



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

RECEIVED

2006 AUG -3 P 1:43

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 ST. Zip Code 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 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 ST. MILWAUKEE, WI 53205

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

President VIVONNE LARSEN Home Address 568 W 18118 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 11/2/65

Treasurer none Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Agent LINDA WIEDMANN Home Address 10351 N6018 BAVERS LN  
City, State, Zip CRONOMETOC, WI 53066 Phone 262-520-0399 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? *-note- State of Wis. has been w/o an inspector + just recently hired one*  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: 19

**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

2 day of August, 20 06

*Gronne Larsen*  
(Individual/Corporate President/Partner)

*Gabe Medina*  
Notary Public, State of Wisconsin

\_\_\_\_\_  
(Additional Partner/Corporate Vice President)

My commission expires 6/7/09

*[Signature]*  
(Corporate Secretary)

\_\_\_\_\_  
(Corporate Treasurer)

**Do Not Write Below This Line** \_\_\_\_\_

Clerk \_\_\_\_\_ License # \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Date Filed \_\_\_\_\_ Date Granted \_\_\_\_\_



# Ambulance List Updated 7/31/

	Ambulance Number	VIN Number	License Number	Renewal Date	Inspection Date	License Type	Location of Inspection	Year manufactured	Year Purchased
1	K-1	1FDXE45F63HB49017	KIDS I	Apr-05		Special Use	535 S. 92 <sup>nd</sup> Street	2003	2004
2	K-2	1FDXE45F83HB49018	KIDS II	Apr-05		Special Use	535 S. 92 <sup>nd</sup> Street	2003	2004
3	K-3	1FDXE40FXWHC12633	KIDS ONE	Nov-06	4/23/03	Special Use	535 S. 92 <sup>nd</sup> Street	1998	1998
4	201	1FDKE30M4MHB04119	315-EVU	Nov-06	4/24/03	911/ALS	535 S. 92 <sup>nd</sup> Street	1991	2002
5	202	1FDKE30F1THA42940	672-GBS	Aug-07		911/BLS	535 S. 92 <sup>nd</sup> Street	1996	2003
6	203	1FDKE30M2RHA81804	282-JTF	Aug-07		911/ALS	535 S. 92 <sup>nd</sup> Street	1994	2004
7	204	1FDKE30MARHC16879	888-EKN	Sep-05	2/6/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1994	2002
8	205	1FDKE30M0RHB15500	887-EKN	Sep-05	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1994	2002
9	206	1FDKE30M0NHA02804	105-JDB	Dec-06	4/23/03	911/ALS	535 S. 92 <sup>nd</sup> Street	1992	1996
10	207	1FDJE30F6SHB33437	794-EZJ	Jan-07	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2002
11	210	1FDKE30M8LHA92376	256-AWM	Oct-06	4/24/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1993	2001
12	212	1FDJS34F7SHB91852	118-KHW	Feb-06	6/20/06	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2005
13	213	1FDKE30M2RHA13034	117-KHW	Feb-07	5/6/06	911/BLS	535 S. 92 <sup>nd</sup> Street	1994	2005
14	214	1FDHS34M5JHC13035	537-FGL	Feb-07	4/24/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1988	2002
15	217	1FDHS34MXLHB30171	UCJ-529	Dec-05	4/24/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1990	1998
16	219	1FDSS34P35HB25025	758-KNK	Nov-06	2/9/06	911/BLS	535 S. 92 <sup>nd</sup> Street	2005	2005
17	220	1FDSS34P65HB44832	755-KNK	Nov-06	2/9/06	911/BLS	535 S. 92 <sup>nd</sup> Street	2005	2005
18	221	1FDSS34PX5HB49418	739-KNK	Nov-06	2/9/06	911/BLS	535 S. 92 <sup>nd</sup> Street	2005	2005
19	222	1FDKE30M4NHB24582	KIDS TWO	Nov-06	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1992	1998
20	223	1FDJS34F0SHA56177	793-EZJ	Nov-06	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2002
21	224	1FDJE30M1PHA23644	WECNHLP	Mar-06	4/24/03	911/ALS	535 S. 92 <sup>nd</sup> Street	1993	1996
22	227	1FDJE30F5SHB84332	771-JWR	Sep-06	2/20/06	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2005

23505


MEDA-CARE AMBULANCE SERVICE, INC.

2515 W. VLIET ST.  
MILWAUKEE, WI 53205

DATE 8/2/06

⑈-5 157  
750

PAY TO THE ORDER OF City of Milwaukee \$ 1100.00

One thousand one hundred & 00/100 DOLLARS  Security Features included. Details on back.

M&I Marshall & Ilsley Bank

FOR \_\_\_\_\_

*[Signature]*

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