

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~~ Dec. 31 2023

License Type TAXI

Name Kevin Carley

Address 543 Pleasant View CT
Richland Center, WI 53581

Phone: 608 647-3114

Street address where licensed activity will be carried out: _____

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: Kevin Carley Date of Birth: 8-22-60
 Residential Address: 543 Pleasant View CT Richland Center, WI 53581
 Position: Owner

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

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

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 \$ 104.00 is submitted herewith.

Dated this 19th day of December, 2022

Kevin Carley

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: Kevin Carley Date of Birth: 8-22-60
Residential Address: 543 Pleasant View CT Richland Center, WI 53581
Position: Driver

Name: Jill Carley Date of Birth: 5-8-89
Residential Address: 543 Pleasant View CT Richland Center, WI 53581
Position: Driver

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

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

Date referred to City Council: _____

Decision of City Council: _____

COPY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2021

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 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 WALLACE COOPER & ELLIOTT INS 197 S. MAIN STREET RICHLAND CENTER, WI 53581	CONTACT NAME: PATRICK ELLIOTT	
	PHONE (A/C, No, Ext): 608-647-6311	FAX (A/C, No): 608-647-4708
E-MAIL ADDRESS:		
PRODUCER CUSTOMER ID #:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: NATIONAL CASUALTY		
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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	X	QPO0003089	03/19/2021	03/19/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City Of Richland Center 450 S Main St Richland Center Wis. 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 <i>Patrick Elliott</i>
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