

Fees: \$150.00 Application
\$25.00 Each Vehicle
\$15.00 Record Check Fee Each Individual

ACCT# 716

License Expires on March 31, 2 Bill #4019
Bill #4020

Application for Public Passenger Vehicle Provider's License

FEIN#: 85-1901691

Wisconsin Seller Permit #: _____

NAME OF PERSON IN CHARGE: TARLAUNE Winkler

TRADE NAME: RACINE TAXI PHONE: 262-619-1144

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
 Horse and Surrey

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

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth
RACINE TAXI	1327 WASHINGTON AVE	

CORPORATION (NAME)

Title	Name	Address	Date of Birth
President	NA		
Vice-President	NA		
Secretary	NA		
Treasurer	NA		

Name of Business: RACINE TAXI

Business Address: 1327 WASHINGTON AVE

Business Telephone: 262-619-1144

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
NA			
NA			
NA			
NA			
NA			

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

Experience of applicant in the public transportation business:

EXPERIENCE SINCE 2014 (RACINE TAXI)

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).

Provide the name and appropriate commercial/regular driver's license number for each employee who operates a public passenger vehicle for your business:

Name	License Number
TARIANNE LIMAR	

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

2.75 PER MILE

Signature of Applicant(s)

Date of Birth

Driver's License #

Expiration Date

[Handwritten Signature]

State of Wisconsin)

Milwaukee

County of ~~Racine~~)

Tarianne Umar

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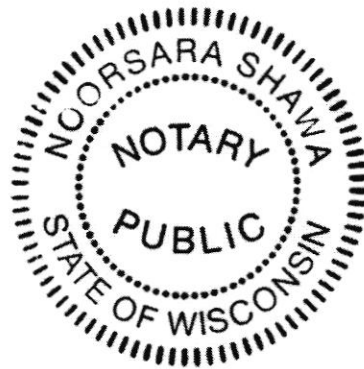
first duly sworn, on oath, says that (s)he/they are the persons(s) who made and signed the foregoing application for a Public Passenger Provider's License, and that all the statements made by the applicant(s) are true.

Subscribed and sworn to before me

this 13th day of July, 2020

Mousara Shana / Notary
Notary Public, Racine County, Wisconsin

My commission expires: 02/13/2024



Public Passenger Vehicles

Name of Business: RACINE TAXI

Business Address: 1327 WASHINGTON AVE

Business Telephone Number: 262.619.1144

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
ADM1010	6	2A8HR54P98R833173	08	CHRYSLER	VAN	1617

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

1327 WASHINGTON AVE


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

NA

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

RACINE TAXI - YELLOW LETTERING

Signature of Applicant(s)

 TARIANNE UMAR.