

\$15.00 each vehicle  
\$x5 Total Amount

Receipt No. 250135

Date of Issue \_\_\_\_\_  
Account No. 101.000.639

\$ 75.00

### Public Passenger Vehicles

# COPY

Date 3/31/2006

Expires March 31, 2007

Name of Business Anything GOES Limousine Serv.

Business Address 1200 S. Memorial DR

Business Telephone Number 262 633-6109

**Vehicle Inspection Certificate(s) and Insurance Policy or Certificate of Insurance are attached for the following vehicle(s) to be used pursuant to Article XXVIII of the Municipal Code.**

License Number Issued	Number of Passengers	Serial Number	Year	Make	Body	State License Number
✓ 7556M	6 PASS	1LNLM81WXVY723202	1997			
✓ VCV-95D	8 Pass.	1LNLM81W15Y708547	1995			
✓ 691-DUT	20 Pass	1FMNO40S7ED77924	2000			
✓ 595-HIA	14 Pass	1LNLM81W1VY883844	2000			
✓ RFG-189	10 PASS	1LNLM81W1VY653945	1992			

The location(s) where the above vehicles will be kept:

1204 S. Memorial DR / 1219 S. Memorial DR.

The name or names of any lien holders on the vehicles used or to be used:

The color scheme or insignia to be used, if appropriate, to designate the vehicle or vehicles of the applicant:

White / Black

Signature of Applicant(s)

Ruth Healy

Name of Business: ANY THING GOES LIMOUSINE SERV.  
 Business Address: 1200 S. MEMORIAL DR  
 Business Telephone: 262 633-6109

**Answer the following questions fully and completely:**

List information relating to any felonies or misdemeanors within the five years prior to application, including place of conviction. Such information shall be provided for all officers, directors, and managing agents of a corporation or association and all partners of a partnership.

Name/Title	Date of Conviction	Place of Conviction	Sentence
N/A	N/A	N/A	N/A

Financial status of applicant, including the amount, nature, and cause of any outstanding judgements against the applicant:

N/A

Experience of applicant in the public transportation business:

14 YEARS

Provide the name and address of the insurance company, and its agent, underwriting the insurance as required by Sec. 22-1051. **(Copy of insurance policy or certificate of insurance must be filed with the City Clerk and reviewed by the City Attorney).**

AFFILIATED INS. Brokerage (Paul Ferguson)  
1397 Geneva, Ave North, Suite 204  
St Paul, MN 55128 Phone 800-596-2545



The rate or rates which the applicant proposes to charge for such services:

6 Passengear - \$65<sup>00</sup> Per Hr      10 Passengear - \$125<sup>00</sup> Per Hr  
8 Passengear - \$75<sup>00</sup> Per Hr      14 Passengear - \$150<sup>00</sup> Per Hr  
Excursion - \$250<sup>00</sup> Per Hr

Signature of Applicant(s)

Ruth T Healy  
Ruth T Healy

Date of Birth

[Redacted]  
[Redacted]

State of Wisconsin )  
County of Racine )

Ruth T. Healy

\_\_\_\_\_, being first duly sworn, on oath, says that (s)he/they are the persons(s) who made and signed the foregoing application for a Public Passenger Provider's License, and that all the statements made by the applicant(s) are true.

Subscribed and sworn to before me

this 24<sup>th</sup> day of April, 2006

Willie Mae Gill  
Notary Public, Racine County, Wisconsin

My commission expires 05/31/2009.

