

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,100.00 - 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 Phone: 414-344-4444

Business Address: 2515 W. VLIET ST.

City: MILWAUKEE State: WI Zip: 53208

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

Address: 2515 W. VLIET ST., MILWAUKEE, WI 53205

Date and Place of Incorporation: MILWAUKEE, WI 11/10/72

President: YVONNE HANSEN

Home Address: 568 W 18118 ISLAND DR.

City: MUSKEGO State: WI Zip: 53150

Phone: 262-679-0290 Date of Birth: 09/24/1937

Vice President: —

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Secretary: TED LARSEN
 Home Address: 20905 VILLA CT.
 City: WAUKESHA State: WI Zip: 53186
 Phone 262-798-3425 Date of Birth 11/12/1965
 Treasurer: TED LARSEN
 Home Address: SAME AS ABOVE
 City: _____ State: _____ Zip: _____
 Agent: LINDA WIEDMANN
 Home Address: W351 N6018 BAUBERS LN
 City: OCONOMOWOC State: WI Zip: 53066

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: 2
 Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: _____
 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 23 day of AUGUST, 2012
 Individual/Corporate President/Partner: Yvonne Larson Pres.
 Additional Partner/Corporate Vice President: _____
 Notary Public, State of Wisconsin: [Signature]
 My commission expires: 5/19/13
 Corporate Secretary: [Signature]
 Corporate Treasurer: [Signature]

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted

AFFIDAVIT

STATE OF WISCONSIN}
} SS
Waukesha County}

Julia L. Liebelt, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the Zurich American Insurance Co, insurer
(Company name)

on the attached certificate issued to Meda-Care Ambulance Service Inc.
(Legal entity of Insured)

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 any other thing of value on account of the sale of furnishing of said insurance certificate.

[Handwritten Signature]
(Signature of above Agent)

Subscribed and sworn to before me

this 15th day of August, 2012

[Handwritten Signature]
Notary Public-State of Wisconsin

My Commission expires 7/28/13

Notary Seal Must Be Affixed.

Please note the following requirements:

- 1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
4) The Notary must sign, date and stamp the form.
5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)

MEDA-CARE AMBULANCE vehicle list as of August 13, 2012

UNIT #	YEAR	MAKE	ID#
202	2000	FORD TYPE 111	1FDXE45F3YHB84122
204	2004	FORD TYPE 11	1FDSS34P34HA96656
205	2007	FORD TYPE 11	1FDSS34F53HA16666
206	2004	FORD TYPE 11	1FDSS34P14HB09503
207	2005	FORD TYPE 11	1FDSS34P65HB44572
210	2004	FORD TYPE11	1FDSS34P54HA96657
212	1994	FORD TYPE111	1FDKE30M2RHA13034
214	2003	FORD TYPE11	1FDSS34F83HA20405
217	1998	FORD TYPE111	1FDXE40FXWHC12633
219	2005	FORD TYPE 11	1FDSS34P35HB25025
220	2005	FORD TYPE11	1FDSS34P65HB44832
221	2005	FORD TYPE 11	1FDSS34PX5HB49418
223	1995	FORD TYPE 11	1FDJS34FOSHA56177
224	2004	FORD TYPE 11	1FDSS34P84HB04962
227	1995	FORD MINIMOD	1FDJE30F5SHB84332
231	2003	FORD TYPE 111	1FDXE45F63HB49017
232	2003	FORD TYPE 111	1FDXE45F83HB49018
233	2007	FORD TYPE 111	1FDXE45P97DA27533
234	2007	FORD TYPE 111	1FDXE45P97DA38063