

City of Milwaukee Health Department
APPLICATION FOR AMBULANCE CERTIFICATION

RECEIVED

Fee Must Accompany Application
License period January 1 to December 31.
\$1,000.00 - New Applicants and Renewals
Make check payable to the City of Milwaukee Health Department

2004 AUG 16 AM 8:03

Check (✓) one: () Individual
() Partnership
(x) Corporation

MILWAUKEE HEALTH DEPARTMENT

1. NAME OF APPLICANT (if individual) Curtis Universal Ambulance, Inc. 414-933-7600
BUSINESS NAME d/b/a Curtis Ambulance Phone 414-276-7711
Business Address P.O. Box 2007, 316 N Milwaukee St #330 Zip 53201-2007

Have any people on this application been convicted of violating any federal or state laws, or local ordinances?

Yes _____ No X If 'yes' name of person (s), date, charge and penalty: _____

2. PARTNERSHIP: (if applicable)

Name _____ Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____
Name _____ Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____

3. NAME OF CORPORATION: Curtis Universal Ambulance, Inc.

Address, City, State, Zip P.O. Box 2007 Milwaukee, WI 53201-2007

Date and Place of Incorporation 10/17/1969 Wisconsin

President James G. Baker, Jr. Home Address W310 N8370 Kilbourn Rd.

City, State, Zip Hartland, WI 53029 Phone 262-966-1853 Date of Birth 12-17-55

Vice President James G. Baker, Jr. Home Address Same as above

City, State, Zip _____ Phone _____ Date of Birth _____

Secretary Ramona Lenger Home Address 12045 W. Holt Ave.

City, State, Zip West Allis, WI 53227 Phone 414-327-9984 Date of Birth 06/20/46

Treasurer James G. Baker, Jr. Home Address Same as above

City, State, Zip _____ Phone _____ Date of Birth _____

Agent James G. Baker, Jr. Home Address Same as above

City, State, Zip _____ Phone _____ Date of Birth _____

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If 'yes', list service are number: 3

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 16

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, 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.
- 6. The undersigned understand 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.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, 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

13th day of August, 2004

Annick M. Trumble
Notary Public, State of Wisconsin

James G. Baker
(Individual/Corporate President/Partner)

James R. Baker
(Additional Partner/Corporate Vice President)

My commission expires 8/28/05

Ramona E. Langer
(Corporate Secretary)

James G. Baker
(Corporate Treasurer)

Do Not Write Below This Line

Clerk _____ License # _____ New _____ Renewal _____ Date Filed _____ Date Granted _____

Curtis Ambulance Service Vehicle List

<u>Unit #</u>	<u>Vehicle I.D.</u>	<u>Year/Make</u>	<u>Type</u>
<u>Primary Response Vehicles</u>			
320	1FDSE30F0XHB75338	1999/Ford E-350	Wheeled Coach
321	1FDXE45F41HA86500	2001/Ford E-350	Wheeled Coach
322	1FDJE30M1RHB00872	1994/Ford E-350	Med Tech
323	1FDSE35F03HB48983	2003/Ford E-350 (new) In-service as of 8/1/04	Wheeled Coach
324	1FDJE30M7RHA11761	1994/Ford E-350	Wheeled Coach
325	1FDSE35F23HB43705	2003/Ford E-350 (new) In-service as of 8/1/04	Wheeled Coach
351	1FDSE30F2XHB75339	1999/Ford E-350	Wheeled Coach
<u>Secondary Response Vehicles</u>			
353	1FDJS34F6THB56687	1996/Ford E-350	Wheeled Coach
354	1FDJS34F1THB56693	1996/Ford E-350	Wheeled Coach
377	1FDKE30M5NHA00708	1992/Ford E-350	Wheeled Coach
378	1FDKE30F4SHA65109	1995/Ford E-350	Wheeled Coach
379	1FDKE30M8RHB61124	1994/Ford E-350	Med Tech
391	1FDJE30M1PHB54055	1993/Ford E350	Wheeled Coach
392	1FDJE30M2PHB25275	1993/Ford E-350	Wheeled Coach
Med-Flight	1FDLE40F6VHB62892	1997/Ford E-350	Wheeled Coach
<u>Back-up only:</u>			
370	1FDKE30M1MHB32251	1991/Ford E-350	Med Tech

AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.

AFFIDAVIT

STATE OF Wisconsin)
COUNTY OF Waukesha)

John M Protiva, being first duly sworn, on oath deposes and says that he/she is the agent of the INEX Insurance Co & National Indemnity Co. (Insurance or Bonding Company), insurer on the attached certificate or bond issued to Curtis Universal Ambulance Co.

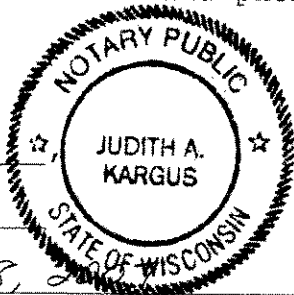
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.

John M Protiva
Signature (same as it appears on cert.)
John M. Protiva 262-827-0600
Typed name and phone number

Subscribed and sworn to before me
this 11 day of August, 2004

Judith A. Kargus
Notary Public

My commission expires FEBRUARY 18, 2005



THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK. THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT SIGNATURE LINE. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

PARK BANK

MILWAUKEE, WI 53216
9750

69-35
519

4877907141

DATE

August 12, 2004

REMITTER

CURTIS UNIVERSAL, INC.

AMOUNT \$1,100.00

PAY TO THE CITY OF MILWAUKEE HEALTH DEPARTMENT
ORDER OF

EXACTLY \$1,100.00

ONE THOUSAND ONE HUNDRED DOLLARS AND ZERO CENTS

CASHIER'S CHECK

Katolay Malonovich
FIRST VICE PRESIDENT CFO & CASHIER

AUTHORIZED SIGNATURE

PAYABLE THROUGH
BB&T
CHARLESTON, WV

⑆051900353⑆00487 79071416⑈

MILWAUKEE HEALTH
DEPARTMENT

2004 AUG 16 AM 8:03

RECEIVED

City of Milwaukee - Deposit to City Treasurer

Org Code

Deposit ID

3 8 1 0

4 1 9 0 3

Deposit Detail

Currency					
Coins					
Checks			1	1 0 0	0 0
Credit Card					
Cash Shortage					
Total			1	1 0 0	0 0

FMIS A/R Entry Made by: *Frick Sitem* Ext. 2341 Date: *8/16/04*
 Deposit Slip Prepared by: *John Smolinski* Ext. 8529 Date: *8/16/04*

Complete deposit slip using a black ink pen after FMIS A/R cash receipt entry has been made. Enter deposit ID from FMIS A/R cash receipt transaction at top of form and deliver deposit to City Treasurer at Room 103, City Hall. If FMIS A/R cash receipt entry and deposit slip are done by the same employee, the employee's supervisor must initial the deposit slip form by the signature block.

CBP-200 Part 2

Keep Area Clear for Teller Validation

*Curtis Unionsal
Ambulance*

D-Health Department 00042404 0032 000
 WI 8/17/04 PAID \$1,100.00
 41903 8/16/04
 3113PM
 D-Health Department 101104 0990 \$1,100.00
 3810 101104 0990
 CK 00000000 \$1,100.00
 CHANGE \$0.00

COPY - DEPARTMENT