

In Re: Public Passenger Vehicle Permits of
Kathleen A. Barbian
2965 S 94th Street
West Allis, WI

COMPLAINT
Common Council File No. _____

Doing Business as:
KAS Transportation, Inc.
6329 28th Avenue
Kenosha, WI

COMES NOW Richard Pfaff (“Complainant”) being first duly sworn and upon his oath who respectfully show and allege as follows:

1. Your Complainant is currently employed as the Assistant Manager of the License Division of the Office of the City Clerk of the City of Milwaukee. Your Complainant has been so employed since July, 2005. Your Complainant is generally responsible for the overall management of the License Division of the Office of the City Clerk of the City of Milwaukee. As such, your Complainant has overall responsibility for the maintenance of records, documents, and files kept in the ordinary conduct of business of the License Division relative to the application, renewal and non-renewal process for all classes of public passenger vehicle permits described in Chapter 100 of the Milwaukee Code of Ordinances. Your Complainant’s office is responsible for the issuance of such permits if and when the Milwaukee Common Council grants them. Unless otherwise stated, your Complainant makes this complaint upon personal knowledge and information or personal knowledge and information refreshed from documents, records and files kept in the ordinary conduct of business of the

License Division of the Office of the City Clerk of the City of Milwaukee. Your Complainant is fully competent to execute the following complaint.

2. That Respondent Kathleen A. Barbian (“Barbian”), is an adult resident of Milwaukee County and resides at 2965 S 94th St, West Allis, Wisconsin 53227. Barbian is currently the agent for the purposes of the Public Passenger Vehicle Permits (the “Permits”) issued for a 2001 Lincoln Town Car Executive bearing vehicle identification number 1L1FM81W81Y609014, a 2001 Lincoln Navigator bearing vehicle identification number 5LMFU28A31LJ04482, and a 2002 Lincoln Town Car Signature bearing vehicle identification number 1LNHM82W82Y654378 (the “Licensed Vehicles”).

3. That Respondent KAS Transportation, Inc. (“KAS Transportation”), is, upon information and belief, a Wisconsin business corporation (State ID No. K026766) of which Dennis R. Ritt, Jr. is the registered corporate agent and has its home office and principal place of business at 6329 28th Avenue, in the City of Kenosha, as of April 1, 2008.

4. Annexed hereto and incorporated herein by reference as **Exhibit 1** (2 pages) is a true and correct copy of the corporate record from the Wisconsin Department of Financial Institutions related to the Respondent dated July 8, 2008.

5. That, upon information and belief, Respondent KAS Transportation is the owner or lessee of the License Vehicles, which it operates as luxury limousines.

6. Annexed hereto and incorporated herein by reference as **Exhibit 2** (12 pages) is a true and correct copy of new public passenger vehicle permit applications for the Licensed Vehicles filed by the Respondent Barbian with the Office of the City Clerk on May 22, 2007. These applications were filed pursuant to and under the authority of the provisions of § 100-50-1, Milwaukee Code of Ordinances (“MCO”).

7. That on May 30, 2007, the Common Council of the City of Milwaukee granted the Permits for the Licensed Vehicles to Respondent Barbian, as agent for Respondent KAS Transportation.

8. That on July 6, 2007, the License Division of the Office of the City Clerk of the City of Milwaukee (the "License Division") issued the Permits for the Licensed Vehicles to Respondent Barbian, as agent for Respondent KAS Transportation. The Permits were issued with an effective date of May 1, 2007 and an expiration date of April 30, 2009.

9. That § 100-53-1, MCO establishes that no person may operate or obtain a license to operate a public passenger vehicle unless the person has given to the License Division and there is in full force and effect at all times while the person is driving or operating a public passenger vehicle, on file with the License Division, either a surety bond, insurance policy, deposit in escrow or a certificate of self-insurance.

10. Annexed hereto and incorporated herein by reference as **Exhibit 3** (1 page) is a true and correct copy of a certificate of liability insurance indicating that a policy of insurance (Policy No. CAO0206928) had been issued to the Respondent KAS Transportation for the Licensed Vehicles effective January 21, 2007, and expiring January 21, 2008.

11. Annexed hereto and incorporated herein by reference as **Exhibit 4** (3 pages) is a true and correct copy of letters dated November 27, 2007, forwarding Respondent Barbian letters advising the Respondent KAS Transportation that the insurance policy for the Licensed Vehicles will expire on January 21, 2008, and that any lapse in insurance coverage will result in the suspension of the Permits. The letter further advises the Respondent KAS Transportation that failure to submit proof of insurance within 45 days of suspension will result in revocation of the Permits pursuant to § 100-53-2-b, MCO.


12. Annexed hereto and incorporated herein by reference as **Exhibit 5** (1 page) is a true and correct copy of a letter dated January 22, 2008, forwarding to Respondent Martin a letter advising the Respondent KAS Transportation that the insurance policy for the Licensed Vehicles expired on January 21, 2008, and that the lapse in insurance coverage has resulted in the suspension of the Permits. The letter further advises the Respondent KAS Transportation that failure to submit proof of insurance within 45 days of the date of suspension will result in revocation of the Permits pursuant to § 100-53-2-b, MCO.

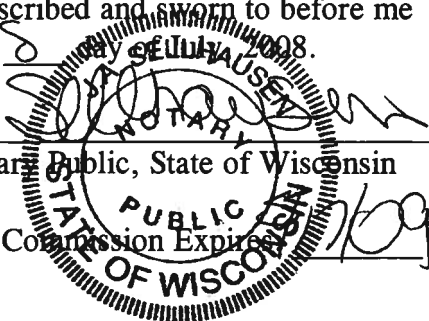
13. That as of July 8, 2008, the Respondent KAS Transportation has failed to provide to the License Division new surety bonds, direct obligations, insurance policies, or cash sufficient to comply with the requirements of § 100-53-1, MCO relating to the Licensed Vehicles.

WHEREFORE, Your Complainant prays that the public passenger vehicle permits for luxury limousines for Kathleen A. Barbian, agent for the business located at 6329 28th Avenue, in the City of Kenosha, Wisconsin (“KAS Transportation, Inc.”) be revoked pursuant to the provisions of § 100-53-2-b of the Milwaukee Code of Ordinances.


RICHARD PFAFF

Subscribed and sworn to before me
this 8th day of July 2008.


Notary Public, State of Wisconsin
My Commission Expires 7/10/09



Due to a maintenance update. Payment processing will be down between 12:30 PM and 12:35 PM. Applications will remain available.

Search for:

KAS TRANSPORTATION

Search Records

[Search](#)
[Advanced Search](#)
[Name Availability](#)

Corporate Records

Result of lookup for K026766 (at 7/8/2008 10:34 AM)

KAS TRANSPORTATION, INC.

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

Vital Statistics

Entity ID K026766

Registered Effective Date 05/08/1997

Period of Existence PER

Status Delinquent [Request a Certificate of Status](#)

Status Date 04/01/2008

Entity Type Domestic Business

Annual Report Requirements Business Corporations are required to file an Annual Report under s.180.1622 WI Statutes.

Addresses

Registered Agent Office DENNIS R RITT JR
6329 28TH AVENUE
KENOSHA , WI 53143

[File a Registered Agent/Office Update Form](#)

Principal Office 6329 28TH AVENUE
KENOSHA , WI 53143
UNITED STATES OF AMERICA

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2006	000	0000	online	database
2005	000	0000	online	database
2004	000	0000	online	database
2003	111	1111	paper	image
2002	005	1621	paper	microfilm
2000	007	2267	paper	microfilm
1999	013	2181	paper	microfilm
1998	015	1107	paper	microfilm



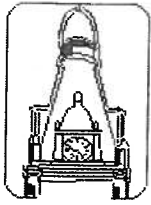
Certificates of Newly-elected Officers/Directors None

Old Names None

Chronology

Effective Date	Transaction	Filed Date	Description
05/08/1997	Incorporated/Qualified/Registered	05/09/1997	
05/24/2000	Change of Registered Agent	05/24/2000	FM16-2000
04/01/2002	Delinquent	04/01/2002	
06/18/2002	Restored to Good Standing	06/18/2002	
01/13/2005	Change of Registered Agent	01/13/2005	FM16-E-Form
08/29/2006	Change of Registered Agent	08/29/2006	FM16-E-Form
04/01/2008	Delinquent	04/01/2008	

[Order a Document Copy](#)



**City
of
Milwaukee**

ccl-199t (5/06)

**PUBLIC PASSENGER VEHICLE PERMIT
LUXURY LIMOUSINE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: Individual or Partnership (Fill out Section A, B, & D)
 Corporation or LLC (Fill out Section B, C, & D)

A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Partner #2 Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
B	Business Name: <u>Blackline Limousines</u>	Business Phone Number: () - <u>414-481-2599</u>
	Business Address (include City, State, Zip Code): <u>4990 So 2nd St., Milwaukee WI 53207</u>	
	Has anyone on this application been convicted of violating any federal laws, state or local ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name of person, date of conviction, charge and penalty: _____	
C	Full Name of corporation or limited liability company: <u>KAS Transportation, Inc.</u>	
	Agent:	
	Full Name (Last, First & Middle Initial): <u>Barbican, Kathleen A.</u>	
	Home Address (include City, State & Zip Code): <u>2965 So 94th St., West Allis, WI 53227</u>	
	Home Phone Number: () - <u>414-328-1718</u>	Date of Birth: <u>5/10/64</u>
	President/Member	Vice President/Member
	Full Name (Last, First & Middle Initial): <u>Ritt Dennis Jr.</u>	Full Name (Last, First & Middle Initial):
	Home Street Address: <u>11515 W. Coldspring Rd.</u>	Home Street Address:
	Home City, State, Zip Code: <u>Greenfield WI 53228</u>	Home City, State, Zip Code:
	Home Phone Number: <u>414 429-1728</u>	Home Phone Number: () -
Date of Birth: <u>8/16/52</u>	Date of Birth:	

PENGAD 300-631-6080
EXHIBIT
2
12 pages

C Cont.	Secretary/Member	Treasurer/Member
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
Date of Birth:	Date of Birth:	

Description of Vehicle

Luxury Limousine Classification: (Check one) Stretched Limousine Executive Sedan
 See s. 100-3-11, MCO, for luxury limousine classification definitions.

Body style: (Check one)

Limousine 4-Door Sedan 2-Door Coupe Van Wagon Sport Utility Other _____

Year: 2001 Make: Lincoln Model: Town Car Rear-seating capacity: 10

Vehicle ID Number (VIN): 1L1FM81W81Y609014 License Plate Number: BLKLN5

1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information provided in this application.

2. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

3. The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

Rate of Fares – Example: \$5.00 per hour

\$150.00 per hour

I have knowledge of the City Ordinances currently regulating the permit applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

1st day of May, 20 07

Vassia Mastie
Notary Public, State of Wisconsin

Kathleen A. Barbison
Individual/Agent of Corp or LLC/Partner

[Signature]
Pres of Corp/Member of LLC/Partner

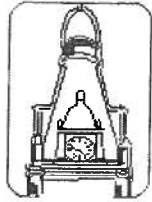
My commission expires 7/1/08

Sec of Corp/Add'l Members/Partners

Office Use Only:

Initials: AK Transaction #: 11099 Filed: 5/2/07 Permit #: 174

Granted: MAY 30 2007 Issued: 7/6/07 Approved Vehicle Unapproved Vehicle



**City
of
Milwaukee**

PUBLIC PASSENGER VEHICLE LETTER OF INTENT

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

TO: PUBLIC SAFETY COMMITTEE

I, KAS Transportation, Inc, do hereby state that in the event that I
PRINT NAME OF APPLICANT

am granted a public passenger vehicle permit for the following service:

(Check one)

- Taxicab Horse and Surrey Luxury Limousine
- Pedicab Shuttle Vehicle Handicapped-Elderly Vehicle
- Motorcycle with Sidecar

I intend to perform all of the following:

- (a) Purchase a proper vehicle. In the case of luxury limousine, a vehicle must meet either the stretched limousine or executive sedan classification definition pursuant to s. 100-3-11, MCO; and
- (b) Secure the proper amount of automobile liability insurance pursuant to s. 100-53-1, MCO; and
- (c) Satisfy all other requirements of ch. 100, MCO

Signature of Applicant: *Dennis R. Ritt*

Print Name as signed above: Dennis R Ritt

SUBSCRIBED AND SWORN TO BEFORE ME:

This 1st day of May, 2007

[Signature]
Notary Public, State of Wisconsin

Robert J. Biro, Jr.
Notary Public
State of Wisconsin

My commission expires: 6-20-2010

OFFICE USE ONLY

Initials: qW Transaction #: 11099 Date: 5/2/07

STATEMENT OF STOCK OWNERSHIP – VEHICLE LICENSES

ccl-199b (8/05)

This statement is required of all Corporations or Limited Liability Companies applying for a Vehicle License in the City of Milwaukee. All persons who individually own 10% or more of the Corporation's/LLC's total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below.

Name of Corp or LLC KAS Transportation, Inc
 Corp or LLC Address 6329 28th Avenue City, State & Zip Kenosha, WI 53143

STOCKHOLDERS

Full Name (First, Middle & Last)	Home Address (Not business or office)	City, State, & Zip	Date of Birth	Percentage of Shares Held
<u>Dennis R. H. Jr.</u>	<u>11515 W. Coldspring Rd.</u>	<u>Greenfield WI</u>	<u>8/16/52</u>	<u>None</u>
		<u>53228</u>		

(if more space is required, attach additional sheets)

We understand that transfers of stock must be reported to the City Clerk within 48 hours after such transfer.

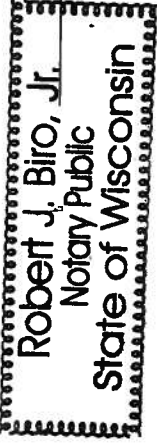
Subscribed and sworn to before me this

1st day of May 2007
 Notary Public, State of Wisconsin

My Commission Expires 6-30-2010

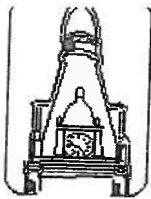
Kathleen A. Barbican
 Signature of Agent

Signature of President/Member of LLC



Signature of Secretary/Member

NOTE: A penalty is provided for submitting false statements or affidavits – Per the Milwaukee Code of Ordinances.



**City
of
Milwaukee**

cc1-199t (5/06)

**PUBLIC PASSENGER VEHICLE PERMIT
LUXURY LIMOUSINE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: Individual or Partnership (Fill out Section A, B, & D)
 Corporation or LLC (Fill out Section B, C, & D)

INDIVIDUAL OR PARTNERSHIP:		Partner #2
Full Name (Last, First & Middle Initial)		Full Name (Last, First & Middle Initial)
Home Street Address:		Home Street Address:
Home City, State, Zip Code:		Home City, State, Zip Code:
Home Phone Number: () -		Home Phone Number: () -
Date of Birth:		Date of Birth:
Business Name: <u>Blackline Limousines</u>		Business Phone Number: () - <u>414-481-2599</u>
Business Address (include City, State, Zip Code): <u>4990 So 2nd St., Milwaukee, WI 53207</u>		
Has anyone on this application been convicted of violating any federal laws, state or local ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name of person, date of conviction, charge and penalty: _____		
Full Name of corporation or limited liability company: <u>KAS Transportation, Inc.</u>		
Agent:		
Full Name (Last, First & Middle Initial): <u>Barbian, Kathleen A.</u>		
Home Address (include City, State & Zip Code): <u>2965 So 94th St., West Allis WI 53227</u>		
Home Phone Number: () - <u>414-328-1718</u>		Date of Birth: <u>5/10/64</u>
President/Member		Vice President/Member
Full Name (Last, First & Middle Initial): <u>Ritt Dennis Jr.</u>		Full Name (Last, First & Middle Initial):
Home Street Address: <u>11515 W. Coldspring Rd.</u>		Home Street Address:
Home City, State, Zip Code: <u>Greenfield WI 53228</u>		Home City, State, Zip Code:
Home Phone Number: () - <u>414 429-1728</u>		Home Phone Number: () -
Date of Birth: <u>8/16/52</u>		Date of Birth:

OVER

C Cont.

<u>Secretary/Member</u>	<u>Treasurer/Member</u>
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Home Street Address:	Home Street Address:
Home City, State, Zip Code:	Home City, State, Zip Code:
Home Phone Number: () -	Home Phone Number: () -
Date of Birth:	Date of Birth:

Description of Vehicle

Luxury Limousine Classification: (Check one) Stretched Limousine Executive Sedan
 See s. 100-3-11, MCO, for luxury limousine classification definitions.

Body style: (Check one)

Limousine 4-Door Sedan 2-Door Coupe Van Wagon Sport Utility Other _____

Year: 2001 Make: Lincoln Model: Navigator Rear-seating capacity: 6

Vehicle ID Number (VIN): 5LMFU28A31LJ04482 License Plate Number: BLKLN2

1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information provided in this application.

2. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

3. The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

Rate of Fares – Example: \$5.00 per hour

\$100.00 per hour

I have knowledge of the City Ordinances currently regulating the permit applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

15 day of May, 20 07
[Signature]
 Notary Public, State of Wisconsin

[Signature]
 Individual/Agent of Corp or LLC/Partner
[Signature]
 Pres of Corp/Member of LLC/Partner

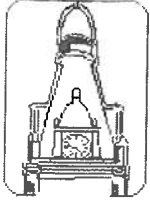
 Sec of Corp/Add'l Members/Partners

My commission expires 7-6-08

Office Use Only:

Initials: AW Transaction #: 1700 Filed: 5/2/07 Permit #: 125

Granted: _____ Issued: 7/6/07 Approved Vehicle Unapproved Vehicle



**City
of
Milwaukee**

PUBLIC PASSENGER VEHICLE LETTER OF INTENT

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

TO: PUBLIC SAFETY COMMITTEE

I, KAS Transportation, Inc. do hereby state that in the event that I
PRINT NAME OF APPLICANT

am granted a public passenger vehicle permit for the following service:

(Check one)

Taxicab

Horse and Surrey

Luxury Limousine

Pedicab

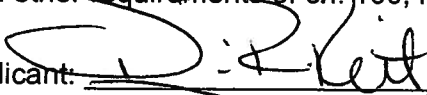
Shuttle Vehicle

Handicapped-Elderly Vehicle

Motorcycle with Sidecar

I intend to perform all of the following:

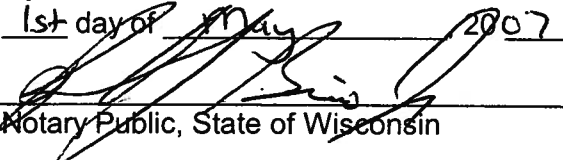
- (a) Purchase a proper vehicle. In the case of luxury limousine, a vehicle must meet either the stretched limousine or executive sedan classification definition pursuant to s. 100-3-11, MCO; and
- (b) Secure the proper amount of automobile liability insurance pursuant to s. 100-53-1, MCO; and
- (c) Satisfy ~~all other~~ requirements of ch. 100, MCO.

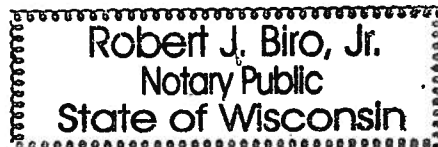
Signature of Applicant: 

Print Name as signed above: Dennis R. Ritt

SUBSCRIBED AND SWORN TO BEFORE ME:

This 1st day of May 2007


Notary Public, State of Wisconsin



My commission expires: 6-20-2010

OFFICE USE ONLY

Initials: QW Transaction #: 1700 Date: 5/2/07

STATEMENT OF STOCK OWNERSHIP – VEHICLE LICENSES

ccl-199b (8/05)

This statement is required of all Corporations or Limited Liability Companies applying for a Vehicle License in the City of Milwaukee. All persons who individually own 10% or more of the Corporation's/LLC's total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below.

Name of Corp or LLC KAS Transportation, Inc.

Corp or LLC Address 6329 28th Ave. City, State & Zip Kenosha WI 53143

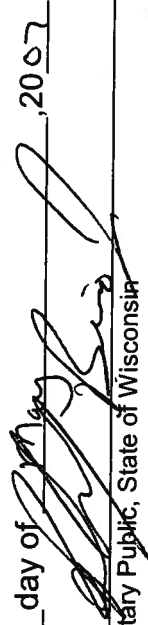
STOCKHOLDERS

Full Name (First, Middle & Last)	Home Address (Not business or office)	City, State, & Zip	Date of Birth	Percentage of Shares Held
Dennis Ritt Jr.	11515 W. Coldspring Rd.	Greenfield WI 53228	8/16/52	None

(if more space is required, attach additional sheets)

We understand that transfers of stock must be reported to the City Clerk within 48 hours after such transfer.

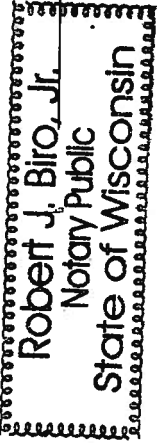
Subscribed and sworn to before me this

1st day of May, 2007

 Notary Public, State of Wisconsin

My Commission Expires 6-20-2010

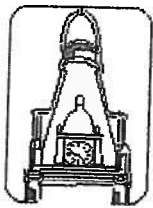
Kathleen A. Barbra
 Signature of Agent

Signature of President/Member of LLC



Signature of Secretary/Member

NOTE: A penalty is provided for submitting false statements or affidavits – Per the Milwaukee Code of Ordinances.



**City
of
Milwaukee**

ccl-199t (5/06)

**PUBLIC PASSENGER VEHICLE PERMIT
LUXURY LIMOUSINE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: Individual or Partnership (Fill out Section A, B, & D)
 Corporation or LLC (Fill out Section B, C, & D)

INDIVIDUAL OR PARTNERSHIP:		Partner #2	
Full Name (Last, First & Middle Initial)		Full Name (Last, First & Middle Initial)	
Home Street Address:		Home Street Address:	
Home City, State, Zip Code:		Home City, State, Zip Code:	
Home Phone Number: () -		Home Phone Number: () -	
Date of Birth:		Date of Birth:	
Business Name: <i>Blackline Limousines</i>		Business Phone Number: <i>414-481-2599</i>	
Business Address (include City, State, Zip Code): <i>4990 So 2nd St., Milwaukee WI 53207</i>			
Has anyone on this application been convicted of violating any federal laws, state or local ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list name of person, date of conviction, charge and penalty:			
Full Name of corporation or limited liability company: <i>KAS Transportation, Inc</i>			
Agent:			
Full Name (Last, First & Middle Initial): <i>Barbian, Kathleen A.</i>			
Home Address (include City, State & Zip Code): <i>2965 So 94th St., West Allis WI 53227</i>			
Home Phone Number: () - <i>414-328-1728</i>		Date of Birth: <i>5/10/64</i>	
President/Member		Vice President/Member	
Full Name (Last, First & Middle Initial): <i>Ritt, Dennis Jr.</i>		Full Name (Last, First & Middle Initial):	
Home Street Address: <i>11515 W. Coldspring Rd</i>		Home Street Address:	
Home City, State, Zip Code: <i>Greenfield WI 53228</i>		Home City, State, Zip Code:	
Home Phone Number: <i>(414) 429 1728</i>		Home Phone Number: () -	
Date of Birth: <i>8/16/52</i>		Date of Birth:	

OVER

C Cont.

Secretary/Member

Treasurer/Member

Full Name (Last, First & Middle Initial):

Full Name (Last, First & Middle Initial):

Home Street Address:

Home Street Address:

Home City, State, Zip Code:

Home City, State, Zip Code:

Home Phone Number: () -

Home Phone Number: () -

Date of Birth:

Date of Birth:

Description of Vehicle

Luxury Limousine Classification: (Check √ one) Stretched Limousine Executive Sedan
See s. 100-3-11, MCO, for luxury limousine classification definitions.

Body style: (Check √ one)

Limousine 4-Door Sedan 2-Door Coupe Van Wagon Sport Utility Other

Year: 2002 Make: Lincoln Model: Town Car Rear-seating capacity: 4

Vehicle ID Number (VIN): 1LNHM82W82Y654378 License Plate Number: BLKLU4

1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information provided in this application.
2. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
3. The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

Rate of Fares – Example: \$5.00 per hour

\$ 100.00 per hour

I have knowledge of the City Ordinances currently regulating the permit applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

1st day of May, 2007

Kassia Skutis
Notary Public, State of Wisconsin

My commission expires 7/6/08

Kathleen A. Barbican
Individual/Agent of Corp or LLC/Partner

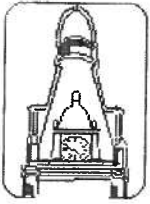
[Signature]
Pres of Corp/Member of LLC/Partner

Sec of Corp/Add'l Members/Partners

Office Use Only:

Initials: gwt Transaction #: 1701 Filed: 5/2/07 Permit #: 176

Granted: MAY 30 2007 Issued: 7/2/07 Approved Vehicle Unapproved Vehicle



City
of
Milwaukee

PUBLIC PASSENGER VEHICLE LETTER OF INTENT

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

TO: PUBLIC SAFETY COMMITTEE

I, KAS Transportation Inc do hereby state that in the event that I
PRINT NAME OF APPLICANT

am granted a public passenger vehicle permit for the following service:

(Check one)

- Taxicab
- Horse and Surrey
- Luxury Limousine
- Pedicab
- Shuttle Vehicle
- Handicapped-Elderly Vehicle
- Motorcycle with Sidecar

I intend to perform all of the following:

- (a) Purchase a proper vehicle. In the case of luxury limousine, a vehicle must meet either the stretched limousine or executive sedan classification definition pursuant to s. 100-3-11, MCO; and
- (b) Secure the proper amount of automobile liability insurance pursuant to s. 100-53-1, MCO; and
- (c) Satisfy all other requirements of ch. 100, MCO.

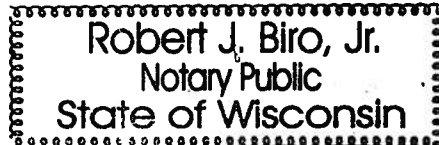
Signature of Applicant:

Print Name as signed above: Dennis R. Ritt

SUBSCRIBED AND SWORN TO BEFORE ME:

This 1 day of May, 20 07

Notary Public, State of Wisconsin



My commission expires: 6-20-2010

OFFICE USE ONLY

Initials: QR Transaction #: 1701 Date: 5/2/07

STATEMENT OF STOCK OWNERSHIP -- VEHICLE LICENSES

ccl-199b (8/05)

This statement is required of all Corporations or Limited Liability Companies applying for a Vehicle License in the City of Milwaukee. All persons who individually own 10% or more of the Corporation's/LLC's total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below.

Name of Corp or LLC KAS Transportation, Inc.

Corp or LLC Address 6329 28th Ave. City, State & Zip Kenosha WI 53143

STOCKHOLDERS

Full Name (First, Middle & Last)	Home Address (Not business or office)	City, State, & Zip	Date of Birth	Percentage of Shares Held
<u>Dennis R. H. Jr.</u>	<u>11515 W. Coldspring Rd.</u>	<u>Greenfield WI 53228</u>	<u>8/14/52</u>	<u>None</u>

(if more space is required, attach additional sheets)

We understand that transfers of stock must be reported to the City Clerk within 48 hours after such transfer.

Subscribed and sworn to before me this

1st day of July 2007

Notary Public, State of Wisconsin

My Commission Expires 6-20-2010

Kathleen A. Barbora
Signature of Agent

[Signature]
Signature of President/Member of LLC

Robert J. Biro, Jr.
Notary Public
State of Wisconsin

Signature of Secretary/Member

NOTE: A penalty is provided for submitting false statements or affidavits -- Per the Milwaukee Code of Ordinances.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MK
KAS---1

DATE (MM/DD/YYYY)
06/27/07

PRODUCER
Robertson Ryan & Assoc., Inc.
Two Plaza East, Suite 650
330 East Kilbourn Avenue
Milwaukee WI 53202
Phone: 414-271-3575 Fax: 414-271-0196

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

KAS Transportation, Inc.
6329 28th Avenue
Kenosha WI 53143

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Casualty Co	
INSURER B: WEST BEND MUTUAL INS CO	15350
INSURER C: The Cincinnati Insurance Co.	10677
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CAP5475621	01/21/05	01/21/08	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <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	CAO0206928	01/21/07	01/21/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WCW0695285	01/21/07	01/21/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.I. EACH ACCIDENT \$ 100000
					E.I. DISEASE - EA EMPLOYEE \$ 100000
					E.I. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Milwaukee; additional insured for liability as their interest may appear.
 '01 Lincoln Navigator s/n 5LMPFU28A31LJ04482; '02 Lincoln Town Car s/n 1LNHM82W82Y654378; '01 Lincoln Town Car s/n 1L1FM81W81Y609014;
 '96 Lincoln Towncar s/n 1LNLM81W2TY695344

CERTIFICATE HOLDER

 CITY004

 City of Milwaukee
 200 E. Wells St., Room 105
 Milwaukee WI 53202

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
 AUTHORIZED REPRESENTATIVE
 Anthony Von Rueden

EXHIBIT
 3
 1 page



Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Barron
License Division Manager

November 27, 2007

Kathleen A Barbian, Agent
KAS Transportation, Inc
4990 S 2nd St
Milwaukee, WI 53207

Dear Permittee:

Our records indicate that your insurance policy for luxury limousine permit #174 will expire on 1/21/2008.

Have your insurance agent send a **current original certificate of insurance** and an affidavit of no interest, to our office. (Affidavits of no interest are not required for policies obtained through the Wisconsin automobile insurance plan.) The cancellation clause of the certificate must be as follows *"Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail 30 days written notice to the certificate holder named to the left."*

FAXES OR COPIES ARE NOT ACCEPTABLE.

Allow adequate processing and approval time prior to the expiration date. Your certificate of Insurance must arrive in our offices a MINIMUM of three weeks prior to your current insurance expiration date to ensure your permit continues without interruption.

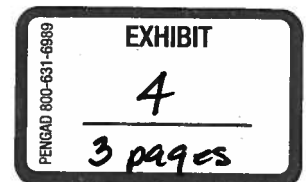
Any lapse in insurance coverage will result in the suspension of your permit. Upon suspension the Milwaukee Police Department will be notified. Your permit will be reinstated only when a current certificate of insurance is submitted to our office and approved.

Additionally, if you fail to submit insurance coverage within 45 days of suspension for expiration or cancellation of insurance you will be scheduled before the Public Safety Committee for revocation of your permit, per Chapter 100-53-2-b of the Milwaukee Code of Ordinances.

If you have any questions, contact our office at (414) 286-2238.

Sincerely,

Jane M. Jansen
License Coordinator





Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Barron
License Division Manager

November 27, 2007

Kathleen A Barbian, Agent
KAS Transportation, Inc
4990 S 2nd St
Milwaukee, WI 53207

Dear Permittee:

Our records indicate that your insurance policy for luxury limousine permit #175 will expire on 1/21/2008.

Have your insurance agent send a **current original certificate of insurance** and an affidavit of no interest, to our office. (Affidavits of no interest are not required for policies obtained through the Wisconsin automobile insurance plan.) The cancellation clause of the certificate must be as follows *"Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail 30 days written notice to the certificate holder named to the left."*

FAXES OR COPIES ARE NOT ACCEPTABLE.

Allow adequate processing and approval time prior to the expiration date. Your certificate of Insurance must arrive in our offices a MINIMUM of three weeks prior to your current insurance expiration date to ensure your permit continues without interruption.

Any lapse in insurance coverage will result in the suspension of your permit. Upon suspension the Milwaukee Police Department will be notified. Your permit will be reinstated only when a current certificate of insurance is submitted to our office and approved.

Additionally, if you fail to submit insurance coverage within 45 days of suspension for expiration or cancellation of insurance you will be scheduled before the Public Safety Committee for revocation of your permit, per Chapter 100-53-2-b of the Milwaukee Code of Ordinances.

If you have any questions, contact our office at (414) 286-2238.

Sincerely,

Jane M. Jansen
License Coordinator



Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Barron
License Division Manager

November 27, 2007

Kathleen A Barbian, Agent
KAS Transportation, Inc
4990 S 2nd St
Milwaukee, WI 53207

Dear Permittee:

Our records indicate that your insurance policy for luxury limousine permit #176 will expire on 1/21/2008.

Have your insurance agent send a **current original certificate of insurance** and an affidavit of no interest, to our office. (Affidavits of no interest are not required for policies obtained through the Wisconsin automobile insurance plan.) The cancellation clause of the certificate must be as follows *"Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail 30 days written notice to the certificate holder named to the left."*

FAXES OR COPIES ARE NOT ACCEPTABLE.

Allow adequate processing and approval time prior to the expiration date. Your certificate of Insurance must arrive in our offices a MINIMUM of three weeks prior to your current insurance expiration date to ensure your permit continues without interruption.

Any lapse in insurance coverage will result in the suspension of your permit. Upon suspension the Milwaukee Police Department will be notified. Your permit will be reinstated only when a current certificate of insurance is submitted to our office and approved.

Additionally, if you fail to submit insurance coverage within 45 days of suspension for expiration or cancellation of insurance you will be scheduled before the Public Safety Committee for revocation of your permit, per Chapter 100-53-2-b of the Milwaukee Code of Ordinances.

If you have any questions, contact our office at (414) 286-2238.

Sincerely,

Jane M. Jansen
License Coordinator



Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Barron
License Division Manager

January 22, 2008

Kathleen A. Barbian, Agt.
KAS Transportation, Inc.
4990 S. 2nd Street
Milwaukee, WI 53207

Dear Ms. Barbian:

Prior notification was mailed to you on November 27, 2007.

Due to your failure to comply with the City Ordinance regarding insurance, your three Luxury Limousine permits #174/1699, #175/1700 and #176/1701 have been suspended effective January 21, 2008. We have informed the Milwaukee Police Department of the suspension.

Your permits will be reinstated only when a valid and current certificate of insurance is submitted to our office and approved to the appropriate city department.

Additionally, if you fail to submit insurance coverage within 45 days of suspension for expiration or cancellation of insurance you will be scheduled before the Public Safety Committee for revocation of your permit, per Chapter 100-53-2-b of the Milwaukee Code of Ordinances effective July 23, 2005.

SUBMIT ORIGINAL DOCUMENTS ONLY. FACSIMILES OR COPIES ARE NOT ACCEPTABLE.

If you have any questions, contact our office at (414) 286-2238.

Sincerely,

Jane M. Jansen

Jane M. Jansen
License Coordinator

cc: Milwaukee Police Department

