

NEW Application

\$50.00 Receipt No. 253248 Date of Issue 6-6-06 License No. _____
Account No. 101.030.639

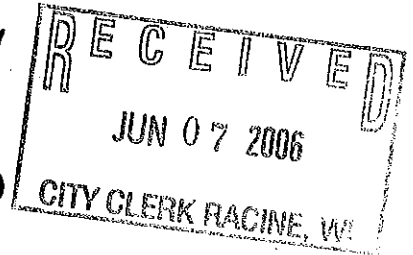
Application for Public Passenger Vehicle Provider's License

____ New X Renewal Date of Application June 6th, 2006

License to Expire on March 31, 2007

Pursuant to Article XXVIII of the Municipal Code of the City of Racine, application is hereby made for a license to operate the following type of business in the City of Racine:

- Taxicab
- Shuttle Vehicle
- Luxury Limousine
- Handicapped and Elderly Vehicle
- X Horse and Surrey



Name of applicant (individual, partnership or association, or corporation) _____

Individual: Name _____
 Home Address _____
 Telephone Number _____

Partnership or Association: Name Milwaukee Coach & Carriage LLC
 Home Address 228 E. National Ave, Milwaukee, WI 53204
 Telephone Number 414-272-6873

Name _____
 Home Address _____
 Telephone Number _____

Corporation: Name of Corporation _____
 Place of Incorporation _____

Names and addresses of officers, directors, and managing agent:
Grant Chrony, 1298 N. 7417 Christopherson Ln, Hartland, WI 53029

NO PP TAX

Name of Business: Milwaukee Coach & Carriage LLC
 Business Address: 228 E. National Ave, Milwaukee, WI 53204
 Business Telephone: 414-272-6873

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
<i>None</i>			

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:

We have been in business for nearly 3 years. We operate in downtown Milwaukee and the outlying areas of SE Wisconsin.

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).**

Capitol Indemnity
Chris Coffey - Diversified Insurance W223 N608 Saratoga Dr.
260-574-0440 Waukesha, WI 53186

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

\$5/person - downtown Racine rides

Signature of Applicant(s)

Met Chy

Date of Birth

State of Wisconsin)
County of Racine)

_____, 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 16th day of June, 20 06

[Signature]
Notary Public Racine County, Wisconsin

My commission expires 12.23.07