

CITY OF RICHLAND CENTER

APPLICATION FOR MUNICIPAL LICENSE

THE UNDERSIGNED HEREBY APPLIES TO THE CITY OF RICHLAND CENTER FOR A LICENSE TO CONDUCT THE FOLLOWING ACTIVITY WITHIN SAID CITY FOR THE LICENSE PERIOD ENDING - JUNE 30, 2023
December 31

License Type Taxi

Name Running Inc

Address 318 W Decker St

Viroqua WI 54656

Phone: 608-637-2599

Street address where licensed activity will be carried out: 1217 1/2 Hazeltine St Richland Center

Applicant is (check one)

Individual (Sole Proprietor) Partnership Corporation Other

Name, address and dates of birth of the applicant and all partners, officers, directors and/or managing agents:

Name: <u>Richard Running</u>	Date of Birth: <u>5-31-1954</u>
Residential Address: <u>9 S Washington Heights Viroqua WI 54665</u>	
Position: <u>President</u>	

Name: <u>Justin Running</u>	Date of Birth: <u>9-30-1980</u>
Residential Address: <u>706 Derek Ln Viroqua WI 54665</u>	
Position: <u>Vice President</u>	

Name: <u>Bonnie Running</u>	Date of Birth: <u>5-20-1952</u>
Residential Address: <u>9 S Washington Heights Viroqua WI 54665</u>	
Position: <u>Treasurer</u>	

Name: _____	Date of Birth: _____
Residential Address: _____	
Position: _____	

Name: _____	Date of Birth: _____
Residential Address: _____	
Position: _____	

*****NOTE - THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED ON THE BACK OR IT WILL BE AUTOMATICALLY DENIED*****

The undersigned, by making this application, hereby authorize and consent to such inquiry and/or investigation as the City of Richland Center deems necessary to determine whether this applicant and/or the application meets all requirements of the ordinances of the City for the issuance of said license.

NOTE: Tree Cutting Licenses require a certification of insurance with a minimum \$1,000,000.00 liability insurance. Licenses are NOT issued immediately and may take up to two weeks to be approved and issued.

IT IS UNDERSTOOD THAT ANY MATERIAL FALSIFICATION IN THIS APPLICATION MAY BE BASIS FOR DENIAL OF THE APPLICATION OR THE REVOCATION OF ANY LICENSE ISSUED BY THE CITY PURSUANT TO THIS APPLICATION.

License fee \$ 110.00 is submitted herewith.

Dated this 1-12-23 day of _____

Received
1/13/23
Aaron Joyce

[Signature]
Signature of Applicant(s) or Agent of Applicant(s)

(NOTE: The City may require that additional information, appropriate to the specific type of license requested, be submitted with this application or as a supplement to this application prior to consideration of license issuance.)

SUPPLEMENTAL INFORMATION REQUIRED FOR TAXI LICENSE APPLICATIONS ONLY:

Taxi license requires Police inspection of all vehicles and certificate of insurance with a minimum of \$1,000,000.00 liability insurance.

Names, addresses and birth dates of all persons who will drive taxi under this license:

Name: Kurt Bindl Date of Birth: 3-5-1979
Residential Address: 551 E Mechanics St Muscoda WI 53573
Position: Driver

Name: Tad Brockus Date of Birth: 1-4-1975
Residential Address: 2330 N Preston Dr Richland Center WI 53581
Position: Driver

Name: Lisa Ermilio Date of Birth: 2-9-1967
Residential Address: 546 E Kinder St Richland Center WI 53581
Position: Driver

Date application filed with City Clerk: _____ Amount Paid: _____

Date referred to City Council: _____

Decision of City Council: _____

The undersigned, by making this application, hereby authorize and consent to such inquiry and/or investigation as the City of Richland Center deems necessary to determine whether this applicant and/or the application meets all requirements of the ordinances of the City for the issuance of said license.

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IT IS UNDERSTOOD THAT ANY MATERIAL FALSIFICATION IN THIS APPLICATION MAY BE BASIS FOR DENIAL OF THE APPLICATION OR THE REVOCATION OF ANY LICENSE ISSUED BY THE CITY PURSUANT TO THIS APPLICATION.

License fee \$ _____ is submitted herewith.

Dated this _____ day of _____,

Signature of Applicant(s) or Agent of Applicant(s)

(NOTE: The City may require that additional information, appropriate to the specific type of license requested, be submitted with this application or as a supplement to this application prior to consideration of license issuance.)

SUPPLEMENTAL INFORMATION REQUIRED FOR TAXI LICENSE APPLICATIONS ONLY:

Taxi license requires Police inspection of all vehicles and certificate of insurance with a minimum of \$1,000,000.00 liability insurance.

Names, addresses and birth dates of all persons who will drive taxi under this license:

Name:	<u>Richard Ermilio</u>	Date of Birth:	<u>1-25-1970</u>
Residential Address:	<u>546 E Kinder St Richland Center WI 53581</u>		
Position:	<u>Driver</u>		
Name:	<u>Christopher Kanable</u>	Date of Birth:	<u>6-7-1977</u>
Residential Address:	<u>598 E Haseltine Richland Center WI 53581</u>		
Position:	<u>Driver</u>		
Name:	_____	Date of Birth:	_____
Residential Address:	_____		
Position:	_____		

Date application filed with City Clerk: _____ Amount Paid: _____

Date referred to City Council: _____

Decision of City Council: _____



RUNNING-02

JPELISCHEK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2022

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 AdvisorNet P&C 330 East Kilbourn Avenue, Suite 850 Milwaukee, WI 53202	CONTACT NAME: Julie Pelischek	
	PHONE (A/C, No, Ext): (866) 896-0281 3720 FAX (A/C, No): (612) 313-7574	
	E-MAIL ADDRESS: jpelischek@robertsonryan.com	
INSURED Running, Inc. 318 W Decker St Viroqua, WI 54665-1511	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : The Cincinnati Insurance Company	10677
	INSURER B : WEST BEND MUTUAL INSURANCE COMPANY	15350
	INSURER C :	
	INSURER D :	
	INSURER E :	

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			EPP 0534131	5/1/2022	9/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA 0575175	5/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UTM \$ 300,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			EPP 0534131	5/1/2022	9/1/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	A700268	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Richland Center RC812 White WC-1 2013 Dodge Grand Caravan 2C4RDGCG8DR575391
Richland Center RC813 Silver WC-1 2011 Dodge Braun Entervan 2D4RN4DG7BR788617
Richland Center RC814 Silver WC-1 2012 Dodge Sport Van 2CARDGBG9CR296659
Richland Center VT431 Silver WC-1 2013 Dodge Grand Caravan 2C4RDGBG9DR774063

CERTIFICATE HOLDER City of Richland Center 450 S. Main Street Richland Center, WI 53581	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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