CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: MONDAY, MARCH 12, 2018 TIME: 6:30PM LOCATION: MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

	COMMITTEE MEMBERS		
	Ald. Mike Freel, Chair	Ald. Ed Wojnicz	
	Mayor Brian Landers	Ald. Ben Anderson	

AGENDA ITEMS	
1	CALL TO ORDER AND ATTENDANCE NOTED
2	APPROVAL OF THE OCTOBER 9, 2017 MEETING MINUTES
3	DISCUSSION/DECISION ON APPLICATION FOR A NEW TAXICAB SERVICE LICENSE SUBMITTED BY RICARDO ACOSTA FOR SPEEDY CAB
4	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF TAXICAB SERVICE LICENSES FOR THE LICENSING PERIOD OF APRIL 1, 2018 THROUGH MARCH 31, 2019 SUBMITTED BY: a. Calin Bobeanu for City Taxi b. Larry K. Volkey for Dells Cab c. Jeremy Ringdahl for Kangaroo Taxi d. Michael Coleman for Sureway Taxi Service e. Keshia Gregerson for Wisconsin Dells Taxi f. Brent Misna for Dells Express
5	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND THE STRUCTURE OF THE DESIGN REVIEW COMMITTEE
6	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND THE SIGN ORDINANCE REGARDING PORTABLE SIGNS, NON-CONFORMING SIGNS AND GROUND SIGNS
7	ITEMS FOR REFERRAL TO SUBSEQUENT MEETING
8	ADJOURNMENT
	ALD. MIKE FREEL
	POSTED: 03/09/2018
	Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.

LEGISLATIVE COMMITTEE MEETING
CITY OF WISCONSIN DELLS
OCTOBER 9, 2017

ITEM 2

Chairperson Freel called the meeting to order at 6:30P.M. Notice of the meeting was provided to the *Dells Events*, WNNO Radio, and posted in accordance with State Statutes.

1. Present: Ald. Mike Freel, Mayor Brian Landers, Ald. Ed Wojnicz, and Ald. Ben Anderson

   Others: Ald. Brian Holzem, City Clerk Nancy Holzem, Police Chief Jody Ward, Public Works Director David Holzem, City Attorney Joseph Hasler, Ed Fox, and Ed Legge from the *Dells Events.*

2. Motion by Mayor Landers seconded by Ald. Anderson to approve the August 14, 2017 meeting minutes. Motion carried unanimously.

3. Motion by Mayor Landers seconded by Ald. Anderson to approve revisions to the Downtown Design Standards as recommended by the Design Review Committee (DRC). Motion carried unanimously.

4. Motion by Mayor Landers second by Ald. Anderson to recommend to the Common Council for approval, the proposed ordinance amending the sign code. Motion carried unanimously.

5. Motion by Ald. Anderson seconded by Ald. Wojnicz to recommend to the Common Council for approval, the proposed ordinance creating code sec. 19.676 which adds Design Review Committee approval for all project that involve construction or maintenance in the C-2 Commercial Downtown District, as well as all signage throughout the city. Ald. Holzem questioned why every sign needed to go before the DRC. It was explained that temporary signage for temporary events do not need DRC approval. Ald. Holzem also questioned regulation, enforcement and the penalty for non-compliance stating that there are signs out there right now that are not allowed. Zoning Administrator Chris Tollaksen stated Compliance Officer Dave Leifer does the enforcement and that fines are being issued. He added that MSA is currently mapping all signs. Motion carried unanimously.

6. Motion by Mayor Landers seconded by Ald. Wojnicz to recommend to the Common Council for approval, the proposed ordinance amending code sec. 10.22(1) and creating code sec. 10.22(17) which allows overnight parking in all municipal parking lots unless a snow emergency has been declared. Motion carried unanimously.

7. Motion by Ald. Wojnicz seconded by Mayor Landers to recommend to the Common Council for approval, the proposed ordinance creating code sec. 5.04(6) and (6) which creates a snow emergency declaration by the Director of Public Works, Police Chief or any designee. Motion carried unanimously. The Public Works Director and Police Chief will work on establishing the means of communicating a snow emergency declaration to the public.

8. The committee reviewed and discussed prior information presented on creating a business registry or license. In reviewing the proposed ordinance, Ald. Holzem questioned the need for "hours of operation" and "number of employees" as that information varies throughout the year. The committee agreed that knowing what businesses are out there and the verification of premier resort tax collection is something that is needed. Motion by Ald. Wojnicz seconded by Mayor Landers to approve moving forward with the creation of a city business license. Motion carried unanimously. Details of the process and enforcement will be discussed at future meetings.

9. No date was set for the next meeting.

10. Motion by Mayor Landers seconded by Ald. Anderson to adjourn. Motion carried unanimously and the meeting adjourned at 6:55pm.

_____

Nancy R. Holzem
City Clerk/Coordinator

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

☒ New ☐ Renewal

Date Submitted: 2/16/18 Amount Paid: $ 200.00 Receipt No. 63192 tm.

Name of Applicant (Last, First, MI): Ricardo Ortega Acosta

Address of Applicant: N365 Center street Wisconsin Dells, WI

Date of Birth: 4/3/85 Daytime Telephone Number: (952) 666-0380

Applicant's Drivers License Number: B982047200219 State: MN

Business Name: Speedy Cab Telephone No. (952) 666-0380

Business Address: N365 Center street Wisconsin Dells, WI

Proposed hours of Operation: 6am to 3am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Business Insurance

Proposed Rate Schedule: $2.00 mile $2 person before Midnight $3.00 mile $3.00 person After Midnight Flat rate for locals and J1's Locals $7.00 J1's $6.00

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Signature of Applicant

2/16/18
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

☐ Background check completed. _____

☐ License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/21/2018

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	CONTACT NAME: Roxanne Principe	
American Business Insurance Services, Inc. 32107 W. Lindero Cyn Rd, Ste 120 Westlake Village, CA 91361	PHONE: 800-980-1950 ext 24	FAX: 800-980-1960
	EMAIL ADDRESS: roxanne@abiweb.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: AmTrust Insurance Co of Kansas	15954
INSURED Ricardo Ortega dba Speedy Taxi N365 Center Street Wisconsin Dells, WI 53965	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURENCE	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
							GENERAL AGGREGATE	
							PRODUCTS - COMP/OP AGG	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			KPP1049653	02/19/18	02/19/19	COMBINED SINGLE LIMIT Ea occurrence	
							BODILY INJURY (Per Person)	100,000
							BODILY INJURY (Per Accident)	300,000
							PROPERTY DAMAGE (Per accident)	100,000
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYER' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Uninsured Motorist			KPP1049653	02/19/18	02/19/19	50,000 per person / 100,000 per accident	
A	Underinsured Motorist			KPP1049653	02/19/18	02/19/19	50,000 per person / 100,000 per accident	

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

1. 2000 Dodge Grand Caravan 1B4GP44G6YB571000

*10 Day notice of cancellation in the event of non-payment of premium.

CERTIFICATE HOLDER

Evidence of Insurance
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Michelle Haley

© 1988-2014 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

Taxicab Service Vehicle List

Company Name: Speedy Cab

Year	Make	Model	VIN Number	License Plate	Capacity	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
2000	Dodge	Caravan	1B46P4466YB572000	AHW624	7				R#63192 2-22-18 T.M.

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 4a

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

☐ New ☑ Renewal

Date Submitted: 02 23 18 Amount Paid: $ 300.00 Receipt No. 63226 tjs

Name of Applicant (Last, First, MI): Boileau Colin S

Address of Applicant: 177 Forest Drive #915, Wisconsin Dells, WI, 53965

Date of Birth: 09 23 77 Daytime Telephone Number: 608 432 2401

Applicant's Drivers License Number: B 150-1177-7343-00 State: WI

Business Name: Pro Invest LLC dba City Taxi Telephone No. 608 4481818

Business Address: 177 Forest Drive #915, Wisconsin Dells, WI, 53965

Proposed hours of Operation:

Mon-Sun 7am - 3am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Business Insurance

Proposed Rate Schedule: $ 2.50 per passenger day/night

8am - midnight $ 1.92 / mile

midnight - 3am $ 2.96 / mile

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Signature of Applicant 02.23.18 Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

☐ Background check completed. _____

☐ License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2018

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

American Business Insurance Services, Inc.
32107 W. Lindero Cyn Rd, Ste 120
Westlake Village, CA 91361

CONTACT NAME: Roxanne Principe
PHONE: 800-980-1950 ext 24 **FAX:** 800-980-1960
EMAIL ADDRESS: roxanne@abiweb.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Berkshire Hathaway Homestate Ins. Co.	20044
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Proinvest, LLC
177 Forest Drive Apt 915
Wisconsin Dells, WI 53965

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURENCE	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
							GENERAL AGGREGATE	
							PRODUCTS - COMP/OP AGG	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS			02APM012093-02	02/22/18	02/22/19	COMBINED SIGNLE LIMIT Ea occurrence	
							BODILY INJURY (Per Person)	100,000
							BODILY INJURY (Per Accident)	300,000
							PROPERTY DAMAGE (Per accident)	100,000
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYER' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Uninsured Motorist			02APM012093-02	02/22/18	02/22/19	100,000 per person / 300,000 per accident	

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

1. 2002 Dodge Ram 2B5WB35Y32K138615

*10 Day notice of cancellation in the event of non-payment of premium.

CERTIFICATE HOLDER

Evidence of Insurance
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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
Michele Haly

© 1988-2014 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/04/2017

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

American Business Insurance Services, Inc.
32107 W. Lindero Cyn Rd, Ste 120
Westlake Village, CA 91361

CONTACT NAME: Roxanne Principe
PHONE: 800-980-1950 ext 24 **FAX:** 800-980-1960
EMAIL ADDRESS: roxanne@abiweb.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: AmTrust Insurance Co of Kansas	15954
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Proinvest, LLC dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells, WI 53965

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURENCE	
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SIGNLE LIMIT Ea occurrence	
	ANY AUTO						BODILY INJURY (Per Person)	100,000
A	ALL OWNED AUTOS / X SCHEDULED AUTOS			KPP1039582-01	08/03/17	08/03/18	BODILY INJURY (Per Accident)	300,000
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	100,000
	UMBRELLA LIAB / OCCUR						EACH OCCURENCE	
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	
	DED / RETENTION $							
	WORKERS COMPENSATION AND EMPLOYER' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Uninsured Motorist			KPP1039582-01	08/03/17	08/03/18	100,000 per person / 300,000 per accident	
A	Underinsured Motorist			KPP1039582-01	08/03/17	08/03/18	100,000 per person / 300,000 per accident	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additonal Remarks Schedule, may be attached if more space is required)

1. Added 2008 Dodge Grand Caravan 2D8HN54P58R802118
2. Deleted 2009 Dodge Grand Caravan 2D8HN44E39R693829

*10 Day notice of cancellation in the event of non-payment of premium.

CERTIFICATE HOLDER

EVIDENCE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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
Michele Haley

© 1988-2014 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

WISCONSIN
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
15954

COMPANY
AmTrust Insurance Co of Kansas
Claims Phone: (800) 980-1950

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER
KPP1039582-01

EFFECTIVE DATE
08/03/2017

EXPIRATION DATE
08/03/2018

YEAR
2002

MAKE/MODEL
Ford Windstar

VEHICLE IDENTIFICATION NUMBER
2FMZA51452BB22157

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED
Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2007/03)

© ACORD CORPORATION 1993-2007. All rights reserved.

WISCONSIN
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
20044

COMPANY
Berkshire Hathaway Homestate Ins. Co.
Claims Phone: (800) 356-5750

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER
02APM012093-02

EFFECTIVE DATE
02/22/2018

EXPIRATION DATE
02/22/2019

YEAR
2002

MAKE/MODEL
Dodge Ram

VEHICLE IDENTIFICATION NUMBER
2B5WB35Y32K138615

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED
Proinvest, LLC

177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2007/03)

© ACORD CORPORATION 1993-2007. All rights reserved.

WISCONSIN

(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
15954

COMPANY
AmTrust Insurance Co of Kansas
Claims Phone: (800) 980-1950

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER
KPP1039582-01

EFFECTIVE DATE
10/04/2017

EXPIRATION DATE
08/03/2018

YEAR
2008

MAKE/MODEL
Dodge Grand Caravan

VEHICLE IDENTIFICATION NUMBER
2D8HN54P58R802118

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED
Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2007/03)

© ACORD CORPORATION 1993-2007. All rights reserved.

WISCONSIN

(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
15954

COMPANY
AmTrust Insurance Co of Kansas
Claims Phone: (800) 980-1950

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER
KPP1039582-01

EFFECTIVE DATE
08/03/2017

EXPIRATION DATE
08/03/2018

YEAR
2009

MAKE/MODEL
Dodge Grand Caravan

VEHICLE IDENTIFICATION NUMBER
2D8HN44E39R693829

AGENCY/COMPANY ISSUING CARD
American Business Insurance Services, Inc.
32107 W. Lindero Canyon Rd Suite 120
Westlake Village, CA 91361

INSURED
Proinvest, LLC
dba City Taxi
177 Forest Drive Apt 915
Wisconsin Dells WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2007/03)

© ACORD CORPORATION 1993-2007. All rights reserved.

Taxicab Service Vehicle List

Company Name: Prestinvest LLC dba City Taxi

	Year	Make	Model	VIN Number	License Plate	Capacity	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
✓	2002	Dodge	Ram 3500	2B5WB35Y32K138615	179WRP	14				R# 63226 2-23-18
✓	2009	Dodge	Grand Caravan	2D8HN44E39R693829	767TUN	7				R# 63226 2-23-18
✓	2008	Dodge	Grand Caravan	2D8HN54P58R802118	619ZNT	7				R# 63226 2-23-18
✓	2002	Ford	Windstar	2FMZA51452BB22157	677WNP	7				R# 63226 2-23-18
	2009	Dodge	Grand Caravan	2D8HN44E09R582879	ABP9735	7				R# 63226 2-23-18

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE
Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

ITEM 4b.

☐New ☒Renewal

Date Submitted: 3-9-18 Amount Paid: $ 350.00 Receipt No. 63421 DS

Name of Applicant (Last, First, MI): Volkey Larry K Jr
Address of Applicant: N675 US Hwy 12 & 16 WD WI 53965
Date of Birth: 09/10/63 Daytime Telephone Number: 608-432-8118
Applicant's Drivers License Number: V420-5316-3330-04 State: WI
Business Name: Dells Cab Telephone No. 608-434-3166
Business Address: N675 US Hwy 12 & 16 WD WI 53965
Proposed hours of Operation: Sun - Thur 9am - 3am Fri - Sat 9am - 4am

Name of Auto Insurance Carrier: (Attach Proof of Coverage): Gateway Ins Co
Proposed Rate Schedule: In Village or City limits $5 1st person $2 for each additional, WD to LD $10 1st person $2 for each additional, outside WD and/or LD $2 per person $2 per mile $8 minimum

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Larry K Volkey 03/06

Signature of Applicant Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

☐ Background check completed. _____

☐ License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

1 * 150 150
1 * 50 50
2 * 25 50
3 * 30 90
$340

Taxicab Service Vehicle List

Company Name: Dells Cab

Year	Make	Model	VIN Number	License Plate	Capacity w/ Driver	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
99	Chevy	Van	1GBHG31F4y1121822	663wum	15				R# 63421 3-9-18
00	Chevy	Van	1GAGG25R5Y1183617	661wum	12				R# 63421 3-9-18
06	Toyota	Van	5TDZA23C66S515628	664wum	8				R# 63421 3-9-18

BUSINESS AUTO DECLARATIONS

POLICY NO.: CA18883P2016

Producer 10037
KIELY HINES & ASSOCIATES INSURANCE AGENCY, INC.
6100 DUTCHMANS LANE, 10TH FLOOR
LOUISVILLE,KY 40205

ITEM ONE

NAMED INSURED: DELLS CAB COMPANY

MAILING ADDRESS: N675 HWY 12 & 16
WISCONSIN DELLS, WI 53965

POLICY PERIOD: From 08/24/2017 to 08/24/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: CA18883P2016

FORM OF BUSINESS:

[X]CORPORATION [ ]LIMITED LIABILITY COMPANY [ ]INDIVIDUAL
[ ]PARTNERSHIP [ ]OTHER ____

ENDORSEMENTS ATTACHED TO THIS POLICY:
IL 00 17 --- - Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 --- - Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED 08/24/2017 BY _____
(Date) (Authorized Representative)

© ISO Properties, Inc., 2005

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	$100,000/$300,000/$100,000	$4,995.00
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P ENDORSEMENT MINUS $0 DEDUCTIBLE	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS $0 DEDUCTIBLE FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS	7	$1,000	$321.00
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT	
UNINSURED MOTORISTS	7	$100,000/$300,000	$24.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	$100,000/$300,000	$6.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO"	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		***ESTIMATED TOTAL PREMIUM**	$5,346.00

*This policy may be subject to final audit

© ISO Properties, Inc., 2005

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No	DESCRIPTION	PURCHASED		TERRITORY
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged
1	1999 CHEVROLET G3500 EXPRESS CUTAWAY 1GBHG31F4X1121822		5,000.00	WISCONSIN DELLS WI 110
2	2006 TOYOTA SIENNA CE/SIENNA LE 5TDZA23C66S515628		5,000.00	WISCONSIN DELLS WI 110
3	2000 CHEV EXPRESS G2500 BASE/LS 1GAGG25R5Y1183617		5,000.00	WISCONSIN DELLS WI 110

Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
					Liab.	Phy. Dam.			
1	L							5719	
2	L							5719	
3	L							5719	

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deducible Shown Below	Premium
1	$100,000/$300,000 $100,000	$1,665.00					
2	$100,000/$300,000 $100,000	$1,665.00					
3	$100,000/$300,000 $100,000	$1,665.00					
Total Premium		$4,995.00		$0.00	$0.00		$0.00

© ISO Properties, Inc., 2005

WISCONSIN INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	[X] COMMERCIAL [ ] PERSONAL
28339	GATEWAY INSURANCE COMPANY	

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
CA18883P2016	08-24-2017	08-24-2018

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
1999	CHEVROLET G3500 EXPRESS CUTAWAY	1GBHG31F4X1121822

AGENCY/COMPANY ISSUING CARD

GATEWAY INSURANCE COMPANY

150 NORTHWEST POINT BLVD, 3RD FLOOR

ELK GROVE VILLAGE, IL 60007

INSURED

DELLS CAB COMPANY

N675 HWY 12 & 16

WISCONSIN DELLS, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

© ACORD CORPORATION 1983-2007. All rights reserved.

WISCONSIN INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	[X] COMMERCIAL [ ] PERSONAL
28339	GATEWAY INSURANCE COMPANY	

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
CA18883P2016	08-24-2017	08-24-2018

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2006	TOYOTA SIENNA CE/SIENNA LE	5TDZA23C66S515628

AGENCY/COMPANY ISSUING CARD

GATEWAY INSURANCE COMPANY

150 NORTHWEST POINT BLVD, 3RD FLOOR

ELK GROVE VILLAGE, IL 60007

INSURED

DELLS CAB COMPANY

N675 HWY 12 & 16

WISCONSIN DELLS, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

© ACORD CORPORATION 1983-2007. All rights reserved.

WISCONSIN INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY	[X] COMMERCIAL [ ] PERSONAL
28339	GATEWAY INSURANCE COMPANY	

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
CA18883P2016	08-24-2017	08-24-2018

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2000	CHEV EXPRESS G2500 BASE/LS	1GAGG25R5Y1183617

AGENCY/COMPANY ISSUING CARD

GATEWAY INSURANCE COMPANY

150 NORTHWEST POINT BLVD, 3RD FLOOR

ELK GROVE VILLAGE, IL 60007

INSURED

DELLS CAB COMPANY

N675 HWY 12 & 16

WISCONSIN DELLS, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

© ACORD CORPORATION 1983-2007. All rights reserved.

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE
Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

ITEM 4c

☐New ☑Renewal

Date Submitted: 3-5-2018 Amount Paid: $ 300.00 Receipt No. 63399 tjs

Name of Applicant (Last, First, MI): Ringdahl, Jeremy, S.

Address of Applicant: 227 Canyon Rd #3 Lake Delton, WI. 53940

Date of Birth: 2/27/83 Daytime Telephone Number: 608-432-8307

Applicant's Drivers License Number: R523-4378-3067-09 State: WI.

Business Name: A1 Wisconsin Dells Kangaroo Taxi Telephone No. 608-432-4627

Business Address: 101 Progressive Dr. Lake Delton, WI. 53940

Proposed hours of Operation: M-Th- 6Am-230Am - Fri-Sun- 6Am-3Am or later

Name of Auto Insurance Carrier: (Attach Proof of Coverage): Coverra

Proposed Rate Schedule: 6Am-8Am- $3 mile / $3 person, 8Am-midnight $2 mile/ $2 per person. midnight-330Am-$3 mile / $3 person. $10 minimum 5-1 Students $7 up to 7 people then $1 per person in town $1 Discount may Not Apply fri/sat After 6pm- full fare

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Signature of Applicant

2-3-18
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

☐ Background check completed. _____

☐ License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

Taxicab Service Vehicle List

Company Name: A1 Wisconsin Dells Kangaroo taxi

Year	Make	Model	VIN Number	License Plate	Capacity	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
2010	Ford	Econoline	1FBSS3BL8ADA67472	~~[illegible]~~ 3L 7072 ~~[illegible]~~	15				3-6-2018 R# 63399
2009	Dodge	Grand Caravan	2D8HN44E19R601732	NE1700	7				3-6-2018 R# 63399
2009	Ford	Econoline	1FBSS31L29DA50681	572-44L	15				3-6-2018 R# 63399
2008	Chrysler	town & Country	2A8HR44H68R768480	320yew	7				3-6-2018 R# 63399
2008	Dodge	Caravan	1D8HN54P38B166264	LB3868	7				3-6-2018 R# 63399

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/5/2018

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
Coverra Insurance Services, Inc.
3803 Creekside Lane
Holmen WI 54636

CONTACT NAME: Pam Andre
PHONE (A/C, No. Ext): 608-526-2127 FAX (A/C, No): 608-519-2818
E-MAIL ADDRESS: ncsete@coverrainsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Integrity Group	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED WISCDEL-01
Wisconsin Dells Kangaroo Taxi, Dells Roo LLC dba
PO Box 629
Lake Delton WI 53940

COVERAGES **CERTIFICATE NUMBER:** 852367476 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			GLA2654309	7/20/2017	7/20/2018	EACH OCCURRENCE	$ 500,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 500,000
							GENERAL AGGREGATE	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
A	**AUTOMOBILE LIABILITY**			CA 2654310	7/20/2017	7/20/2018	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Vehicles covered on auto policy:

2009 FORD ECONOLINE 1FBSS31L29DA50681
2008 CHRY TOWN & COU 2A8HR44H68R768480
2010 FORD ECONOLINE 1FBSS3BL8ADA67472
2009 DODG GRAND CARA 2D8HN44E19R601732
2000 CHEV EXPRESS G3 1GBHG31R7Y1257423 — not up + running YET.

CERTIFICATE HOLDER

City of Wisconsin Dells
300 La Crosse St
Wisconsin Dells WI 53965

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
Michele Cseto

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

KANGAROO TAXI LETTER TO THE CITY COUNCIL OF WISCONSIN DELLS

Dear Wisconsin Dells city council and to whom it may concern,

My name is Jeremy Ringdahl with Wisconsin Dells Kangaroo taxi & shuttle. I moved to this beautiful city 8 years ago, but long before that was a tourist in this incredible tourism destination. It was always my dream to live here, grow here, start a business here, raise a family here, and own a home here. I now have it all thanks in part to the amazing support of the business owners and the people on this very council. I have a beautiful wife, a 1-year old boy who is just incredible, and am closing on the home of my dreams in April of this year. Hard work & 18-20-hour days prove the American dream isn't dead. You just need to work (hard) for it. I did. Very hard. We came in strong. We worked hard for a very long time to grow Kangaroo Taxi and provide a living for my family and a lot of employee's families.

After a while things changed and become difficult. Turn over has been high and we have done everything we could to keep it running smooth, including raising wages for our drivers (who deserve it very much). Unfortunately, things change, just like they always do. That's what makes life and business interesting. Rideshare companies have opened, taxi companies have opened, and other external factors have made a revolving door of employees that makes it hard for us to meet our staffing needs and pick up our customers reliably.

Our ex-assistant manager has been responsible for hiring and hired a lot of great people but became challenged with the lack of qualified employees/drivers. There are certain standards drivers need to meet to operate, which we do not disagree with. We, as a company, made some bad decisions in hiring and putting people in vehicles that weren't approved to be driving our vehicles which was a move of desperation when we really had nobody. I know it's no excuse. Our previous assistant manager, who still drivers for us but has no say in hiring due to the situation, put people behind the wheel without following the proper channels. She didn't mean any harm by it, but unfortunately, we can't change that now. I think she underestimated how serious it was and I take responsibility for that as a leader. At the end of the day it is my fault. I should have coached her better. I own this company and take full responsibility for our actions. I need to apologize to Chief Ward, the Dells police department, and the people that put trust in me on this board, and the community. I let you and myself down. We were just trying to get by and this has been an opportunity to learn and major personal and business growth. We need to do it by the book and have regrets. We take pride in doing things the right way and unfortunately desperate times put us in a situation we didn't want to ever be in. We were irresponsible, and I should have been more hands on. I have taken full control of the final approval of anyone that gets behind the wheel of our taxis, and they are required to meet me with permits in hand before they are permitted to do anything besides ride along with a licensed driver, the way it should have been all along. Unfortunately, it took multiple violations to bring this to my attention (big mistake). I regret it.

I would ask for leniency and consideration of all the lives we may have saved by being in the right place at the right time when people needed us most. I vow to run a safe, legal, and reliable operation, and I will oversee every detail myself until we find a manager that has the same values I expect to run a 1st class operation. We owe it to ourselves and our community. We will regroup and discuss what it will take to attract that person, because it is essential at this point. The Dells is growing. We are proud to be a part of this community and all the great things you have done and are doing. I moved here with nothing, I knew nobody, and couldn't find housing in the peak summer months. It didn't matter.

It was my dream and I was ready to sacrifice for it, and I am ready to do it again if you give me the chance to rebuild my relationship with you. I love this town and I love doing business here. Please let me start over and show you I mean business. I will not fail you in this aspect. I am open to any suggestions or feedback otherwise we will comply with all regulations, even if that means being short staffed. We will do what we should have been doing all along. We became busier than we could handle and became desperate. We understand the seriousness of our actions and will voluntarily walk away if we break your trust again and receive even 1 unlicensed driver citation or warning. We don't want to lose our license and love working in this city, once again.

Please give us the chance to show you. If that means we are scrutinized closer than everybody (rightfully so), we can accept that. We will NOT fail you again. I can't emphasize it enough. We know we need to do it right. We did for a long time and we will continue to live up to that standard again. I will be the only one responsible for the hiring and putting people behind the wheel of our vehicles. It is a challenge because drivers have a lot of requirements to meet to even be allowed to work but I am confident we can find them and continue to prove grade A service. If we can't do that, we will walk away.

Thank you for your time and I hope you give us the opportunity to prove it. We haven't been doing that lately and will work overtime to shake that negative image by any means necessary! I am not a quitter but will walk away before we do anything out of regulation again. This business is all we know, and I would like to think we do it well other than this failure. We will show you what we are made of (what we used to be) given the opportunity to do so again. One more chance is all we need. We respect you and what you do for our great community. We love the Dells!

Thank you very much for listening.

Sincerely,

Jeremy, Kate, & our new son, Mateo Ringdahl

Business partners for now and the future

Wisconsin Dells Kangaroo Taxi & shuttle

DELLS ROO, LLC

DRIVER NAME: DATE OF HIRE: SSN:

CHECKLIST

- ☐ NEW HIRE RECEIVED DRIVER MANUAL & SIGNED FOR
- ☐ PASSPORT PHOTOS
- ☐ TAXI APPLICATION FILLED OUT AND TURNED IN FOR DELLS AND LAKE DELTON (NO DRIVING TAXI WITHOUT THIS ITEM FINISHED, NO EXCEPTION.
- ☐ DRIVER PAYS FOR LICENSE SHEET IF LESS THAN 6 MONTH EMPLOYMENT
- ☐ COPY OF DL AND SOCIAL OR CLOSE UP PHOTO
- ☐ W9 FOR TAXES
- ☐ INDEPENDENT CONTRACTOR FORM FILLED OUT/TURNED IN
- ☐ NON-COMPETE AGREEMENT
- ☐ 3 DAYS OF RIDE ALONG WITH ANOTHER EXPERIENCED DRIVER OR JEREMY'S APPROVAL. OBSERVE DRIVING AND CUSTOMER BEHAVIORS. GO OVER LOG/PRICE STRUCTURE.
- ☐ METER TRAINING/ PRE/POST TRIP IN AND OUT.
- ☐ UNEXPECTED ISSUE TRAINING
- ☐ MISS SHIFT PROCEDURE
- ☐ ZELLO DOWNLOADED
- ☐ SQUARE REGISTER

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 4e

Fee: $150
(Plus $50 for first vehicle, $25 each additional vehicle)

☐New ☒Renewal

Date Submitted: 3-6-18 Amount Paid: $ 350.00 Receipt No. 63403 T.M.

Name of Applicant (Last, First, MI): GREGERSON, KESHIA, M.

Address of Applicant: PO BOX 752; Wisconsin Dells, WI 53965

Date of Birth: 03/07/89 Daytime Telephone Number: (608) 253-7433

Applicant's Drivers License Number: G626-5138-9587-05 State: WI

Business Name: K2G INC. DBA Wisconsin Dells Taxi® Telephone No. (608) 253-7433

Business Address: PO BOX 752; Wisconsin Dells, WI 53965

Proposed hours of Operation: 7Am-2:30 Am (or Later) 7 DAYS/WEEK
365 DAYS/YEAR

Name of Auto Insurance Carrier: (Attach Proof of Coverage): Amalgamated Ins. Co.

Proposed Rate Schedule: $2/person + $2/mile 7Am-Midnight (Metered)
Midnight-Close $3/person + $3/mile (Metered)
$10 min Charge. Hourly + Special Event Rates may apply

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Keshia Gregerson 3/1/18
Signature of Applicant Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

☐ Background check completed. _____

☐ License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

Taxicab Service Vehicle List

Company Name: Wisconsin Dells Taxi ®

Year	Make	Model	VIN Number	License Plate	Capacity	Insp. Date	Insp. Officer	Tag No.	Date & Rcpt #
05	CHEVY	BUS	1GBJG31U751184085	889-XEY	15				R#63403 3-6-18 T.M.
08	DODGE	CARAVAN	2D8HN44H58R705391	146-YPR	7				
10	CHEVY	EXPRESS	1GA2G1DG1A1138488	440-YTB	15				
09	DODGE	CARAVAN	2D8HN44E19R627957	273-VGZ	7				
10	CHEVY	EXPRESS	1GA2G1DG7A1156381	511-ZTF	15				
06	FORD	TURTLE	1FDWE35L16DB07491	436-ZRP	15				
10	DODGE	CARAVAN	2D4RN4DE8AR265801	309-ZWT	7				

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/25/2017

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 have ADDITIONAL INSURED provisions or 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
AdvisorNet Property and Casualty LLC
701 4th Avenue South
Suite 1620
Minneapolis MN 55415

CONTACT NAME: Natalie Wright
PHONE (A/C, No, Ext): (866)896-0281 FAX (A/C, No): (612)313-7574
E-MAIL ADDRESS: nwright@advisornetpc.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: United States Liability Insurance Company	
INSURER B: Amalgamated Casualty Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
K2G Inc., DBA: Wisconsin Dells Taxi
PO Box 752
Wisconsin Dells WI 53965

COVERAGES **CERTIFICATE NUMBER:** 2017-2018 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER			CL1770644A	08/25/2017	08/25/2018	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [X] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			CAP-17-0106617-00	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Uninsured motorist BI-	$ 100,000
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Vehicle & driver lists are attached.

CERTIFICATE HOLDER

Proof of Coverage

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

3-1-18

Police Inspections are to be scheduled and completed before months end (March- 2018) with Officer Torkelson; WDPD.

Keshia Gregerson

ITEM 5

City of Wisconsin Dells

ORDINANCE NO. _____
(Design Review Committee Modifications)

The City of Wisconsin Dells, Adams, Columbia, Juneau and Sauk Counties, Wisconsin, does hereby ordain as follows:

SECTION I: PURPOSE

The purpose of this ordinance is to modify the composition and leadership of the design review committee.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 19.262 and 19.263 are repealed.
Wisconsin Dells Code Sec. 19.262 is recreated.
Wisconsin Dells Code Sec. 19.263 is "Not Used".

SECTION III: PROVISION AS CREATED:

19.262 DRC Members, Appointment and Chair.

(1) The Design Review Committee shall have five (5) members as follows:

a. Business Improvement District (BID) Committee Chair, member or designee.

b. Community Development Authority (CDA) Chair, member or designee.

c. Common Council Member.

d. Two (2) public members.

(2) The public members shall be associated with commercial ventures in the City as, without limitation, owners, operators, managers or employees; and, shall serve staggered terms of three (3) years.

(3) The CDA, BID and Common Council members shall serve terms of one (1) year.

(4) All members shall be appointed by the Mayor and approved by the Common Council.

(5) The Mayor shall designate the Committee Chair subject to approval by the Common Council.

SECTION IV: VALIDITY

Should any section, clause or provision of the ordinance be declared by the courts to be invalid, the same shall not affect the validity of the ordinance as a whole or any part thereof, other than the part so declared to be invalid.

SECTION V: CONFLICTING PROVISIONS REPEALED

All ordinances in conflict with any provisions of this ordinance are hereby repealed.

SECTION VI: EFFECTIVE DATE

This ordinance shall be in force from and after its introduction and publication and as provided by statute.

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 19.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____

ITEM 6

* (7) ***Pole Signs.***

(a) Height Limitations.

(i) Pole signs shall not exceed forty-five (45) feet in height for on premise signs and thirty (30) feet for off-premise signs, or as restricted in Section 22.10, whichever is stricter Sign height shall be measured per the average elevation of the ground directly beneath the sign, or above the elevation of the adjacent road center line, whichever is higher.

(a) Marching the height of the adjacent conforming pole sign(s) within two hundred and fifty (250) feet of the proposed pole sign is recommended, but no required.

(ii) Off premise signs shall be at least eight (8) feet above the elevation of the adjacent roadway center line, or at the average elevation of any adjacent off-premise pole sign(s) within two hundred and fifty (250) feet of the proposed sign, whichever is lower.

(b) **Area Limitations.** Pole signs shall not exceed three hundred (300) square feet of area per face, or as defined in Code Sec. 22.10, whichever is stricter.

(c) **Location limitations**

(i) No pole sign shall be placed upon a tree bank.

(a) Matching the setback of the adjacent conforming pole sign(s) within two hundred and fifty (250) feet of the proposed pole sign is recommended, but not required.

(d) Design Standards

(i) Pole signs shall not use wood support poles.

(ii) Off-premise pole sign shall utilize a uni-pole structure

(iii) All visible straps used to secure sign wraps shall either be neutral in color, or match the color of the support structure from which it is adhering to.

(8) ***Portable Signs.***

(a) **Location.** The sign shouldall be located within ten (10) feet of the business entrance, but shall not be placed in a location where the public paved area for passage is reduced to less than six (6) continuous feet in width or within twelve (12) feet of an intersection, driveway, public stairwell or crosswalk.
Where possible, portable signs shall be located on private property.

C-2 Zoning District. The Design Review Committee may approve signs on public property in the C-2 Zoning District. Where possible the signs are to be located in the dedicated terrace area, which is delineated from the public walking path as colored and stamped concrete or pavers that separates the walking path from the vehicle lanes.

(b) **Usage.** The sign shall only be used during business hours.

(c) **Material.** The sign shall be made of a durable material such as wood or metal.

(d) **Liability Agreement.** A license agreement is required in a form and amount approved by the City indemnifying and holding the City harmless from liability and naming the City, its officers and employees as an additional insured on a general liability insurance policy.

Table E: Downtown C-2 District Permitted Signage

Sign Type	Sign Description	Total Sign Area Restriction	Number of Signs Allowed	Maximum Area Per Sign	Maximum Sign Height
Total Sign Area Permitted	The total sign area permitted for each business shall be determined by multiplying the length of lineal business frontage	5 sq. ft. / 1 lineal ft. of business frontage with a minimum of 144 sq.ft. a maximum of 300 sq.ft.			
Monument Sign	Monument sign is a detached sign mounted or incorporated into a solid base, and shall be a self-supporting structure.	Included	1 per lot	Based on location 60 sq.ft. (per sign face) 144 sq ft-off Broadway 200 sq ft-East of Chuch	6 feet 16 ft-off Braodway 20 ft.-East of Church
Wall Sign	A sign attached to or erected against the wall of a building with the face parallel to the building wall	Included	1 sign per 50 feet of business frontage	60 sq.ft.	n.a.
Projecting Sign	A sign attached to a building or other structure and extending more than eighteen (18) inches beyond the building plane.	Included: Count only one side, except faces with angles beyond 45 degrees count each sign face	1 sign per 50 feet of business frontage	50 sq.ft. (per sign face)	n.a.
Blade Sign	A special projecting sign attached to the building along the storefront frontage following one of three design alternatives provided by the City of Wisconsin Dells.	Excluded	1 sign per public entrance per business, except each blade sign shall be at minimum of 40 ft apart	See Downtown Design Standards	See Downtown Design Standards
Awning/Canopy/ Marquee Sign	A sign which is painted on, attached to, or supported by a projecting structure (i.e. awning, canopy or marquee).	Included	n.a.	75% coverage of valance/flat profile; 50% coverage of awning roof	n.a.
Window Sign (no permit required for interior signs – DRC approval still required)	A sign attached to, placed against, painted on, or placed within three (3) feet of a window or door of the building which is intended for viewing from the exterior.	Excluded	n.a.	25% coverage of each window/ door, excluding product display; 50% coverage of each window/ door, inclusive of product display	n.a.
Portable Sign	A sign not permanently attached to the ground or other permanent structure including sandwich boards, pedestal signs, and "A" frame signs.	Excluded	1 per business that has obtained a food license. Located in terrace where possible.	6 sq.ft. per sign face, including boarder and trim)	3 feet (sandwich board); 4 feet (pedestal sign)
Incidental Sign (no permit requried)	Secondary, informational signs (e.g menu boards, open/hours of operation, short-term special event/ promotions).	Excluded	3 per business frontage up to 10 sq.ft. total	4 sq.ft. (count towards window sign coverage limit)	

Portable Sign

A portable sign is a sign not permanently attached to the ground or other permanent structure including sandwich boards and pedestal signs.

Standards

1. One (1) ***portable sign*** shall be allowed for each business that has obtained a state-issued ***food license***.

2. A ***portable sign*** shall be no more than six (6) square feet in area, inclusive of border and trim.

3. The height of the ***portable sign*** shall be no more than three (3) feet for ***sandwich boards*** and four (4) feet for ***pedestal signs***.

4. ***Portable signs*** shall be constructed of durable materials, such as wood and metal.

5. ***Portable signs*** shall not be illuminated or contain moving parts.

6. ***Excluding chalkboard signs***, ***portable sign*** graphics shall be professionally painted or applied.

7. ***Portable signs*** shall be braced and/or secured to prevent motion using components that complement the sign's design, materials and colors.

8. ***Portable signs*** shall be located within ten (10) feet of business entrance, or as close as possible, but not placed as to interfere with pedestrian ingress and egress.

9. ***Pedestal signs*** shall not be in the public ***right-of-way***.

10. ***Portable signs*** shall not placed in any location where the paved area for passage is reduced to less than six (6) feet or within fifteen (15) feet of an intersection, driveway, crosswalk or stairwell.

11. ***Portable signs*** shall be placed on private property or in the dedicated terrace, when possible.

12. ***Portable signs*** shall meet the additional requirements per Sec. 22.09(8) of the Sign Ordinance.

Recommendations

A. ***Portable signs*** should reflect the character of the building and complement the building's other signage.

B. Wood and metal signs are preferred.

APPROPRIATE These ***sandwich boards*** are made of durable materials and have professionally designed components.

ALLOWED ***Portable signs*** are allowed as long as they are made of durable material, have components that are professionally designed and are placed out of the way of foot and motorist traffic.

NOT PERMITTED This sign is placed less than 15 feet from the corner, which is a safety concern for both pedestrians and motorists.

SIGNAGE DESIGN - TYPE SPECIFIC

Section 22.12 Non-Conforming Signs & Structures

(1) ***Definition.*** Any sign or projecting structure constructed in accordance with ordinances and other applicable laws in effect on the date of its construction, but which by reason of its type, size, height, location, design, material, method of illumination, number of signs, or construction is not in conformance with this Chapter shall be considered a legal non-conforming sign or projecting structure.

(2) ***Continuation/Loss of Status.*** The lawful use of a nonconforming sign or projecting structure may continue unless one (1) or more of the following occurs:

(a) The sign or projecting structure is structurally altered in a way, except for normal maintenance or repair. (Change of message is considered normal maintenance.)

(b) When the sign or projecting structure is fifty (50) percent or more damaged by fire, flood, explosion, earthquake, war, riot or act of God.

(c) The sign or projecting structure is relocated.

(d) The sign or projecting structure fails to conform to Code Sec. 22.04 regarding maintenance and repair, abandonment, dangerous or defective.

(3) **Transfer of Ownership.** A nonconforming sign on property which changes owners shall comply with this sign code unless the design and review committee~~, after notice and public hearing,~~ determines that continuation of the nonconforming on premises sign will not have a deleterious effect on neighboring properties or be inconsistent with the redesign and rehabilitation of the business district. DRC shall consider, among other appropriate factors, whether the nonconforming on premises sign is located East of Cedar Street or is associated with a business which will not change its name or branding.

(4) ***Compliance.*** Within thirty (30) days of occurrence of any of the above, the sign or projecting structure shall be brought in compliance with this Chapter with a new permit secured, or the sign or projecting structure shall be removed at the owner's expense.

(5) ***Maintenance and Repair.*** Nothing in this Chapter shall relieve the owner or user of a legal non-conforming sign/projecting structure or the owner of the property in which the sign and/or projecting structure is located from the provisions of this Chapter regarding safety, maintenance and repair of the sign and/or projecting structure.

Section 22.13 Enforcement

(1) ***Order to Correct.***

(a) Whenever the City, its agents or employees, shall upon inspection of sign or structure find conditions in violation of this Code, an Order shall be issued to the owner and/or occupant of the sign or structure to correct the conditions.

(b) The order shall identify the conditions to be corrected and specify a time within

(10) ***Roof Signs.***

(a) **Area Limitations.** No roof sign shall have a surface or facing exceeding three hundred (300) square feet.

(b) **Height.** The highest point of a roof sign shall be no more than forty-five (45) feet above ground level.

(11) ***Wall Signs.***

(a) **Sign Quantity.** There may be one (1) on-premises and one (1) off-premises wall sign per premise face, or as restricted in Code Sec. 22.10, whichever is stricter.

(b) **Area Limitations.** Total wall signage per premise face shall not exceed 300 square feet, or as restricted in Code Sec. 22.10, whichever is stricter.

(c) **Projection setback line.** Wall signs attached to a wall at a height ten (10) feet or less above the sidewalk or ground shall not project more than two (2) inches. Wall signs attached to a wall at a height greater than ten feet shall not project more than eighteen (18) inches. Height. The highest point of a wall sign shall not be more than 10 feet above the roof line of the building upon which the wall sign is placed.

(12) ***Wind Signs.***

(a) **Exemption.** Wind signs which are less than 50 square feet in size are exempt from this Ordinance if such wind signs are blank or if such wind signs contain only a logo or graphic which logo or graphic shall not include any copy or printed words.

(b) **Regulation.** Wind signs greater than 50 square feet in size or upon which there appears any copy or printed words shall be regulated as ~~ground~~ pole signs.

(13) ***Window Signs.*** There is currently no restrictions on window signage city-wide; however, there may be specific restrictions per zoning district (see Code Sec. 22.10).

(14) ***Variable Message Signs.***

(a) **Regulations.** In addition to the regulations imposed by this chapter, variable message signs are subject to the following restrictions:

(i) Variable Message Signs may be used only to advertise activities conducted on the property on which the signs are located or to present public service information.

(ii) No traveling message may travel at a rate slower than 16 light columns per second or faster than 32 columns per second.

(iii) No message may be displayed at intervals of less than 6 seconds.

(iv) No segmented or traveling message may last longer than 10 seconds.

(v) Display areas may be illuminated only to a degree of brightness that is reasonably necessary for adequate visibility. The City Engineer or designee shall be responsible for determining compliance with this requirement. Signs found to be brighter than reasonably necessary shall be adjusted by the person owning or controlling the sign in accordance with the instructions of the City Engineer.

(d) **Downtown Design Standards.** All signs shall adhere to the Downtown Design Standards pursuant Code sec. 22.01(2)(d) and Chapter 19.

(5) ***C-1 Neighborhood Commercial, C-3 Highway Commercial, C-4 Large-scale Commercial, and M-1 Mixed Use Zoning Districts.***

(a) Permitted Signs. The following signs or other advertising structures are permitted: Directional signs; Marquee/Awning/Canopy Signs; Monument signs; Pole signs; Projecting and Blade signs; Roof signs; Temporary signs; Wall signs; Wind signs; and, Window Signs.

(b) Prohibited Signs. Off-premise signs are prohibited in the C-1 Commercial neighborhood Zoning district.

(c) Pole Sign.

(i) C-1 Neighborhood Commercial. On-premises pole sign may be nearer than 500 feet to any other ~~ground~~ pole or monument sign, if it is the only on-premises ~~ground~~ pole or monument sign situated upon the premises or parcel upon which the business or commercial activity promoted is situated. Any new on-premise pole sign shall be conditionally approved by the DRC following the procedures of the CUP process per Code Chapter 19 Article 4 Division 6 (19.370-19.389). Such signs shall not exceed 50 square feet. Additional conditions may also be imposed.

(i) C-3 Highway Commercial. On-premises pole signs may project over a sidewalk but such sign shall not project more than 4 feet, 6 inches over a sidewalk and such signs shall be at least 10 feet above a sidewalk. Off-premises pole signs shall not be less than 500 feet from any other sign or sign structure on the same side of the street on which the pole sign or sign structure is situated. An on-premises pole sign may be nearer than 500 feet to any other ground sign, if it is the only on-premises ground sign situated upon the premises or parcel upon which the business or commercial activity promoted is situated.

(ii) C-4 Large Scale Commercial. Off-premises pole signs shall be not less than 200 feet from any other ~~ground~~pole or monument sign or sign structure on the same side of the street on which the pole sign or sign structure is situated. An on-premises pole sign may be nearer than 200 feet to any other ~~ground~~ pole or monument sign if it is the only on-premises ~~ground~~ pole or monument sign situated upon the premises or parcel upon which the business or commercial activity is situated; and, if the business is located in a stand-alone building.

Existing Sauk signs exempted: Off-premise pole signs in the C-4 Commercial Zoning District existing and documented in the 2013 Sauk County Sign inventory shall be exempt from the 200 ft spacing requirement. These signs will remain regulated by the 100 ft sign separation requirement in place when they were installed.

(ed) Roof Sign.

(i) C-1 Neighborhood Commercial. Off-premises roof signs shall not be less than 500 feet from any other roof sign or sign structure on the same side of the street upon which the roof sign or sign structure is situated. On-premises roof sign may be nearer than 500 feet to any other roof sign if it is the only on-premises roof sign situated upon the premises or parcel upon which the business or commercial.