

www.milwaukee.gov/health

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653

phone (414) 286-3521 fax (414) 286-5990 web site: www.milwaukee.gov/health

TO:

Jim Owczarski

City Clerk

FROM:

Bevan K. Baker, FACHE

Commissioner of Health

DATE:

September 30, 2013

RE:

Ambulance Company's Applications for Approval

Attached are the ambulance company's applications for certification. Per Chapter 75-15-13 the Milwaukee Health Department is to submit these to your office after receiving approval from the Milwaukee Police Department. That approval letter is attached along with the applications.

If you have any questions or require further information to open this file, please contact Ali Reed at x3524.

Thank you.



Form PM-9E 11/09

MILWAUKEE POLICE DEPARTMENT MEMORANDUM

Date: Wednesday, September 18, 2013

TO: Regina Howard Police Captain

FR: Chad Raden Police Sergeant

CC:

RE: Ambulance Applications



Ma'am,

On Wednesday, September 18, 2013, the License Investigation Unit processed the following ambulance applications: Paratech, Bell, Meda-care, and Curtis. The LIU conducted a background check on each application. At the conclusion of the LIU's investigation it is my recommendation to approve the applications that were provided.

Respectfully submitted,

Pelice Sergeant Chad Raden License Investigation Unit

INSPECTOR OF POLICE STRATEGIC MANAGEMENT

Received 9-30-/3

Referred Cos Plant

By lung May

OFFICE OF MANAGEMENT, ANALYSIS

RECEIVED

REFERRED

SIGNATURE

LECOMMUNO SPORTUR.

RM/3-0/20



OFFICE CHIEF OF POLICE SEP 13 2008 Received Referred

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Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, Wi 53202-3653

phone (414) 286-3521 web site: www.milwaukee.gov/health

fax (414) 286-5990

MEMORANDUM

TO:

Edward Flynn

Chief of Police

FROM:

Bevan K. Baker, FACHI

Commissioner of Health

DATE:

September 9, 2013

RE:

Ambulance Company's Applications for Approval

Attached are copies of the ambulance company's applications for certification. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

If you have any questions or require further information, please contact Ali Reed at x3524.

Thank you.

CC: Joel Plant



Application for Ambulance Certification

ľ

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

Ch	eck(v) one: Individual Partnership Corporation		
1.	NAME OF APPLICANT (If Individual): Business Name: MEDA - CARE AMBULANCE Business Address: 2515 W. VietSt.	Pho	ne: <u>444-344-4444</u>
	city: Milubukee		11 Zip: 53205
	Have any people on this application been convicted of violating ar If 'yes', name of person(s), date, charge and penalty:		or local ordinances? □Yes 赵No
2,	PARTNERSHIP (if applicable):		
	Name:		
	Home Address:		
	City:		
	Phone:		e of Birth:
	Name		
	Home Address:		
	Clty:		•
	Phone:	Date	e of Birth:
3.	NAME OF CORPORATION MEDA - CARE AMB & Address: 25/5 W. Viet St. M./w/d Date and Place of Incorporation: 1/10/72 N	wkee, WI	53205
	President: Uvonne Larsen	,	
	Home Address: 568 W 18118 Island		
	۸ ۱ ۱		11 = 52150
	h 0 / 0 -		01 zip: 53150 9/24/37
			7/27/37
	Vice President:		The state of the s
	Home Address:		
	City:	State:	Zip:

	Secretary: TED LARSEN	
	Home Address: 20905 Villa Ct.	
		53186
	Phone 262-798-3425 Date of Birth 11/12/6	5
	Treasurer: 5ame as Secy	
	Home Address:	
	Agent: Linda Wiedmann	
	Home Address: 39612 Cedar LN	
	Home Address: 39612 Cedar LN City: Oconomowo C State: WI Zip: 2	53066
4.	4. OTHER REQUIREMENTS:	
	Do you have on file with the Health Department, a valid and current certificate of insurance for this license pe	rlod? ☑Yes ☐No
	Do you have a valid State of Wisconsin Inspection Certificate?	ØYes □No
	Do you participate in the Emergency Medical Services System?	ØYes □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:	and vin number).
5.	5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in th	e information sup-
٠.	plied 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 or ancestry; and not seek such information as a condition of employment, or penalize any employee or dis	
	lection of personnel for training or promotion on the basis of such information.	
б.	The undersigned understand that this application does not entitle the applicants to a license and that the is solely in the discretion of the Common Council.	granting of licenses
7.	7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly :	Warn undar anth
/.	depose and say that I am the person named above and that all statements made in the foregoing application	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS day of	20
	Individual/Corporate President/Partner: Jacone Baro	land
	Additional Partner/Corporate Vice President:	
	Notary Public, State of Wisconsin:	
	My commission expires: 5/8/17 /	
	Corporate Secretary:	
	1.1-1	
	Corporate Treasurer: AU Na	
Do	Do Not Write Below This Line	
_		
	Clerk License # New Renewal Date Filed	Date Granted



CERTIFICATE OF LIABILITY INSURANCE

9/10/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT DETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the cutilicate holder is an ADDITIONAL INSURED, the policy(les) must be endersed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endersoment. A statement on this certificate does not center rights to the certificate holder in lieu of such autorsements).

confiliente holder in lieu of such undersement(s).	1700					
PRODUCER .	1 NAME:	CONTACT Julio Liobolt				
R & R Insurance Services, Inc.	PHONE LOS. H	PHONE [262] 574-7000 FAX [AC, No]: (262) 574-7080 [AC, No]: (262) 574-7080 [AC, No]: (262) 574-7080				
1581 E Racine Avenue	7000g	ss julia.	liabalt@r	rins.com		
PO Box 1610				IONNG COVERAGE		RAICA
Waukasha WI 53186	******	mauner A : Arch Insurance Company				
INSURED				sin Ins Co		29157
Meda-Care Ambulance Scryico Inc		FR C.				.
2515 W Vliet St		EROL.	- 			-}··
Milwaukee NI 53205-1835		<u> </u>				
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Milwaukoe, WI 53202						İ
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ACORD 25 (2010/05)

MEDA-CARE AMBULANCE vehicle list as of August 26, 2013

UNIT#	YEAR	MAKE	ID#
202	2006	FORD TYPE 11	1FDSS34P26DA92043
203	2006	FORD TYPE 11	1FDSS34P86HA92878
204	2004	FORD TYPE 11	1FDSS34P34HA96656
205	2007	FORD TYPE 11	1FDSS34F53HA16666
206	2004	FORD TYPE 11	1FDSS34P14HB09503
207	2005	FORD TYPE 11	1FD\$\$34P65HB44572
208	2006	Ford Type 11	1FDSS34P46DA88818
209	2006	Ford Type 11	1FDSS34P26DA88820
210	2004	FORD TYPE11	1FDSS34P54HA96657
212	1994	FORD TYPE111	1FDKE30M2RHA13034
217	1998	FORD TYPE111	1FDXE40FXWHC12633
219	2005	FORD TYPE 11	1FDSS34P35HB25025
221	2005	FORD TYPE 11	1FDSS34PX5HB49418
224	2004	FORD TYPE 11	1FDSS34P84HB04962
231	2003	FORD TYPE 111	1FDXE45F63HB49017
232	2003	FORD TYPE 111	1FDXE45F83HB49018
233	2007	FORD TYPE 111	1FDXE45P97DA27533
234	2007	FORD TYPE 111	1FDXE45P97DA38063
235	2006	FORD TYPE 111	1FDXE45P56HA37226
236	2005	FORD TYPE 111	1FDXE45P35HB39573

<u>AFFIDAVIT</u>

STATE OF V	VISCONSIN}	00	
Waukesha	County}	SS	
Julia Liebelt		, being first duly sworn, c	n oath deposes and says
(Agent)			
that he/she is	s the agent of the	ARCH Insurance Co. (Company name)	, insurer
on the attach	ed cortificate Issu	nod to Meda-Care Ambulance (Lagal entity of Ins	
Milwaukee h	as any interest, fee or any other	ays that no officer, official of directly or indirectly, or is thing of value on account of)	receiving any premium,
Subscribed ar	nd sworn to before	ė me	
this 10th d	ay of Septembor	,20 13	
√(≀) λ (* Notary Public	Wille of Wiscons	A. P.	
My Commissi	on expires 🔝	- X 11:	
Notary Seal M	lust Be Affixed.		

Please note the following requirements:

- The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
- 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.
- The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)

Print Form

City of Milwaukee Health Department

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

☐ Partnership ☐ Corporation					
NAME OF APPLICANT (if individual):		<u>,</u>			***
Business Name: Paratech Ambulance Service,					
Business Address: 9401 W. Brown Deer Road	•	1 8 31		F0004	
City: Milwaukee	State	: <u>VVI</u>	Zip:	53224	r'en.
Have any people on this application been convicted of violat	ing any federal or state	laws, or lo	cal ordinar	nces? LJYes	א ובא
If 'yes', name of person(s), date, charge and penalty:					
PARTNERSHIP (If applicable):					
Name:					
City:	State;		_ Zlp:_		
Phone:		Date of B	lirth:		
Name					
Home Address:					
City:	State:		_ Zlp: _		
Phone:	•	Date of B	lrth:		<u></u>
NAME OF CORPORATION Paratech Ambulance Se	ervice. Inc.				
Address: 9401 W. Brown Deer Road, Milwauke	e, WI 53224				
Date and Place of Incorporation: January 1st, 1979	State of Wisconsi	n		 .	
Home Address, 9401.W. Brown Deer, Road	হ' হ' কুলা হ'	* * * * * * * * * * *	* ** * * * * * * *	·= = 0 ×-4·3 0 7 1	<u>, e s s e e</u>
City:_Milwaukee	State: _	WI	Zip; 5	3224	, , , , , , , , , , , , , , , , , , ,
Phone (414) 358-1111	Date of Birth	4/22/1	949		
Vice President: Richard Romanshek				A.m	
Home Address: N90 W20881 Scenic Drive					
City: Menomonee Falls		WI	Zip:	53051	
	Date of Birth:	3/24/1	953		

	Secretary: Rich	nard Romansnek				
		SAME AS ABOVE				
	City:			State:	Zip:	
	Phone		Date of	Birth		
	Treasurer: Rob	ert A. Rauch				
	Home Address:	SAME AS ABOVE				
	City;		7000	State:	Zip:	
	Agent:					
	Home Address:	•		·····		
	City:			State:	Zlp:	
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4.	OTHER REQUIREMENT	rs;	•			
	Do you have a valid Sta Do you participate in th	n the Health Department, a valid an te of Wisconsin Inspection Certific ne Emergency Medical Services Sys	ate?	of insurance for t	his ilcense period?	ÄYes □No ÄYes □No ÄYes □No
	If yes, list service area n Do you wish to particip	umber:1 ate in the Emergency Medical Serv	/Ices System?			⊠Yes □No
	Total number of vehicle Please attach a separate	s in service: 35 page listing all vehicles including o	city assigned number	r, and description	n (year, make and v	in numbei).
5.				المرافعة والمعارض والمتابية	Lance and the Alexa Ducker.	weeklan euse
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MINDD/YYYY) 8/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Linda Jensen
	PHONE [A/C, No. Ext); (262) 502-3858 [AX, No); (262) 502-0941
N80 W14824 Appleton Ave	EMAL ADDRESS: linda.jensen@rrins.com
PO Box 160	insurer(s) affording coverage naic #
	INSURER A Markel Insurance Company
INSUREO	INSURER B; Acuity A Mutual Ins Co 14184
Paratech Ambulance Service Inc	INSURER C:
9401 W. Brown Deer Road	INSURER D:
	INSURER E1
Milwaukee WI 53224	INSURERF:

COVERAGES

CERTIFICATE NUMBER:CL133141516

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

1	CEUSIONS AND CONDITIONS OF COOL	LADDLI	SUBR	1	POLICY EFF	POLICY EXP	LIMITS	s
INSR	TYPE OF INSURANCE	AOOL INSR	170/0	POLICY NUMBER	(WINDOLLALA)	IMANDUATTAL		\$ 1,000,00
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	1 000 00
1	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	I
A	CLAIMS MADE X OCCUR	1 1		лтК7000083900	3/1/2013	B/1/2014	MED EXB (VUA ous bersou)	\$ 10,00
1	X Prof Liab \$1mil/\$3mil						PERSONAL & ADV INJURY	s 1,000,00
1							GENERAL AGGREGATE	\$ 3,000,00
	X Abuse \$1mil/\$2mil					1	PRODUCTS - COMPIOP AGG	s Include
	GENTL AGGREGATE LIMIT APPLIES PER:							\$
<u> </u>	X POLICY JEGT LOC	╂═╌╢					COMBINED SINGLE LIMIT (Ea accident)	s 1,000,00
1					İ		BODILY INJURY (Per person)	\$
A	X ALLOWNED SCHEDULED			mA7000083900	3/1/2013	3/1/2014	BODILY INJURY (Per accident)	\$
	THE ROW DWINED	1 1					PROPERTY DAMAGE (Per excident)	\$
1	HIREO AUTOS AUTOS	{ }						\$
<u> </u>	X UMBRELLA LIAB X OCCUR	┝╌┤	_				EACH OCCURRENCE	\$ 2,000,00
	EXCESS LIAB CLAWS-MADE						AGGREGATE	\$ 2,000,00
A	I and I do do do	1 1		hru7000083900	3/1/2013	3/1/2014		\$
 	WORKERS COMPENSATION 10,000	1					WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY YIN						E.L. EACH ACCIDENT	\$
	[OLLYCEIGHER BEY EXOPORED:	N/A			İ		E.L. DISEASE - EA EMPLOYEE	\$
	(Mandatory in IIII) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
-				K28716	3/1/2013	3/1/2014	BLKT -Bidg & Contents	- Per Polic
B	Property - Special Form			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ł			
{	-Repl Cost/ Blanket Limit				İ			
1	<u> </u>	I,L			dula Ilmana space f	e required)		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
City of Milwaukee is an additional insured for liability as regards their interest in the insured operation as an ambulance service. Form MGL1215 (0912) applies.

CERTI	FICATE	HOLD	ER

City of Milwaukee Dept of Health

Attn: Health Commissioner 841 N Broadway, Room 112 Milwaukee, WI 53202-3653

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Linda Jensen/17332

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PARATECH AMBULANCE SERVICE SQUAD LIST FOR 2013

<u>\$Q#</u>	VEHICLE ID NUMBER	YEAR/MAKE	IN SERVICE
101	1G8JG316971191611	2007 CHEVROLET	1/19/2009
102	1FDWE3FS7CDA07817	2012 FORD	11/22/2011
103	1FDXE45P95HA88466	2005 FORD	5/5/2010
104	1FDWE3FS2BDA42599	2011 FORO	6/8/2011
 105	1GDJG316291138873	2009 GMC	6/16/2009
105	1FDWE3F\$8DDA61578	2013 FORD	8/2/2013
107	1FDWE3F\$\$8DA42600	2011 FORD	6/16/2011
108	1GDHG316991181220	2009 GMC	9/23/2009
109	1FDWE35P160812628	2006 FORO	4/24/2007
110	1GBJG316871252639	2007 CHEVROLET	4/8/2008
111	1GBJG316471201753	2007 CHEVROLET	11/3/2008
112	1FDXE4F\$9C0A70654	2012 FORO	10/1/2012
113	1FDXE45P55HB49442	2005 FORD	6/2/2010
114	1FDWE3FS68DA38684	2011 FORD	8/4/2011
115	1FDSE35P05HA58969	2005 FORD	5/12/2005
116	1GDHG316891180740	2009 GMC	1/7/2010
117	1F0SE35P05HA09Z71	2005 FORD	5/12/2005
118	1FDWE3FS1CDA28470	2012 FORD	2/28/2012
119	1FDWE3SP66HA92465	2006 FORD	11/1/2005
120	1GBIG316171254474	2007 CHEVROLET	5/28/2008
121	1G8HG396371240501	2007 CHEVROLET	3/3/2008
122	1FDWE35P86DA61158	2006 FORD	4/5/2006
123	1FDWE3FS8DDA34946	2013 FORD	3/19/2013
124	1G8HG396091143534	2009 CHEVROLET	6/19/2009
125	1FDSE35P87DB00752	2007 FORD	7/31/2007
126	1FDXE45F53HA63844	2003 FORD	5/1/2008
127	1FDXE45F33HA63843	2003 FORD	5/1/2008
129	1FDXE45P56HA77143	2006 WHEEL COACH	10/4/2010
130	1FDXE45P16HA77138	2006 WHEEL COACH	10/4/2010
131	1FDWE3FS0BDA16177	2011 FORD	4/8/2011
132	1FDWE3F\$8BDA38685	2011 FORD	4/8/2011
133	1FDWE3FS9BDA42602	2011 FORD	5/7/2012
134	1FD\VE3FS3COA90498	2012 FORD	8/20/2012
135	1FDXE45P88D801235	2008 FORD	3/19/2013
136	1FDXE45PX8D801236	2008 FORD	3/19/2013

AFFIDAVIT

	and the second second	
STATE OF WISCONSIN}		
Waukesha County}	SS .	
inda M. Jensen	, being first duly sworn, on oath d	leposes and says
(Agent)		
that he/she is the agent of the	Markel Insurance Company (Company name)	, insurer
on the attached certificate issu-		ic .
	(Legal entity of Insured)	
Milwaukee has any interest, commission, fee or any other said insurance certificate.	directly or indirectly, or is receiving thing of value on account of the sa	ale of furnishing of
Subscribed and sworn to before	e me	
this 22nd day of August	13 · · · · · · · · · · · · · · · · · · ·	
JENNY L HIRTH Notary Public-State of Wiscons	HATES HAW	
My Commission expires	1/10/2013	
Notary Seal Must Be Affixed.		

Please note the following requirements:

- 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.)



City of Milwaukee Health Department

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				
Business Name Business Addre City: <u>Hilu</u> Have any peopl If 'ves', name of	CUT HIS UNI ss: 2866 N. Prospe CULLUS e on this application been concernously, date, charge and	onvicted of violating any fe	anco In Phone: 440 Milwal State: UI deral or state laws, or I	414-933-7600 : 414-276-7711 Wee 58202 [
Home Address: City: Phone: Name Home Address: City:			State; Date o	Zip:	-
3. NAME OF CORP Address: 2 Date and Place of President: Home Address:	of Incorporation: OCT James GI. W310 ME Land) 966-1853 James GI.	5-University oper 17th Ballor, J. 1870 Kilbour Dallar, J. Ballor, J. Ballor, J. Ballor, J. above	al, Inc. Suite 1969 ~ W R. State: WI te of Birth 18-	140, milwanker Wi Disconsin ZIp: 53029 -17-1955	53200 - - - - - -

continued on other side

Home Address: LOO COCCING Blixi. APH # 427 City: LOUKESHA State: WT. Zip: 58 Phone Date of Birth 03 - 04 - 1953 Treasurer: James G. Buker, JR Home Address: W340 N8370 Kilbaurne Rd City: Hartland State: WT. Zip: 58 Agent: Home Address: City: State: WT. Zip: 58 Agent: State: WT. Zip: 58 Agent: State: Zip: Zip: State: Zip:	186
Phone Date of Birth 03 - 04 - 1952 Treasurer: James Gr. Baker, JR Home Address: USLO NESTO Kilbourne Rd City: Harthand State: WT Zip: 52 Agent: Home Address: City: State: Zip: 4. OTHER REQUIREMENTS: Do you have a valid State of Wisconsin Inspection Certificate? Do you have a valid State of Wisconsin Inspection Certificate? Do you participate in the Emergency Medical Services System? If yes, list service area number: 3 Do you wish to participate in the Emergency Medical Services System? Total number of vehicles in service: 22 Please attach a separate page listing all vehicles including city assigned number, and description (year, make and venice)	186
Treasurer: James Gr. Bakex, JR Home Address: LOSLO N8370 Killbourne Rd City: Hartland State: WT Zip: 58 Agent: Home Address: City: State: Zip: 58 City: State: Zip: 59 4. OTHER REQUIREMENTS: State of Wisconsin Inspection Certificate of Insurance for this license period? Do you have a valid State of Wisconsin Inspection Certificate? Do you participate in the Emergency Medical Services System? If yes, list service area number: 3 Do you wish to participate in the Emergency Medical Services System? Total number of vehicles in service: 22 Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vehicles attach a separate page listing all vehicles including city assigned number, and description (year, make and vehicles including city assigned number, and description (year, make and vehicles including city assigned number, and description (year, make and vehicles including city assigned number, and description (year, make and vehicles including city assigned number, and description (year, make and vehicles including city assigned number, and description (year, make and vehicles including city assigned number)	100
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City:	
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Please attach a separate page listing all vehicles including city assigned number, and description (year, make and v	Yes \(\square\) No
5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the Info	rin number).
plied in this application. The undersigned shall not willfully refuse to provide those services offered under this li- or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, r- or ancestry; and not seek such information as a condition of employment, or penalize any employee or discrimin lection of personnel for training or promotion on the basis of such information.	cense, permit, national origin
6. The undersigned understand that this application does not entitle the applicants to a license and that the granti is solely in the discretion of the Common Council.	ng of licenses
7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn depose and say that I am the person named above and that all statements made in the foregoing application are true	under oath, le and correct.
ON ALL	+ 🔿
day of 30174 mbel	20 [
Individual/Corporate President/Partner: Junes & Jacker	<i>b</i>
Additional Partner/Corporate Vice President:	rf_
Or Walary Wille, State of Wisconsin:	
My commission expires: 09/14/11/	
Corporate Secretary: 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
Corporate Treasurer: Januar D. Becker	
Do Not Write Below This Line	,
Clerk License # New Renewal Date Filed Date C	