge Grand Caravan	7	AKZ4136	2C4RDGCG9ER320508
14	499	2010 Chrysler Town and Country	7	AKZ4113	2A4RR5D13AR450580
15	501	2010 Chrysler Town and Country	7	AKZ4125	2A4RR5D18AR266641
16	502	2008 Chrysler Town and Country	7	AKZ4105	2A8HR54P18R777228
17	503	2014 Dodge Grand Caravan	7	AMG1092	2C4RDGCG3ER127769
18	509	2008 Dodge Grand Carvan	6	APH5955	1D8HN44H888107925



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2022

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 have ADDITIONAL INSURED provisions or 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 McClure & Associates 4951 Indiana Avenue Lisle IL 60532 630-241-4220 Phone 630-241-4259 Fax	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED LIR Transportation LLC dba Fox Valley Cab 719 W Frances St, Appleton WI, 54914.	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: First Chicago Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			LVA123224	4/21/22	4/21/23	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY COMP/COLL \$1,000 DED						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	OTHER			LVA123224	4/21/22	4/21/23	50,000/100,000
	UM/UIIM						

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

EFFECTIVE 4/21/2022 AUTO LIABILITY & COMP/COLL \$1,000 DED

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Brian D. McClure