

**FEES ARE NON-REFUNDABLE**License fee EACH Vehicle ~~x19~~ \$30.00  
Investigation fee \$ 7.00  
Total fee paid \$ 577Date Recv'd 6/11/21

Acct. CLLTSE

Acct. CLLPIF

Receipt 2031-19**LICENSE APPLICATION**

for

**TAXICAB COMPANY AND LIMOUSINE SERVICE**☐ Original Application☒ Renewal – License # 3-21**SECTION 1 – APPLICANT INFORMATION**Name of Company  
LIR TRANSPORTATION LLC dba FOX VALLEY CABBusiness Phone  
920-734-4545Business Street Address  
719 W Frances St.City  
AppletonState  
WIZip  
54914Owner's Name  
Igor LeykinDate of Birth  
●●●●●●☐ Individual  
☐ Partnership  
☒ CorporationOwner's Name  
Margarita LeykinDate of Birth  
●●●●●●**SECTION 2 – VEHICLES TO BE OPERATED**

(Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
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LIST ATTACHED

**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: taxi, shuttle, ADA Livery transportation

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? Off street parking for more than 20 vehicles outside and 15 inside.

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage:

\$1,000,000

Insurance Carrier: FIRST CHICAGO INSURANCE COMPANY

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

Policy Number: LVA123224

Policy Period: 4/21/21 - 4/21/22

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
4/28/2021

<b>PRODUCER</b>  McClure & Associates 4951 Indiana Avenue Lisle IL 60532 630-241-4220 Phone 630-241-4259 Fax	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: First Chicago Insurance Company	
	INSURER B	
	INSURER C:	
<b>INSURED</b> LIR Transportation LLC dba Fox Valley Cab 719 W Frances St, Appleton WI, 54914.	INSURER D:	
	INSURER E	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input type="checkbox"/>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
A	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp/Coll \$1,000 deductible	LVA123224	4/21/2021	4/21/2022	COMBINED SINGLE LIMIT (Each Occurrence)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$
A			LVA123224	4/21/2021	4/21/2022	PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH -ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	<input type="checkbox"/>	<b>OTHER UM/UIM</b>	LVA123224	4/21/2021	4/21/2022	50,000/100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

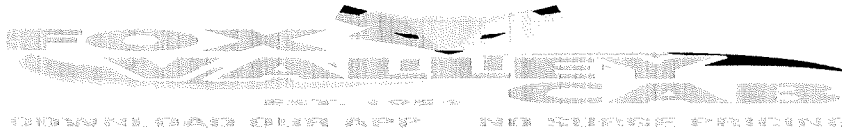
EFFECTIVE 4/21/2021 AUTO LIABILITY &amp; COMP/COLL \$1,000 DEDUCTIBLE

## 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



4/1/2019

<u>Vehicle No.</u>	<u>Make/Model</u>	<u>Passenger Capacity</u>	<u>License</u>	<u>VIN</u>	<u>Active Date</u>
1 465	2011 Chrys T & C	6	286-ZNE	2A4RR5DG7BR697977	Active as of 12/19/2016
2 466	2008 Toyota Sienna	6	262-ZNE	5TDZK23C08S169964	Active as of 01/11/2017
3 467	2008 Toyota Sequoia	6	299-ZNE	5TDBY68AX8S007001	Active as of 12/22/2016
4 469	2012 Toyota Sienna W/C Rear Entry	4	240-ZUK	5TDKK3DC0CS176556	Active as of 03/27/2017
5 470	2013 Dodge Grand Caravan	6	991-ZUJ	2C4RDGDG9DR726835	Active as of 03/14/2017
6 474	2012 Dodge Grand Caravan	7	AAY-9053	2C4RDGDG3CR341284	Active as of 9/1/2017
7 477	2011 Hyudai Sonata	4	301GJB	5NPEB4AC1BH016181	Active as of 9/1/2017
8 478	2008 Toyota Sienna	7	ABF1572	5TDZK23C48S132626	Active as of 9/1/2017
9 479	2008 Toyota Sienna	7	ADD4212	5TDZK23C68S119327	Active as of 5/4/2018
10 480	2006 Toyota Sienna	7	ADD4605	5TDZA22C86S393081	Active as of 5/21/2018
11 481	2008 Toyota Sienna	7	ADL6102	5TDZK23C98S178484	Active as of 07/13/2018
12 482	2008 Toyota Sienna	7	ADT5759	5TDZK23C58S222044	Active as of 09/05/2018
13 484	2011 Toyota Sienna	7	AED1381	5TDYK3DC0BS010482	Active as of 09/05/2018
14 485	2012 Toyota Sienna	7	ADF4993	5TDKK3DC0CS255032	Active as of 08/21/2019
15 489	2014 Nissan Altima	4	AKD6097	1N4AL3AP6EC319164	ACTIVE AS OF 6/29/19
16 500	2016 DODGE GRAND CARAVAN / REAR ENTRY W/C	4	SW2585	2C4RDGBG7GR325324	Active as of 06/09/2021
17 502	2008 Chrys T & C	7	AKZ4105	2A8HR54P18R777228	Active as of 06/01/2021
18 501	2010 T & C	7	AKZ4125	2A4RR5D18AR266641	ACTIVE AS OF 06/10/2021
19 497	2013 CHRYS T&C	7	AKZ4161	2C4RC1GG2DR681362	ACTIVE AS OF 06/11/2021