



# Application for Taxicab/Limousine Company License

26-0132  
CASH OR CHECK ONLY!

<input checked="" type="checkbox"/> Original Application
<input type="checkbox"/> Renewal License
# _____

## FEES ARE NON-REFUNDABLE

<input checked="" type="checkbox"/> Fee Per Each Individual	Date Recv'd <u>1/29/26</u>
Vehicle (CLLTSE) \$30.00	Total \$ <u>37</u>
<input checked="" type="checkbox"/> Investigation Fee	Receipt #: <u>9753-3</u>
(CLLPF) \$7.00	

LICENSE PERIOD IS FROM

July 1<sup>st</sup> – June 30<sup>th</sup>

*Note: please allow 3 weeks for application processing*

### SECTION 1 – APPLICANT INFORMATION Answer all questions completely. Please PRINT clearly.

Company Name A-Town affordable Limousine service			
Business Address N8840 Noe Rd	City Menasha	State WI	Zip Code 54952
Company Email Address [REQUIRED] rreed1298@hotmail.com	Company Phone Number [REQUIRED] 9209150985		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation
Business Owners Name Randall Reed	Date of Birth	Gender Male	
Business Owner Phone Number	Business Owner Email Address		
Driver's License Number	State Licensed Wisconsin		

### SECTION 2 - COMPANY HISTORY

Is the company currently licensed in any other municipality?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, what municipality? _____	
Has the company ever been denied a license by any municipality?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please explain: _____	
Have any of the owners ever been convicted of a crime?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please explain: _____	
Describe the basic operations of the company: Limousine service for personal services and events	
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? Parking will be in garage or storage unit	

### SECTION 3 – VEHICLES TO BE OPERATED - Attach additional sheets if necessary

Vehicle Number	Capacity	Make/Model	DOT License Plate #
111fm88w55y636358	7	Lincoln Town Car	BCS-2478

### SECTION 4 – INSURANCE NOTICE

Insurance Carrier All State	Insurance Agent Name Matthew Prill
Insurance Agent Phone Number 920-202-5175	Insurance Agent Email Address allstate@service01.email-allstate.com
Policy Number 811959656	Policy Period 10-1-2025 to 4-1-2026

**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



Date:

1, 29, 26

**FOR OFFICE USE ONLY**

Department	Approve	Deny	Date of Recommendation	Staff Member	
Risk Management					
Police					
Fire					
Inspection					
Safety and Licensing			2-11-26		
Common Council			2-18-26		
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.