

CITY OF MILWAUKEE HEALTH DEPARTMENT APPLICATION FOR AMBULANCE CERTIFICATION

RECEIVED

2004 AUG 12 PM 4: 29

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

MILWAUKEE HEALTH DEPARTMENT

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

1. NAME OF APPLICANT (If Individual) _____

BUSINESS NAME MEDA-CARE AMBULANCE Phone Number 414-344-4444

Business Address 2515 W. VLIET STREET, MILWAUKEE Zip Code 53205

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 No. _____ Date of Birth _____

Name _____ Home Address _____

(City, State, Zip) _____ Phone No. _____ Date of Birth _____

3. NAME OF CORPORATION: MEDA-CARE AMBULANCE, INC.

Address, City, State, Zip 2515 W. VLIET STREET, 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 TED LARSEN Home Address 20905 VILLA CT.

City, State, Zip WAUKESHA, WI 53186 Phone 262-798-0654 Date of Birth 11/12/65

Treasurer none Home Address _____

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

Agent LINDA WIEDMANN Home Address W351 N6018 BAVERS LN

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

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: 2

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

Total number of vehicles in service: 17

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

6 day of AUGUST, 20 04

Yvonne Larsen
(Individual/Corporate President/Partner)

Spide Wilson
Notary Public, State of Wisconsin

none
(Additional Partner/Corporate Vice President)

My commission expires 8/05

[Signature]
(Corporate Secretary)

none
(Corporate Treasurer)

Do Not Write Below This Line

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

Unit	License	Make	Type	VIN	Man. Yr.
201	315-EVU	Medtec	3	1FDKE30M4MHB04119	1991
202	672-GBS	Taylor Made	3	1FDKE30F1THA42940	1996
203	545-ERC	Yankee Coach	3	1FDKE30M9KHA07429	1989
204	888-EKN	Emer Med Veh	3	1FDKE30MARHC16879	1994
205	887-EKN	Medtec	3	1FDKE30M0RHB15500	1994
206	PNF-526	Wheeled Coach	3	1FDKE30M0NHA02804	1992
207	794-EZJ	Horton	3	1FDJE30F6SHB33437	1995
210	256-AWM	Wheeled Coach	3	1FDKE30M8LHA92376	1993
211	PAJ-941	McCoy Miller	2	1FDHS34M4JHA95477	1988
212	VDW-603	McCoy Miller	2	1FDHS34M3JHB53692	1988
213	673-GBS	Osage	2	1FDH534M9LHA41885	1990
214	537-FGL	Wheeled Coach	2	1FDHS34M5JHC13035	1988
217	UCJ-529	McCoy Miller	2	1FDHS34MXLHB30171	1988
219	544 EWW	AEV	2	1FDHS34M3MHB17506	1991
223	793-EZJ	Osage	2	1FDJS34F0SHA56177	1995
224	WECNHP	National	2	1FDJE30M1PHA23644	1993
227	VCG-925	McCoy Miller	2	1FDHS34M8KHA38443	1989
K-1	KIDS ONE	Wheeled Coach	3	1FDXE40FXWHC12633	1998
K-2	KIDS TWO	Wheeled Coach	3	1FDKE30M4NHB24582	1992
Kids I	KIDS I	Wheeled Coach	3	1FDXE45F63HB49017	2003
Kids II	KIDS II	Wheeled Coach	3	1FDXE45F63HB49018	2003

Handwritten notes:
 5
 CHICKELS
 10/19/91
 10/19/91
 10/19/91

RECEIVED

2011 AUG 12 PM 4: 29

MILWAUKEE HEALTH
DEPARTMENT

21993

MEDA-CARE AMBULANCE SERVICE, INC.

2515 W. VLIET ST.
MILWAUKEE, WI 53205

12-5,157
750

DATE

8/9/04

PAY
TO THE
ORDER OF

City of Milwaukee Health Department
One thousand one hundred & 100/100

\$ 1100.00

DOLLARS

Security Features
Required
Printed on Back

M&I Marshall & Ilsley Bank
WISCONSIN

FOR

[Signature]

MP

⑈021993⑈ ⑈07500005⑈ 00242⑈ 26653⑈

City of Milwaukee - Deposit to City Treasurer

Keep Area Clear for Teller Validation

Org Code

Deposit ID

3 8 1 0

4 1 8 7 9

*Meda-Care Ambulance
Certification (2005)*

Deposit Detail

Currency					
Coins					
Checks		1	100	00	
Credit Card					
Cash Shortage					
Total		1	100	00	

D-Health Department 00025982 0112 004
 WI 8/16/04 PAID \$1,100.00
 41879 8/13/04 3:19PM
 D-Health Department \$1,100.00
 3810 101104 0990
 CK 00000000 \$1,100.00
 CHANGE \$0.00

FMIS A/R Entry Made by: *Faith Aitson* Ext. 2341 Date: 8/13/04
 Deposit Slip Prepared by: *William Smoluch* Ext. 8529 Date: 8/13/04

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.

21993

MEDA-CARE AMBULANCE SERVICE, INC.

2515 W. VLIET ST.
MILWAUKEE, WI 53205

DATE 8/9/04


12-5
750 157

PAY
TO THE
ORDER OF

City of Milwaukee Health Department

\$ 1100.00

One thousand one hundred and 00/100

DOLLARS  Security Features Included. Check on Back.

M&I Marshall & Ilsley Bank
WISCONSIN

FOR _____

[Signature]

MP

⑈021993⑈ ⑆075000051⑆ 00242⑈26653⑈