

OFFICIAL PUBLIC NOTICE



MEETING OF THE PUBLIC SAFETY COMMITTEE

TUESDAY, JANUARY 03, 2023 AT 6:00 PM

SMALL CONFERENCE ROOM, MUNICIPAL BUILDING; 450 S. MAIN STREET; RICHLAND CENTER, WI 53581

AGENDA

ROLL CALL:

APPROVAL OF MINUTES:

APPROVAL OF OPERATOR LICENSES:

CONSIDER APPROVAL:

DISCUSSION & POSSIBLE ACTION:

1. 2023 Municipal Taxi License

POLICE CHIEF'S REPORT:

REPORTS, REQUESTS, ETC:

ADJOURN:

Posted this 30th day of December, 2022 by 4:30 PM.
Copy to the official newspaper the Richland Observer.

A handwritten signature in cursive script, appearing to read "Aaron Joyce".

Aaron Joyce, City Clerk/Treasurer

PLEASE NOTE: That upon reasonable notice, a minimum of 24 hours in advance, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service contact Ashley Oliphant, City Administrator at 450 S. Main St., Richland Center, WI. 53581 or call 608-647-3466. Notice is hereby given that the council members who are not members of this committee may attend this meeting so as to constitute a quorum of the city council. Any such council member attendance will be for information gathering, discussion, and/or related purposes and will not result in the direct decision making by the city council at the committee meeting. The City of Richland Center is an equal opportunity employer, provider, and lender.

CITY OF RICHLAND CENTER APPLICATION FOR MUNICIPAL LICENSE

THE UNDERSIGNED HEREBY APPLIES TO THE CITY OF RICHLAND CENTER FOR A LICENSE TO CONDUCT THE FOLLOWING ACTIVITY WITHIN SAID CITY FOR THE LICENSE PERIOD ENDING - ~~JUNE 30~~ Dec. 31 2023

License Type TAXI

Name Kevin Carley

Address 543 Pleasant View CT
Richland Center, WI 53581

Phone: 608 647-3114

Street address where licensed activity will be carried out: _____

Applicant is (check one)

Individual (Sole Proprietor) Partnership Corporation Other

Name, address and dates of birth of the applicant and all partners, officers, directors and/or managing agents:

Name: Kevin Carley Date of Birth: 8-22-60

Residential Address: 543 Pleasant View CT Richland Center, WI 53581

Position: Owner

Name: _____ Date of Birth: _____

Residential Address: _____

Position: _____

Name: _____ Date of Birth: _____

Residential Address: _____

Position: _____

Name: _____ Date of Birth: _____

Residential Address: _____

Position: _____

Name: _____ Date of Birth: _____

Residential Address: _____

Position: _____

*****NOTE - THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED ON THE BACK OR IT WILL BE AUTOMATICALLY DENIED*****

The undersigned, by making this application, hereby authorize and consent to such inquiry and/or investigation as the Richland Center deems necessary to determine whether this applicant and/or the application meets all requirements of the ordinances of the City for the issuance of said license.

NOTE: Tree Cutting Licenses require a certification of insurance with a minimum \$1,000,000.00 liability insurance. Licenses are NOT issued immediately and may take up to two weeks to be approved and issued.

IT IS UNDERSTOOD THAT ANY MATERIAL FALSIFICATION IN THIS APPLICATION MAY BE BASIS FOR DENIAL OF THE APPLICATION OR THE REVOCATION OF ANY LICENSE ISSUED BY THE CITY PURSUANT TO THIS APPLICATION.

License fee \$ 104.00 is submitted herewith.

Dated this 19th day of December, 2022

Kevin Carley

Signature of Applicant(s) or Agent of Applicant(s)

(NOTE: The City may require that additional information, appropriate to the specific type of license requested, be submitted with this application or as a supplement to this application prior to consideration of license issuance.)

SUPPLEMENTAL INFORMATION REQUIRED FOR TAXI LICENSE APPLICATIONS ONLY:

Taxi license requires Police inspection of all vehicles and certificate of insurance with a minimum of \$1,000,000.00 liability insurance.

Names, addresses and birth dates of all persons who will drive taxi under this license:

Name: Kevin Carley Date of Birth: 8-22-60
Residential Address: 543 Pleasant View CT Richland Center, WI 53581
Position: Driver

Name: Jill Carley Date of Birth: 5-8-89
Residential Address: 543 Pleasant View CT Richland Center, WI 53581
Position: Driver

Name: Date of Birth:
Residential Address:
Position:

Date application filed with City Clerk: Amount Paid:

Date referred to City Council:

Decision of City Council:

COPY

Item 1.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/02/2021

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.

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.

PRODUCER: WALLACE COOPER & ELLIOTT INS, 197 S. MAIN STREET, RICHLAND CENTER, WI 53581. CONTACT NAME: PATRICK ELLIOTT, PHONE: 608-647-6311, FAX: 608-647-4708. INSURED: KEVIN CARLEY, DBA TOWN TAXI, 555 E. LINCOLN STREET, RICHLAND CENTER, WI 53581. INSURER(S) AFFORDING COVERAGE: NATIONAL CASUALTY.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL. SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability (QPO0003089), Umbrella Liab, and Workers Compensation.

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

CERTIFICATE HOLDER: City Of Richland Center, 450 S Main St, Richland Center Wis. 53581. 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: Patrick Elliott