1421-19

		UIU
For Office Use Only \$50.00 Receipt N \$15.00 Each Vehi \$15.00 Record Ch		e License No Account No. 11101-44110 Account No. 11101-46100
AULS BULS	RACINE ON T City of Racine	
Appli		er Vehicle Provider's License
New	Renewal	Date of Application $3/32/19$
	License to Expire on M	arch 31, <u>2020</u>
	XXVIII of the Municipal Code or the following type of busines	f the City of Racine, application is hereby made s in the City of Racine:
	Taxicab Shuttle Vehicle	_ Handicapped and Elderly Vehicle _ Horse and Surrey
Name of applicant	(individual, partnership or associa	tion, or corporation)
TH Individual:	Name: Debi Roc	He
		5390 William Rd Eagle WI 53119
/	Telephone Number: 414 -	l
NU Partnership or	BA Name: The Enchor	nted Carriage
Association:	Home Address: <u>\$75 W</u>	35390 Wilton Rd Eagle WI 53119
	Telephone Number: <u>414</u> -	
	Name:	

Corporation:	Name of Corporation:
	Place of Incorporation:
Names and ad	dresses of officers, directors, and managing agent:
	-
Name of Business:	₿∕
Business Address:	
Business Telephone: _	414-588-5576

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
none			
1 ione			

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

None

Experience of applicant in the public transportation business:

Driving Horse + Carniage Since \$1998 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). West Bend, a mutual Insurance Co. Digmond Bros Insur. Co 1900 S 18th ave 660 W Stephenson St #1 West Bend, WI 53095 Freeport, FL 6/032

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			
Debi Radtte	R320-1615-7956-08			
τ.				

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

Ist how \$100/hc additional time

Signature of Applicant(s)	Date of Birth	Driver's License # <u>\$320-1615-7956</u> -28	Expiration Date

State of Wisconsin)) County of Racine)

Debi Raditke

, 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 22 day of March , 20 19

Nicole Mauch Notary Public, Racine County, Wisconsin My commission expires: <u>8/16/21</u>





City of Racine, Wisconsin

Public Passenger Vehicles

Date <u>3-22-19</u>

Expires March 31, <u>20</u> 2
ame of Business: The Enchanted Carriage
usiness Address: SY5W35390 Wilton Rd Eagle WI 53119
usiness Telephone Number: <u>414-588- 5576</u>

<u>Vehicle Inspection Certificate(s) and Insurance Policy or Certificate of Insurance are attached</u> 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
	6 + driver	groom	Nome	1998	Raber	Vis-	a-Vis
		,					

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

575 W35390 Wilton Rd Eagle, W1 53119

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

None_____

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

Carriage is white w/ black roof + fenders No insignia

Signature of Applicant(s)