

# CITY OF WISCONSIN DELLS MEETING AGENDA

**MEETING DESCRIPTION:** LEGISLATIVE COMMITTEE

**DATE:** Monday, March 9, 2020    **TIME:** 6:00pm    **LOCATION:** Municipal Building  
Common Council Chambers - 300 La Crosse Street, Wisconsin Dells, WI 53965

COMMITTEE MEMBERS	
Ald. Mike Freel, Chair	Ald. Brian Holzem
Mayor Ed Wojnicz	Ald. Ben Anderson
AGENDA ITEMS	
1	Call to Order and Attendance Noted
2	Approval of the February 17, 2020 Meeting Minutes
3	Discussion/Decision on New Application for a Taxicab Service License Submitted by Matthew Kemp for Wisconsin Dells Taxi Inc. for the Licensing Period through March 31, 2021 (Purchasing existing Taxicab Service from K2G Inc. Keshia Gregerson)
4	Discussion/Decision on Applications for Renewal of Taxicab Service Licenses for the Licensing Period of April 1, 2020 Through March 31, 2021 Submitted by: <ul style="list-style-type: none"> <li>a. ProInvest, LLC, Calin Bobeanu, for City Taxi</li> <li>b. Dells Roo, LLC, Jeremy Ringdahl for Kangaroo Taxi</li> <li>c. Dells Transport LLC, Brent Misna for Dells Express Taxi</li> <li>d. RST Taxi LLC, Khan Qudratullah for RST Taxi</li> <li>e. Dells Cab Company, Larry K. Volkey for Dells Cab</li> <li>f. Ricardo Ortega Acosta for Speedy Cab</li> </ul>
5	Discussion/Decision on Proposed Ordinance to Limit Locations Where Amusement Rides are Permitted
6	Discussion/Decision on Proposed Ordinance to Limit Short-Term Rentals in Residential Zoned Districts
7	Discussion/Decision on Amendments to Proposed Ordinance Regarding the Outstanding Debt Provision and the Issuance of City Licenses and Permits
8	Discussion/Possible Decision on Ordinance to Change the 7:00pm Start Time of the Monthly Common Council Meeting, as Stated in Code Sec. 2.04(1)
9	Next Meeting Date: Monday, April 13, 2020
10	Adjourn
Ald. Mike Freel, Chairperson <span style="float: right;">Posted: March 6, 2020</span>	
<p><b>Open Meetings Notice:</b> 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.</p>	

**CITY OF WISCONSIN DELLS  
LEGISLATIVE COMMITTEE MEETING  
MONDAY, FEBRUARY 17, 2020**

**ITEM 2**

Acting as Chairperson, Mayor Wojnicz called the meeting to order at 7:50P.M. Notice of the meeting was provided to the *Dells Events*, WNNO Radio, and posted in accordance with State Statutes.

1. Present: Mayor Ed Wojnicz and Ald. Ben Anderson and Ald. Brian Holzem  
Excused: Ald. Mike Freel  
  
Others: Ald. Terry Marshall, Ald. Dan Anchor, Ald. Jesse DeFosse, City Clerk/Coordinator Nancy Holzem, City Planner Chris Tollaksen, Public Works Director David Holzem, Fire Chief Pat Gavinski, City Attorney Joseph Hasler, and Peter Culver from the *Dells Events*.
2. Motion by Ald. Holzem seconded by Ald. Anderson to approve the minutes of the December 9, 2019 meeting. Motion carried unanimously.
3. Motion by Ald. Holzem seconded by Ald. Anderson to recommend to the Common Council for approval, the application for an Original Class B Beer and Class B Liquor License submitted by Fisher's Bar Est 1933 LLC, Douglas Fisher Agent, for Fisher's Bar, 719 Superior Street, for licensing period of February 25, 2020 through June 30, 2020. This is a name change on an existing license currently held by Douglas Fisher which will be surrendered and reissued. Motion carried unanimously.
4. Motion by Ald. Anderson seconded by Ald. Holzem to recommend to the Common Council for approval, the application for an Original Class B Beer and Class C Wine License submitted by Asgard Axe Throwing, Dennis Mitchell Agent, for Asgard Axe Throwing, 714 Oak Street, for licensing period of February 25, 2020 through June 30, 2020. This is a name change on an existing license and a change of premises since business is moving to a new location. Motion carried unanimously.
5. Motion by Ald. Anderson seconded by Ald. Holzem to recommend to the Common Council for approval, the application for an Original Class B Beer and Class B (Quota Plus) Liquor License submitted by San Antonio Mexican Restaurant LLC, Luis Martinez Agent, for San Antonio Mexican Restaurant, 742 Eddy Street, for licensing period of February 25, 2020 through June 30, 2020. The recent expansion of their restaurant now gives them 318 indoor seats along with their 40 outdoor seats. Quota Plus license requirement is 300 indoor, permanent seats. Motion carried unanimously.
6. Motion by Ald. Holzem seconded by Ald. Anderson to recommend to the Common Council for approval, the application for an Original Class C Wine License submitted by Taco Loco, LLC, Abel Villarreal Agent, for Taco Loco, 808 River Road,

for licensing period of February 25, 2020 through June 30, 2020. Motion carried unanimously.

7. Motion by Ald. Holzem seconded by Ald. Anderson to recommend to the Common Council for approval, a proposed ordinance to repeal current code sec. 16.12(2) and 30.10(2) regarding outstanding debt related to the issuance of permits and licenses, and consolidate them into newly created sec. 4.15, which clarifies that the outstanding debt restriction on the issuance of permits or licenses pertains to the premises as well as the applicant. Motion carried unanimously.
8. The committee discussed updating city code sec. 16.08 and the zoning code to regulate amusement rides and portable amusement rides. Mayor Wojnicz stated that amusement rides belong in an amusement park, not set up in parking lots. Ald. Holzem and Ald. Anderson both agreed but questioned what defines an amusement ride and an amusement park. Attorney Hasler will draft a proposed ordinance for the next meeting.
9. The committee discussed updating city code sec. 16.35, the licensing of Tourist Rooming Houses. State Law allows the rental of primary or secondary residences for up to 180 days a year in both residential and commercially zoned areas. Mayor Wojnicz expressed his concerns regarding rental houses popping up in residential areas. The definition of "primary" and "secondary" homes needs to be clarified in order to address applicants that appear to have multiple secondary homes. City Planner/Zoning Administrator Chris Tollaksen stated that these rentals are a nationwide issue that communities are struggling to address. Ald. DeFosse stated that he sees the benefit of having more overnight lodging options in the city and the few that we do have now appear to be successful without any issues. Attorney Hasler will prepare a draft ordinance for the next meeting.
10. Next meeting was set for Monday, March 9, 2020, tentatively at 6:00pm.
11. Motion by Ald. Anderson seconded by Ald. Holzem to adjourn. Motion carried unanimously and the meeting adjourned at 8:20pm.

  
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: 2/27/2020 Amount Paid: \$ 300<sup>00</sup> Receipt No. 71995

Name of Applicant (Last, First, MI): Matthew R. Kemp (Kemp)

Address of Applicant: N9398 Chasefactory Road - Wis Dells, WI 53965

Date of Birth: 11-29-1969 Daytime Telephone Number: 608-415-8687

Applicant's Drivers License Number: K510-5566-9429-08 State: WI

Business Name: Wisconsin Dells Taxi Inc. Telephone No. 608-415-8687

Business Address: 918 Rock Street 608-253-7433

Proposed hours of Operation: 6:30 AM - 2:30 AM

Name of Auto Insurance Carrier: (Attach Proof of Coverage): AMALGAMATED CASUALTY INS

Proposed Rate Schedule: AM - 2/PERSON 2/MI PM 1/PERSON 3/MI

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.

Matthew Kemp  
Signature of Applicant

02-27-20  
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): \_\_\_\_\_



WI

copy

To: City of Wisconsin Dells Representative(s)

From: Keshia Gregerson- K2G Inc DBA Wisconsin Dells Taxi

**Transfer of Licensing Request**

**02/26/2020**

A recent inquiry to transfer ownership of Wisconsin Dells Taxi was brought to your attention. As discussed, the industry has proven to be reliant on Wisconsin Dells Taxi for a critical daily dependence of necessary transportation. Local residents, our vast J1 Community as well as a thriving tourism industry rely on our services. Any delay in licensing transfer would negatively impact local employers as well as result in an unsafe roadway environment from local nightlife establishments, including a local Safe Ride program if Wisconsin Dells Taxi were to not be available.

Keshia Gregerson and Wisconsin Dells Taxi have shown to have a VAST following upon the local and tourism industries the past ten (10) years as the largest operating transportation company.

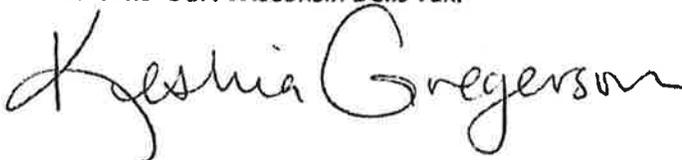
Seller (Keshia Gregerson) strongly recommends Purchaser (Matthew and Bob Kemp) as they come equipped with a vast entrepreneur background, DOT compliance, experience as an operator within the industry and the passion and drive to successfully maintain the positive reputation that Wisconsin Dells Taxi holds.

This recommendation comes attached to the Taxi Ownership Paperwork for the City of Wisconsin Dells.

Professionally,

Keshia Gregerson

K2G Inc- DBA Wisconsin Dells Taxi



WI

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

**Amalgamated Casualty Insurance Company**

POLICY NUMBER

**CAP-20-0110852-00**

EFFECTIVE DATE

**2/26/2020**

EXPIRATION DATE

**2/26/2021**

YEAR

**2008**

MAKE/MODEL

**Dodge**

VEHICLE IDENTIFICATION NUMBER

**Grand Caravan 2D8HN44H58R705391**

AGENCY/COMPANY ISSUING CARD

**AdvisorNet Property and Casualty LLC**

**701 4th Avenue South**

**Suite 220**

**Minneapolis**

**MN 55415**

**(866) 896-0281**

INSURED

**Wisconsin Dells Taxi, Inc**

**PO Box 264**

**Wisconsin Dells**

**WI 53965**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**Web Address:**

**[www.advisornetpc.com](http://www.advisornetpc.com)**

**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.

WI  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER      COMPANY       COMMERCIAL       PERSONAL

**Amalgamated Casualty Insurance Company**

POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE  
CAP-20-0110852-00      2/26/2020      2/26/2021

YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
2009      Dodge Caravan      2D8HN44E19R627957

AGENCY/COMPANY ISSUING CARD

**AdvisorNet Property and Casualty LLC**  
701 4th Avenue South      Suite 220  
Minneapolis      MN 55415      (866) 896-0281

INSURED

Wisconsin Dells Taxi, Inc  
913 Race St

Wisconsin Dells      WI 53965

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INSURANCE IDENTIFICATION CARD

COMPANY NUMBER      COMPANY       COMMERCIAL       PERSONAL

**Amalgamated Casualty Insurance Company**

POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE  
CAP-20-0110852-00      2/26/2020      2/26/2021

YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
2010      Chevrolet Express      1GA2G1DG7A1156381

AGENCY/COMPANY ISSUING CARD

**AdvisorNet Property and Casualty LLC**  
701 4th Avenue South      Suite 220  
Minneapolis      MN 55415      (866) 896-0281

INSURED

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WI  
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COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

**Amalgamated Casualty Insurance Company**

POLICY NUMBER

**CAP-20-0110852-00**

EFFECTIVE DATE

**2/26/2020**

EXPIRATION DATE

**2/26/2021**

YEAR

**2010**

MAKE/MODEL

**Chevrolet**

**Express**

VEHICLE IDENTIFICATION NUMBER

**1GA2G1DG1A1138488**

AGENCY/COMPANY ISSUING CARD

**AdvisorNet Property and Casualty LLC**

**701 4th Avenue South**

**Suite 220**

**Minneapolis**

**MN 55415**

**(866) 896-0281**

INSURED

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**Wisconsin Dells**

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**INSURANCE IDENTIFICATION CARD**

**WI**

(STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

**Amalgamated Casualty Insurance Company**

POLICY NUMBER

**CAP-20-0110852-00**

EFFECTIVE DATE

**2/26/2020**

EXPIRATION DATE

**2/26/2021**

YEAR

**2008**

MAKE/MODEL

**GMC**

VEHICLE IDENTIFICATION NUMBER

**Savana G3500**

**1GJHG39K881151901**

AGENCY/COMPANY ISSUING CARD

**AdvisorNet Property and Casualty LLC**

**701 4th Avenue South**

**Suite 220**

**Minneapolis**

**MN 55415**

**(866) 896-0281**

INSURED

**Wisconsin Dells Taxi, Inc**

**913 Race St**

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- 1. Name and address of each driver, passenger and witness.**
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# INSURANCE BINDER

DATE (MM/DD/YYYY)  
2/26/2020**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

<b>AGENCY</b> AdvisorNet Property and Casualty LLC 701 4th Avenue South Suite 220 Minneapolis MN 55415		<b>COMPANY</b> Amalgamated Casualty Insurance Company		<b>BINDER #</b> B2022603263	
<b>PHONE (A/C, No, Ext):</b> (866) 896-0281 <b>FAX (A/C, No):</b> (612) 313-7574		<b>DATE EFFECTIVE</b> 2/26/2020		<b>TIME</b> 12:01	
<b>CODE:</b> AGENCY CUSTOMER ID: 00018004 INSURED AND MAILING ADDRESS Wisconsin Dells Taxi, Inc PO Box 264 Wisconsin Dells WI 53965		<b>DATE EXPIRATION</b> 2/26/2021		<b>TIME</b> 12:01 AM NOON	
<b>AGENCY CUSTOMER ID:</b> 00018004		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY <input type="checkbox"/> PER EXPIRING POLICY #: CAP-20-0110852-00			
<b>AGENCY CUSTOMER ID:</b> 00018004		<b>DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)</b> 2008 Dodge/Grand Caravan 2D8HN44H58R705391 See Attached Overflow Pages			

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<b>Combined single limit</b>  <b>Uninsured motorist BI-single limit</b> 2008 Dodge/Grand Caravan 2D8HN44H58R705391	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST Underinsured motorist B	\$ \$ \$ \$ \$ \$ \$	1,000,000      100,000 100,000
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT	\$ \$	
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

**NAME & ADDRESS**

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> ADDITIONAL INSURED
LOAN #:		
AUTHORIZED REPRESENTATIVE David Burkart CPCU/NAT 		

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
2	2010 Chevrolet/Express 1GA2G1DG1A1138488	UMISG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
2	2010 Chevrolet/Express 1GA2G1DG1A1138488	UNDSG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
2	2010 Chevrolet/Express 1GA2G1DG1A1138488	CSL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,000,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
3	2010 Chevrolet/Express 1GA2G1DG7A1156381	UNDSG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
3	2010 Chevrolet/Express 1GA2G1DG7A1156381	CSL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,000,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
3	2010 Chevrolet/Express 1GA2G1DG7A1156381	UMISG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
4	2008 GMC/Savana G3500 1GJHG39K881151901	UMISG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
4	2008 GMC/Savana G3500 1GJHG39K881151901	CSL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,000,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
4	2008 GMC/Savana G3500 1GJHG39K881151901	UNDSG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
5	2009 Dodge/Caravan 2D8HN44E19R627957	UMISG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
5	2009 Dodge/Caravan 2D8HN44E19R627957	UNDSG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
5	2009 Dodge/Caravan 2D8HN44E19R627957	CSL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,000,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
6	2010 Dodge/Grand Caravan 2D4RN4DE8AR265801	CSL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,000,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
6	2010 Dodge/Grand Caravan 2D4RN4DE8AR265801	UNDSG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
6	2010 Dodge/Grand Caravan 2D4RN4DE8AR265801	UMISG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
	Underinsured motorist BI single limit	UNDSG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
	Combined single limit	CSL		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,000,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
	Uninsured motorist BI-single limit	UMISG		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
100,000				
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>

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: 02.26.2020 Amount Paid: \$ 325 Receipt No. #72002

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

Address of Applicant: 177 Forest Drive Apt #915, Wisc. Dells, WI

Date of Birth: 09.23.1977 Daytime Telephone Number: 608 432 2481

Applicant's Drivers License Number: B150-1177-7343-00 State: WI

Business Name: ProInvest LLC dba City Taxi Telephone No. 608 448 1818

Business Address: 177 Forest Drive Apt. #915, Wisc Dells, WI, 53965

Proposed hours of Operation: Monday thru Sunday 8am - 3am

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

Proposed Rate Schedule: 8am - midnight \$2 per mile  
midnight - 3am \$3 per 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]  
Signature of Applicant

2.28.2020  
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): \_\_\_\_\_

Named insured

PROINVEST, LLC  
CITY TAXI  
177 FOREST DRIVE APT 915  
WISCONSIN DELLS, WI 53965

**Policy number: 00766643-0**

Underwritten by:  
Artisan and Truckers Casualty Co  
May 31, 2019  
Policy Period: May 30, 2019 - May 30, 2020  
Page 1 of 2

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-800-980-1950**

**AMERICAN BUSINESS**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began the later of May 30, 2019 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on May 30, 2020 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WI (05/11), 4852WI (04/05), 4881WI (03/11) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,871
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		152
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		156
Medical Payments	Rejected		--
<b>Total 12 month policy premium</b>			<b>\$3,179</b>

### Rated drivers

1. CALIN BOBEANU
2. HODOROGIA ALIN
3. SKYLAR FELTON
4. EVON HENRY JR.
5. KEVIN MAGGARD

### Auto coverage schedule

**1. 2009 Dodge Grand Caravan**

VIN: 2D8HN44E09R582879

Garaging Zip Code: 53965

Radius: 100

Liability Premium	Liability	UM BI	UIM BI	Auto Total
	\$2,871	\$152	\$156	<b>\$3,179</b>

02APM012093-03

RENEWAL NUMBER

CROSS REFERENCE NUMBER

02 APM 012093 - 04

**BERKSHIRE HATHAWAY HOMESTATE  
INSURANCE COMPANY  
OMAHA, NEBRASKA  
BUSINESS AUTO COVERAGE DECLARATIONS**

The Declarations  
include a second part  
designated "Part 2".

ITEM ONE NAMED INSURED &amp; ADDRESS

**PROINVEST, LLC  
177 FOREST DRIVE APT 915  
WISCONSIN DELLS, WI 53965**

Producer

**American Business Insurance  
32107 W Lindero Canyon Rd  
Ste 120  
Westlake Village, CA 91361  
LLC**

FORM OF NAMED INSURED'S BUSINESS:

NAMED INSURED'S BUSINESS:

EMPLOYEE TRANSPORT

POLICY PERIOD: Policy covers FROM

02/22/2020 12:01 AM

TO

02/22/2021

12:01 A.M. Standard Time at the Named  
Insured's Address stated above.

## 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 AUTO 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 OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ See M 5174 (08/2004)	\$ 2,074
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	10	\$ See CA 2107 (12/1993)	\$ 77
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)		\$	\$
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE		\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE		\$	\$
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ 2,151
ENTER SYMBOL 10 DESCRIPTION HERE: Symbol 10 - Only those autos described in Item Three of the Declarations with Liability premium shown.			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$		0	IF CANCELLED BY THE INSURED.
ITEM THREE - SCHEDULE OF COVERED AUTOS		AS ATTACHED	

Countersigned At \_\_\_\_\_

By \_\_\_\_\_

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## SPLIT LIABILITY LIMITS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

	<b>SCHEDULE</b>		
"Bodily Injury" Liability:	\$	100,000	Each Person
	\$	300,000	Each "Accident"
Total "Property Damage" Liability and "Covered Pollution Cost or Expense":	\$	100,000	Each "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph C. Limit of Insurance of Section II – Liability Coverage is replaced by the following:

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the limit of insurance is as follows:

1. The most we will pay for all damages resulting from "bodily injury" to any one person caused by any one "accident", including all damages claimed by any one person or organization for care, loss of services or death resulting from the "bodily injury", is the limit of "Bodily Injury" Liability shown in the Schedule for each person.
2. Subject to the limit for each person, the most we will pay for all damages resulting from "bodily injury" caused by any one "accident" is the limit of "Bodily Injury" Liability shown in the Schedule for each "accident".
3. The most we will pay for the total of all damages resulting from "property damage" and "covered pollution cost or expense" combined caused by any one "accident" is the limit of "Property Damage" Liability and "Covered Pollution Cost or Expense" shown in the Schedule for each "accident".

All "bodily injury", "property damage" and "covered pollution cost or expense", resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage Endorsement, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

All other terms, conditions and agreements remain unchanged.

Company Name <b>Berkshire Hathaway Homestate Insurance Company</b>	Policy Number <b>02 APM 012093 - 04</b> Endorsement Effective <b>02/22/2020 12:01 AM</b>
Named Insured <b>PROINVEST, LLC</b>	Countersigned at  By _____

(Authorized Representative)

(The Attaching Clause needs to be completed only when this endorsement is issued subsequent to preparation of the policy .)

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 02      COMPANY  
Berkshire Hathaway Homestate Insurance Company

POLICY NUMBER 02 APM 012093 - 04      EFFECTIVE DATE 02/22/2020 12:01 AM      EXPIRATION DATE 02/22/2021 12:01 AM

YEAR 2005      MAKE/MODEL CHEVROLET EXPRESS CARGO      VEHICLE IDENTIFICATION NUMBER 1GAHG39U451158647

AGENCY/COMPANY ISSUING CARD  
American Business Insurance  
32107 W Lindero Canyon Rd Ste 120  
Westlake Village, CA 91361

INSURED  
PROINVEST, LLC  
177 FOREST DRIVE APT 915  
WISCONSIN DELLS, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:  
bhhcclaim@bhhc.com

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 02      COMPANY  
Berkshire Hathaway Homestate Insurance Company

POLICY NUMBER 02 APM 012093 - 04      EFFECTIVE DATE 02/22/2020 12:01 AM      EXPIRATION DATE 02/22/2021 12:01 AM

YEAR 2005      MAKE/MODEL CHEVROLET EXPRESS CARGO      VEHICLE IDENTIFICATION NUMBER 1GAHG39U451158647

AGENCY/COMPANY ISSUING CARD  
American Business Insurance  
32107 W Lindero Canyon Rd Ste 120  
Westlake Village, CA 91361

INSURED  
PROINVEST, LLC  
177 FOREST DRIVE APT 915  
WISCONSIN DELLS, WI 53965

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

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IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:  
bhhcclaim@bhhc.com





# Your ID Cards

Keep these cards handy—in your wallet or glove compartment—and contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

Progressive Customer



**PROGRESSIVE**

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## INSURANCE IDENTIFICATION CARD - Wisconsin

**Policy Number:** 00766643-0    **NAIC Number:** 10194  
**Effective Date:** 05/30/2019    **Expiration Date:** 05/30/2020  
**Policy Type:** Commercial  
**Insurer:** Artisan and Truckers Casualty Co 1-800-444-4487  
 PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**  
 PROINVEST, LLC  
 CITY TAXI

**Your agent:**  
 AMERICAN BUSINESS 1-800-980-1950  
 32107 LINDERO CYN 120  
 WESTLAKE VILLAGE, CA 91361

Year	Make	Model	VIN
2009	Dodge	Grand Caravan	2D8HN44E79R590428

-----FOLD LINE-----

Manage your policy anytime  
 with just a few clicks at  
**progressiveagent.com**

## INSURANCE IDENTIFICATION CARD - Wisconsin

**Policy Number:** 00766643-0    **NAIC Number:** 10194  
**Effective Date:** 05/30/2019    **Expiration Date:** 05/30/2020  
**Policy Type:** Commercial  
**Insurer:** Artisan and Truckers Casualty Co 1-800-444-4487  
 PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**  
 PROINVEST, LLC  
 CITY TAXI

**Your agent:**  
 AMERICAN BUSINESS 1-800-980-1950  
 32107 LINDERO CYN 120  
 WESTLAKE VILLAGE, CA 91361

Year	Make	Model	VIN
2012	Dodge	Grand Caravan	2C4RDGCG0CR154084

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Manage your policy anytime  
 with just a few clicks at  
**progressiveagent.com**

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**Berkshire Hathaway**  
 HOMESTATE COMPANIES

1314 Douglas Street, Suite 1300 • Omaha, NE 68102

## RENEWAL NOTICE

December 26, 2019

PROINVEST, LLC  
 177 FOREST DRIVE APT 915  
 WISCONSIN DELLS, WI 53965

Billing services:

**1-877-680-2442**  
 Monday - Friday  
 7:00 AM - 7:00 PM Central Time

Renewal Policy Number      02APM012093-04  
 Expiring Policy Number      02APM012093-03  
 Billing Account Number      156695  
 Renewal Policy Term      02/22/2020 12:01 AM - 02/22/2021 12:01 AM

Claim reporting:

**1-800-356-5750**  
 24 hours a day  
 7 days a week

To our policyholder:

Thank you for being a Berkshire Hathaway Homestate Companies customer. Your renewal policy was placed with Berkshire Hathaway Homestate Insurance Company through American Business Insurance. Your current policy with Berkshire Hathaway Homestate Insurance Company expires **February 22, 2020 12:01 AM**.

We are happy to present you with your renewal policy paperwork for the next policy term. Please take a moment to review the packet to make sure you agree with the policy limits and the coverages shown. If you would like to make changes to your policy, contact AMERICAN BUSINESS INSURANCE.

You are signed up for recurring payments. Your recurring premium payments will continue to be withdrawn for your renewal policy unless you notify us at 1-877-680-2442. If your financial institution does not honor your payment for any reason, your policy will be void from inception, and you will have no policy of insurance with us in effect after **February 22, 2020 12:01 AM**.

Regards,

Berkshire Hathaway Homestate Insurance Company





CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

ITEM 4b.

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New

Renewal

Date Submitted: 3-3-2020 Amount Paid: \$ 200.00 Receipt No. 72088

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

Address of Applicant: P.O. Box 629, Lake Delton, WI. 53940

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

Applicant's Drivers License Number: RS23-4378-3067-09 State: WI.

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

Business Address: 101 Progressive Dr, Baraboo, WI. 53913

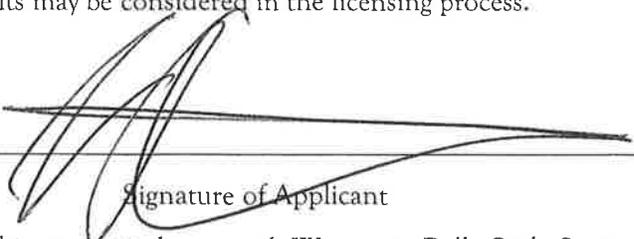
Proposed hours of Operation: Sun-Thu - 8AM-230AM, Fri, Sat - 8AM-330AM

Name of Auto Insurance Carrier: (Attach Proof of Coverage): \_\_\_\_\_

Proposed Rate Schedule: 5-1 Students - \$8 up to 6 ppl then \$1 pp over 8 ppl

51 Discount Doesn't Apply Fri/Sat After 8pm - Regular rates - \$2/mile, \$2 pp,  
(8AM - midnight) \$3 mile / \$3 pp / 4AM - 759AM  
(\$10 minimum on All meter rates) \$4 mile / \$4 pp

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

2-24-20  
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): \_\_\_\_\_





CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

ITEM 4c.

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

New  Renewal

Date Submitted: 2/18/2020 Amount Paid: \$ #250- Receipt No. 71884

Name of Applicant (Last, First, MI): MLSNA, BRENT P

Address of Applicant: 1875 West Pine Street #120, Baraboo, WI 53913

Date of Birth: 01/26/1967 Daytime Telephone Number: 608-448-8044

Applicant's Drivers License Number: M425-0756-7026-00 State: WI

Business Name: Dells Transport LLC / Dells Express Taxi Telephone No. 608-448-8044

Business Address: 1875 West Pine Street #120, Baraboo, WI 53913

Proposed hours of Operation: 6:00 am - 2:00 am Sunday thru Thursday  
Friday + Saturday 6:00 am - 3:00 am

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

Proposed Rate Schedule: \$2.25 per person + mileage - 6:00 am - 11:59 pm  
is \$2.00 per mile, After 12:00 am - 3:00 am \$2.80 per mile  
Special rates for J-1 students, workers, + local residents

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.

Brent Pmler

Signature of Applicant

2-16-2020

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): \_\_\_\_\_



WISCONSIN

**INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER  
16608

COMPANY  
New York Marine & General Insurance Co  
Claims Phone: (800) 774-2755

COMMERCIAL

PERSONAL

POLICY NUMBER  
AU2019TLP05973

EFFECTIVE DATE  
06/22/2019

EXPIRATION DATE  
06/22/2020

YEAR MAKE/MODEL  
2006 Chrysler Town & Country

VEHICLE IDENTIFICATION NUMBER  
2A4GP54LX6R610394

AGENCY/COMPANY ISSUING CARD

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

INSURED

Dells Transport LLC  
dba Dells Express Taxi  
1875 West Pine Street #120  
Baraboo WI 53913

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/11/2019

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

**INSURED**  
Dells Transport LLC  
dba Dells Express Taxi  
1875 West Pine Street#120  
Baraboo, WI 53913

**CONTACT NAME:** Eva Guzman  
**PHONE:** 800-980-1950 ext 31    **FAX:** 800-980-1960  
**EMAIL ADDRESS:** eguzman@abiweb.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New York Marine & General Insurance Co	16608
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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AU2019TLP05973	06/22/19	06/22/20	COMBINED SINGLE LIMIT (Ea occurrence)	
							BODILY INJURY (Per Person)	100,000
							BODILY INJURY (Per Accident)	300,000
							PROPERTY DAMAGE (Per accident)	100,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURENCE	
							AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYER LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Uninsured Motorist			AU2019TLP05973	06/22/19	06/22/20	100,000 per person / 300,000 per accident	
A	Underinsured Motorist			AU2019TLP05973	06/22/19	06/22/20	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)

- 2006 Ford Excursion 2E4W2A63268A20370
- 2008 Chevrolet Uplander 1GNDV231X8D150504
- 2006 Chrysler Town & Country 2A4GP54LX6R610394

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

### CERTIFICATE HOLDER

### CANCELLATION

#### Evidence of Insurance

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 Hally*

ACORD 25 (2014/01)

**INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER  
16608

COMPANY  COMMERCIAL  PERSONAL  
New York Marine & General Insurance Co  
Claims Phone: (800) 774-2755

POLICY NUMBER  
AU2019TLP05973

EFFECTIVE DATE 08/08/2019  
EXPIRATION DATE 06/22/2020

YEAR MAKE/MODEL  
2005 Dodge Grand Caravan

VEHICLE IDENTIFICATION NUMBER  
2D4GP44L55R363223

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

INSURED  
Dells Transport LLC  
dba Dells Express Taxi  
1875 West Pine Street #120  
Baraboo WI 53913

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

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2019

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 POLICY DESCRIBED 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:** Giselle Cintron  
**PHONE:** 800-980-1950 ext 36      **FAX:** 800-980-1960  
**EMAIL ADDRESS:** giselle@abiweb.com  
**INSURER(S) AFFORDING COVERAGE**      **NAIC #**  
**INSURER A:** New York Marine & General Insurance Co      16608  
**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**  
**INSURER F:**

**INSURED**  
 Dells Transport LLC  
 dba Dells Express Taxi  
 1875 West Pine Street#120  
 Baraboo, WI 53913

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

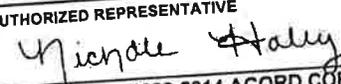
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
							EACH OCCURENCE	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AU2019TLP05973	06/22/19	06/22/20	COMBINED SINGLE LIMIT Ea occurrence BODILY INJURY (Per Person)      100,000 BODILY INJURY (Per Accident)      300,000 PROPERTY DAMAGE (Per accident)      100,000	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURENCE AGGREGATE  PER STATUTE    OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	<b>WORKERS COMPENSATION AND EMPLOYER' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A					
A	Uninsured Motorist			AU2019TLP05973	06/22/19	06/22/20	100,000 per person / 300,000 per accident	
A	Underinsured Motorist			AU2019TLP05973	06/22/19	06/22/20	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. 2005 Dodge Grand Caravan 2D4GP44L55R363223

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

**CERTIFICATE HOLDER**  
  
**Evidence of Insurance**  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**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**  
  
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CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

ITEM 4d.

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

New  Renewal

Date Submitted: 01-27-20 Amount Paid: \$ 225.00 Receipt No. 71661

Name of Applicant (Last, First, MI): KHAN QUDIA TOUCAAH

Address of Applicant: 822 - OAK STREET W.I DELLS WISCONSIN 53965

Date of Birth: 06-02-80 Daytime Telephone Number: 786-655-9292

Applicant's Drivers License Number: K-500-7018-0202-04 State: WI

Business Name: RST TAXI Telephone No. 608-678-2220

Business Address: 822 - OAK STREET W.I DELLS WISCONSIN 53965

Proposed hours of Operation: 24 HOUR

Name of Auto Insurance Carrier: (Attach Proof of Coverage): GATEWAY INS. Co.

Proposed Rate Schedule: \$4.21 calculated first half mile.  
\$2.28 per mile after that.

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.

QUDIA TOUCAAH KHAN.  
Signature of Applicant

01-27-2020  
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): \_\_\_\_\_





CITY OF WISCONSIN DELLS  
LICENSE APPLICATION FOR:  
TAXICAB SERVICE LICENSE

ITEM 4e.

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

225 + 60

New  Renewal

Date Submitted: 3-5-2020 Amount Paid: \$ 225.00 Receipt No. 72114

Name of Applicant (Last, First, MI): Volley, Larry K. Jr.

Address of Applicant: 920 Church St, Wis Dells, WI 53965

Date of Birth: 9/10/63 Daytime Telephone Number: 608-432-8118

Applicant's Drivers License Number: W420-5316-3330-04 State: WI

Business Name: Dells Cab Telephone No. 608-434-3166

Business Address: 920 Church St, Wis Dells, WI 53965

Proposed hours of Operation: Sun-Thurs 9AM-3AM, Fri-Sat 9AM-4AM

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

Proposed Rate Schedule: In Village or City limits \$7 first person \$2  
for each additional, WD to LD \$10 first person, \$2 each  
additional, Outside WI and/or LD \$2 per person, \$2 per  
mile - \$9 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.

Jay K. V. Jr.

Signature of Applicant

3/5/2020

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): \_\_\_\_\_



City of Wisconsin Dells(Amusement Parks and Attractions)

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

SECTION I: PURPOSE

To limit the locations in the City at which amusement rides are permitted i.e. within amusement parks, theme parks or in connection with an overnight lodging site.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Secs. 19.111.12.1, 19.111.12.8 and 19.110 are amended.

SECTION III: PROVISION AS CREATED:

- (1) The land use definition of amusement ride at Zoning Code Sec. 19.111.12.1 is amended to include the following: Stand-alone amusement rides are not permitted outside of outdoor entertainment/recreation areas or overnight lodging premises.
- (2) Amend the land use definition of outdoor entertainment/recreation at Zoning Code Sec. 19.111.12.8 to provide as follows:
  - Outdoor entertainment/recreation. A place and/or structure or facility or portion thereof, used or is intended for outdoor, uses or events. The term includes, without limitation, race tracks, motocross courses, sports arenas, outdoor shooting ranges, outdoor paintball courses, outdoor waterparks, amusement parks and theme parks; and, lodging premises with outdoor entertainment/recreation features.
- (3) Add the following definitions to General Definitions at Zoning Code Sec. 19.110:
  - Amusement park. An amusement park is an outdoor facility or venue that features various attractions including amusement rides and games as well as other events and activities for entertainment purposes.

- Theme park. A theme park is a type of amusement park that bases its structures and attractions around a central theme or has multiple areas with different themes.

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.

\_\_\_\_\_  
Edward Wojnicz, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_

PUBLISHED: \_\_\_\_\_

PASSED: \_\_\_\_\_

City of Wisconsin Dells

(Short Term Rentals)

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 limit short term rentals in residential zoned districts.

SECTION II: PROVISION AMENDED

Wisconsin Dells Code Sec. 16.35(1a)

SECTION III: PROVISION AS AMENDED:

**16.35(1a) Short Term Rentals.**

Short Term Rentals, a form of Tourist Rooming House, as defined at subsec. (2)(k) below are permitted by right as an accessory use in all zoning districts subject to the regulatory provisions of this section 16.35 and further subject to the following limitations:

- (a) The total number of days of operation within any calendar year shall not exceed 180 days which must be consecutive and must be specified in advance.
- (b) In residential zoned districts the premises shall be the applicant's primary residence or secondary residence.
- (c) For the purposes of this subsection:
  - i. primary residence means the place where the applicant lives for the greatest amount of time during the year but at least 190 days.
  - ii. Secondary residence means a place at which the applicant lives within the City on a periodic basis but not less than 90 days per year; and,

- iii. A secondary residence must be located at least 50 miles away from the applicant's primary residence and may not be subject to a rental, timeshare or property management agreement.
- (d) Applicants for short-term rentals in residential districts shall provide sworn statements regarding the primary or secondary residence status and nature of the short-term rental premises on a form prepared by the Zoning Administrator and approved by the Common Council.
- (e) A short term rental applicant/operator may not be a LLC, trust, non-profit or other corporate entity.

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 16.

\_\_\_\_\_  
Edward Wojnicz, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED: \_\_\_\_\_

PUBLISHED: \_\_\_\_\_

PASSED: \_\_\_\_\_

City of Wisconsin Dells

## ORDINANCE NO. \_\_\_\_\_

**(Delinquent Taxes and Charges; License Restrictions)**

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

SECTION I: PURPOSE.

The current city code has three provisions restricting the issuance of city licenses to applicants with delinquent obligations owed to the city. This ordinance consolidates those code sections and clarifies the applicability of the restriction to both premises and persons. Wis. Stat. sec. 990.01(26) provides “*person* includes all partnerships, associations and bodies politic or corporate.” This ordinance also establishes the process for notice and hearing concerning delinquent obligations; and, a safe harbor for arms-length true landlord-tenant relationships.

SECTION II: PROVISIONS EFFECTED.

Wisconsin Dells Code Secs. 16.12(12), 16.16 and 30.10(2) are repealed.  
Wisconsin Dells Code Sec. 4.15 is created.

SECTION III: PROVISION AS CREATED:**4.15 Delinquent Taxes and Charges; License Restrictions**

- (1) **PREMISES.** No license shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises upon which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) **PERSONS.** No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.
- (3) **PROCESS.** At the time an application for a license or permit is made, the City Clerk shall advise the applicant of the provisions of this code section and shall furnish the applicant with a written notice of all delinquent financial obligations to the City. An applicant who contests the City Clerk’s findings that there are delinquent obligations to the City may request, in writing, a hearing before the Common Council. The hearing shall be conducted at the next regularly scheduled council meeting at which time the council shall make the decision to grant or refuse to grant the license or permit.
- (4) **DEFINITION.** Wis. Stat. sec. 990.01(26) provides: “PERSON. ‘Person’ includes all partnerships, associations and bodies politic or corporate”.

- (5) EXCEPTION. This Section 4.15 shall not apply to prohibit the issuance of a license for any premises if:
- (a) the unpaid taxes, assessment or special charges were levied against the premises; and
  - (b) the license is necessary for the conduct of business on the premises by a lessee of the premises; and
  - (c) the licensee and owner have no immediate or extended family, business or financial relationship with one another other than as landlord and tenant.

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 Codes, Chapter 4.

\_\_\_\_\_  
Edward Wojnicz, Mayor

\_\_\_\_\_  
Nancy R. Holzem, Clerk

INTRODUCED:  
PUBLISHED:  
PASSED:

## **CURRENT CITY ORDINANCES:**

**16.12 (12) Delinquent Assessments.** No initial or renewal of fermented malt or intoxicating beverage license shall be granted for any premises for which taxes, assessments, utility bills or other claims of the City are delinquent and unpaid. No initial or renewal fermented malt and intoxicating beverage license shall be granted to any person who is delinquent in payment of any taxes, assessments, utility bills or other claims owed to the City and/or is delinquent in payment of forfeitures resulting from the violation of any ordinance in the City.

### **16.16 Outstanding Indebtedness; Licenses**

The officers of the City of Wisconsin Dells shall not issue any license to any person, firm, corporation, partnership, individual or any other association whatsoever that has not paid all of its outstanding bills, debts and obligations of any and all kinds whatsoever to the City.

**30.10 (2)** No officer or agent of the City shall issue any City permit or license if the applicant for such license or permit is in default of any financial obligations due and owed the City. If an application for a license or permit discloses the person or entity who or which will perform work associated with the permit or license, and, such person or entity is in default of any financial obligations due and owed the City, the application shall be denied until full payment is made.

(2) Membership and Appointments.

(a) The Mayor shall appoint the members and officers of the Common Council Committees annually at the organizational meeting of the Common Council subject to the approval of the Common Council.

(b) Each committee of the Common Council shall be comprised of three members of the Common Council and the Mayor.

(3) Public Works Committee. The Public Works Committee shall have the duties and powers specified in Wis. Stat. Sec. 62.14.

**2.04 COMMON COUNCIL PROCEDURE.**

(1) Meeting Date. The regular meetings of the Common Council shall be held on the third Monday of each month at **7:00P.M.** at the Wisconsin Dells Municipal Building. The April meeting will be held on the third Tuesday of the month before the reorganizational meeting.

(2) Special Meetings. Special meetings may be called by the Mayor by giving written notice to each member delivered personally or left at his or her usual abode at least 6 hours before the meeting. In cases where the Mayor is absent from the City, a special meeting may be called by the President of the Common Council or by four members of the Common Council, by giving written notice to each member delivered personally or left at his or her usual abode at least 6 hours before the meeting. A Special Meeting shall be deemed a regular meeting for the purpose of transacting any business that may be permitted by law.

(3) Calling Meeting to Order. The Mayor shall take the chair at the time appointed for the council to meet and shall call the members to order. In the absence of the Mayor, the Council President shall call the members to order. In the absence of the Mayor and of the Council President, the City Clerk-Treasurer shall call the meeting to order for the purpose of electing a President Pro Tem to preside over the meeting. The Council President and the President Pro Tem may, when presiding over the meeting, be entitled to vote. The Council President and President Pro Tem, when presiding over a meeting, shall have the same veto power as the Mayor.

(4) Order of Business. At the regular meetings of the Common Council the order of business shall be as follows:

- (a) Mayor calls the meeting to order
- (b) Roll call & Verification of a quorum
- (c) Consent Agenda:
  - 1. Minutes of previous meeting
  - 2. Claims (Schedule of Bills Payable)
  - 3. Bartender (Operator) Licenses
  - 4. Other items routine in nature or having mutual agreement