

Secretary: Debra Baker
Home Address: 203 Glenowen Dr.
City: Hartland State: WI Zip: 53029

Phone _____ Date of Birth _____

Treasurer: James G. Baker, Jr.
Home Address: 4310 N8370 Kilbourne Rd.
City: Hartland State: WI Zip: 53029

Agent: _____
Home Address: _____
City: _____ State: _____ Zip: _____

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 area number: 3
Do you wish to participate in the Emergency Medical Services System? Yes No

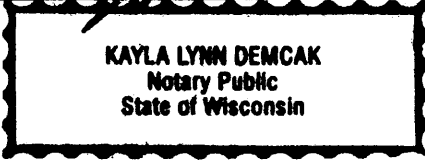
Total number of vehicles in service: 25
Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 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 14th day of September, 20 16

Individual/Corporate President/Partner: James B. Baker, Jr.
Additional Partner/Corporate Vice President: James B. Baker, Jr.

Notary Public, State of Wisconsin: Kayla Lynn Demcak
My commission expires: April 3rd 2020



Corporate Secretary: Debra Baker
Corporate Treasurer: James B. Baker, Jr.

Do Not Write Below This Line

Clerk License # New Renewal Date Filed Date Granted