

City of Milwaukee Health Department
APPLICATION FOR AMBULANCE CERTIFICATION

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

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

1. NAME OF APPLICANT (if individual) _____

BUSINESS NAME MEDA-CARE AMBULANCE, INC. Phone 414-342-0225

Business Address 2515 W. VLIET ST. MILWAUKEE Zip 53205

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

Yes _____ No 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: MEDA-CARE AMBULANCE, INC.

Address, City, State, Zip 2515 W. VLIET ST. MILWAUKEE, WI 53205

Date and Place of Incorporation MILWAUKEE, WI 1/01/72

President YVONNE LARSEN Home Address 568 W18118 ISLAND DR.

City, State, Zip MUSKEGO, WI 53150 Phone 262-679-0290 Date of Birth 9/24/37

Vice President NONE Home Address _____

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

Secretary JULIE LARSEN JOHNSON Home Address 15980 W. MAPLE RIDGE

City, State, Zip NEW BERLIN, WI 53151 Phone 262-821-3891 Date of Birth 2/09/63

Treasurer NONE Home Address _____

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

Agent LINDA WIEDMANN Home Address W351 N6018 BAVERS LN

City, State, Zip DONSMOWOC, WI 53066 Phone 262-560-0399 Date of Birth 6/14/54

MEDA-CARE AMBULANCE VEHICLE LIST as of 9/20.

Vehicle Number	VIN Number	Year and Make
201	1FDKE30M6MHB07961	1991 Ford Type 3
202	1FDKE30MBMHB07962	1991 Ford Type 3
203	1FDKE30M9KHA07429	1989 Ford Type 3
204	1FDKE30M0LHB27461	1990 Ford Type 3
206	1FDKE30M0NHA02804	1992 Ford Type 3
New -No# yet	1FDKE30M0RHB15500	1994 Ford Type 3
New -No# yet	1FDKE30MARHC16879	1994 Ford Type 3
New -No# yet	1FDKE30M4MHB04119	1991 Ford Type 3
210	1FDKE30M8LHA92376	1993 Ford Minimod
211	1FDHS34M4JHA95477	1988 Ford Type 2
212	1FDHS34M3JHB53692	1988 Ford Type 2
213	1FDH534M9LHA41885	1990 Ford Type 2
214	1FDHS34M9KHA58166	1989 Ford Type 2
215	1FDHS34M9KHA51895	1989 Ford Type 2
218	1FDHS34M4MHA56893	1991 Ford Type 2
219	1FDHS34M3MHB17506	1991 Ford Type 2
221	1FDJS34M3NHA21524	1992 Ford Type 2
222	1FDJS34M6NHB27210	1992 Ford Type 2
223	1FDJS34m0PHA20431	1993 Ford Type 2
224	1FDJE30M1PHA23644	1993 Ford Minimod
225	1FDHS34M4MHA31413	1991 Ford Type 2
227	1FDHS34M8KHA38443	1989 Ford Type 2

AFFIDAVIT

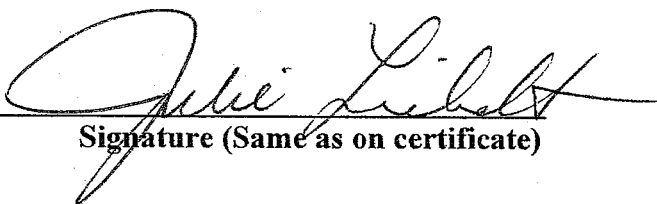
STATE OF WISCONSIN)
)
WAUKESHA COUNTY)

Julie Liebelt, being first duly sworn on
oath

deposes and says that he/she is the agent of the
Specialty National/Kemper Insurance Co.

insurer, on the attached certificate or bond issued to
Meda-Care Ambulance Service Inc.

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.


Signature (Same as on certificate)

Subscribed and sworn to before me
this 12th day of September, 2002.

Christine K. Howard

Notary Public, Waukesha County, Wisconsin

My Commission Expires 2/6/2005