

LICENSE APPLICATION

for

TAXICAB COMPANY AND LIMOUSINE SERVICE

FEES ARE NON-REFUNDABLE License fee EACH Vehicle \$30.00 Investigation fee \$7.00 Total fee paid \$	Date Recv'd 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Original Application	

SECTION 1 – APPLICA	ANT INFORMATION						
Name of Company			74-11 - 7700		1	ess Phone	
	LLC dba Fox Valley Cab				920-7	734-4545	
Business Street Address				City	1	State	Zip
719 W Frances St				Appleton		VI	54914
Owner's Name			Date of Birt	th			Individual
Igor Leykin			Date of Birt	+h			Partnership
Owner's Name Margarita Leykin			Date of Bir	tn en			Corporation
Owner's Driver License N			Owner's Dr	river License Nur	nher		
Owner 3 briver Erectise to				TVCT ETCCTION TVCT			
SECTION 2 – VEHICLI	ES TO BE OPERATED	<u> </u>	(Atta	ach additional sh	eets if ne	cessary)	
Vehicle Number	Capacity	Make/Model		· · · · · ·		DOT License	Plate Number
list attached							
		=					
SECTION 3 - COMPA	NY HISTORY					<u> </u>	
Is the company currently	licensed in any other municipality	? YE		If Yes, what n Oshkosh	nunicipali	ty?	
Has the company ever be	en denied a license by any munici	pality? YE	s NO	If Yes, please	explain:		
Have any of the owners e	ever been convicted of a crime?	YE	S NO	If Yes, please	explain:		
Describe the basic operate Taxi, paratransit, sh	tions of the company: outtle, delivery and livery to	ransportatio	n				
If the business is located	in the City limits, Municipal Code r	equires that of	f-street parki	ing is provided fo	or. If appl	icable, what p	rovisions have been
made for off street parkii We have a private f	_{ng?} acility and parking for up t	o 25 cars o	utside and	d 16 inside			
SECTION 4 – INSURA	ANCE NOTICE						
Insurance Coverage:	COI Attached \$1M base	Liab and \$2	2M Excess	s Liability Un	nbrella		
Insurance Carrier: In	tegrity and Secura for prir	nary covera	ge.			www.co	
Insurance Agent Nar	me and Phone Number: Cov	erra Insurai	nce Servic	ces, Inc. 608	-526-2´	127	
	2645691, and A323812						
. Sitoj italiiocii Sita							
Policy Period: 04/21/	/2019 - 04/21/2020			***************************************	·		

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.

defend and hold harmless the City of Appleton	and its officers, officials, empl	oyees and agents from and against any and
all liability, loss, damage, expenses, costs, includ		
herein, caused in whole or in part by any neglig	ent act or omission of the app	licant, anyone directly or indirectly
employed by any of them, which may arise fron	n the use of city right-of-way	or property under this permit or license.
I certify that this application, and all information Applicant's Signature	n and documentation provide	d therein, is true and accurate.
FOR OFFICE USE ONLY		COI on file? YES NO
	D	S&I Data

Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify,

FOR OFFICE USE ONLY				COI on file? YES NO			
Sealer	Approve	Deny	Ву	Reason	S&L Date		
Police					Common Council		
Fire					Date issued		
Inspection					Exp. date		

8-10-12

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.



4/1/2019

<u>Ve</u>	hicle No	Make/Model	Passenger Capacity	<u>License</u>	VIN	Active Date
1	431	2005 Chev Express Van	11	785-WPT	1GAHG35U551172188	4/21/2014
2	432	2010 Dodge GndCrvn (w/Rear Entry Ramp)	5	366-WPV	2D4RN4DE4AR303590	4/21/2014
3	440	2005 Chev Express Van	11	773-WPT	1GAHG35U151171295	4/21/2014
4	446	2006 Dodge Grand Caravan W/C Rear Entry	6	330-WPM	2D4GP44L96R770821	5/31/2014
5	449	2008 Dodge Grand Caravan W /C Rear Entry	4	152-WXG	1D8HN44H08B165446	Activate 12/1/2014
6	457	2010 Chrys Town & Country	7	222-YHF	2A4RR4DE5AR192589	Active 10/20/15
7	458	2008 Chrys Town & Country	7	200-YMT	2A8HR44H88R103192	Active as of 6/28/2016
8	459	2008 Chrys Town & Country	7	484-YPR	2A8HR44H88R748330	Active as of 04/07/2016
9	464	2012 Dodge Grnd Caravan	6	273-ZNE	2C4RDGDXCR100810	Active as of 01/11/2017
10	465	2011 Chrys T & C	6	286-ZNE	2A4RR5DG7BR697977	Active as of 12/19/2016
11	466	2008 Toyota Sienna	6	262-ZNE	5TDZK23C08S169964	Active as of 01/11/2017
12	467	2008 Toyota Sequoia	6	299-ZNE	5TDBY68AX8S007001	Active as of 12/22/2016
13	468	2012 Dodge Grnd Caravan	6	464-ZRY	2C4RDGCG3CR136551	Active as of 03/02/2017
14	469	2012 Toyota Sienna W/C Rear Entry	4	240-ZUK	5TDKK3DC0CS176556	Active as of 03/27/2017
15	470	2013 Dodge Grand Caravan	6	991-ZUJ	2C4RDGDG9DR726835	Active as of 03/14/2017
16	473	2010 Dodge Grand Caravan	7	AAY-9050	2D4RN5D19AR111651	Active as of 9/1/2017
17	474	2012 Dodge Grand Caravan	7	AAY-9053	2C4RDGDG3CR341284	Active as of 9/1/2017
18	476	2009 Scion xB	4	AAF4451	JTLKE50E991095740	Active as of 9/1/2017
19	477	2011 Hyudai Sonata	4	301GJB	5NPEB4AC1BH016181	Active as of 9/1/2017
20	478	2008 Toyota Sienna	7	ABF1572	5TDZK23C48S132626	Active as of 9/1/2017
21	479	2008 Toyota Sienna	7	ADD4212	5TDZK23C68S119327	Active as of 5/4/2018
22	480	2006 Toyota Sienna	7	ADD4605	5TDZA22C86S393081	Active as of 5/21/2018
23	481	2008 Toyota Sienna	7	ADL6102	5TDZK23C98S178484	Active as of 07/13/2018
24	482	2008 Toyota Sienna	7	ADT5759	5TDZK23C58S222044	Active as of 09/05/2018
25	483	2006 Toyota Sienna	7	ADT5697	5TDZA23C36S574443	Active as of 09/05/2018
26	484	2011 Toyota Sienna	7	AED1381	5TDYK3DC0BS010482	Active as of 09/05/2018
27	485	2012 Toyota Sienna	7	ADF4993	5TDKK3DC0CS255032	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2019

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 cartificate 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 condit this certificate does not confer rights to the certificate holder in	tions of the policy, o	certain po	licies may r				
PRODUCER Coverra Insurance Services, Inc.	CONTACT NAME: F						
3803 Creekside Ln Holmen WI 54636		(A/C, No, Ext): 000-320-2127 (A/C, No): 000-313-2018 E-MAIL ADDRESS: pandre@coverrainsurance.com					
Holliten VVI 54656	ADDRESS:	INSURER(S) AFFORDING COVERAGE NAIC #					
	INSURER A	INSURER A: Integrity Group					
INSURED FOXVALL-02		INSURER B : Secura Insurance, A Mutual Company					
Fox Valley Cab, L I R Transportation LLC dba	INSURER C		<u> </u>				
719 W Frances St Appleton WI 54914	INSURER D		,				
/ ppioton vii o io i .	INSURER E						
	INSURER F	•					
COVERAGES CERTIFICATE NUMBER: 120				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED E INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR C CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANC EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY	CONDITION OF ANY COME AFFORDED BY THE MAY HAVE BEEN RED	ONTRACT E POLICIES OUCED BY F	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	T TO W	HICH THIS	
LTR TYPE OF INSURANCE INSD WVD POLICY A X COMMERCIAL GENERAL LIABILITY GLA2678583		//21/2019	(MM/DD/YYYY) 4/21/2020		\$ 1,000,0	100	
CLAIMS-MADE X OCCUR	-1/	1/2 1/2019	4/2 1/2020	DAMAGE TO RENTED	\$ 100,00		
				MED EXP (Any one person)	\$5,000		
			Line	PERSONAL & ADV INJURY	\$1,000,	000	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,	000	
POLICY PRO- JECT LOC					\$ 2,000,	000	
OTHER:					\$		
A AUTOMOBILE LIABILITY CA 2645691 A3238212		1/21/2019 1/21/2019	4/21/2020 4/21/2020	(Ea accident)	\$ 1,000,	J00	
ANY AUTO					\$		
AUTOS ONLY AUTOS					\$ \$		
X AUTOS ONLY X NON-OWNED AUTOS ONLY				(Per accident)	\$		
UMBRELLA LIAB OCCUR							
- Occor				EACH OCCURRENCE	\$		
J CLAWO-WADL				AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION				PER OTH- STATUTE ER	<u> </u>		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE					\$		
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Rer The City of Appleton, and its officers, council members, agents, empl policy	marks Schedule, may be att loyees, and authorized	tached if more d volunteel	espace is require is are additio	ed) nal insureds on the Integri	ty Comi	mercial auto	
CERTIFICATE HOLDER	CANCEL	LLATION					
City of Appleton 100 North Appleton Street	THE E.	XPIRATION DANCE WI	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
Appleton Wl 54911	AUTHORIZE	AUTHORIZED REPRESENTATIVE					