

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, May 02, 2023

COMMITTEE MEETING NOTICE

AD 12

COLLINS, Derek D, Agent Milwaukee Pedal Tavern LLC 820 S Water St Milwaukee, WI 53204

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall:

Wednesday, May 17, 2023 at 09:30 AM

Regarding:

Your Pedicab Owner's License Applications as agent for "Milwaukee Pedal Tavern LLC" for "Milwaukee

Pedal Tavern" at 820 S Water St.

There is a possibility that your application may be denied because the operation contributes to a disturbance of the peace, public drunkenness, loud noise, excessive littering, or other factors which reasonably relate to the public health, safety, or welfare. See attached correspondence.

Notice for applicants with warrants or unpaid fines:

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY

Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, May 02, 2023

COMMITTEE MEETING NOTICE

AD 12

COLLINS, Derek D, Agent Milwaukee Pedal Tavern LLC 1623 ALTA VISTA AV Wauwatos, WI 53213

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall:

Wednesday, May 17, 2023 at 09:30 AM

Regarding:

Your Pedicab Owner's License Applications as agent for "Milwaukee Pedal Tavern LLC" for "Milwaukee Pedal Tavern" at 820 S Water St.

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JIM OWCZARSKI, CITY CLERK

BA

Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

Roman, Carmen

From:

Cooney, Jim

Sent: To:

Tuesday, May 25, 2021 12:32 PM

Cc:

Roman, Carmen Becker, Keren

Subject:

FW: Pedal Taverns

REDACTED RECORD

Can you add as an objection?

From: License <LICENSE@milwaukee.gov> Sent: Monday, May 24, 2021 10:05 AM

To: Cooney, Jim < Jim. Cooney@milwaukee.gov>; Byrd, Yashica < Yashica.Byrd@milwaukee.gov>

Cc: Martin, Faviola < Faviola. Martin@milwaukee.gov>

Subject: FW: Pedal Taverns

Please see below

Keren Becker License Specialist III City Clerk - License Division O: (414) 286-2238 License@Milwaukee.gov www.Milwaukee.gov/license



From: Murillo, Maribel

Sent: Monday, May 24, 2021 8:56 AM

To: License

Cc: Coordinator, License Subject: FW: Pedal Taverns

Who would I send this to in the Health Dept. on behalf of Ald. Perez?

Denise Holloway, Auxiliary Assistant, on behalf of Maribel Murillo, Legislative Assistant Alderman Jose Perez, 12th District 200 East Wells Street, #205 Milwaukee, WI 53202 414-286-2861 phone 414-286-3456 fax Maribel.Murillo@milwaukee.gov

From: Perez, Jose < JoseG.Perez@milwaukee.gov>

Sent: Sunday, May 23. 2021 2:59 PM

To:

Cc: Murillo, Maribel < Maribel. Murillo@milwaukee.gov >

Subject: Re: Pedal Taverns

Thank you for the email. I will forward your email to the health department and license division. There are protocols and regulations they must follow.

Regards,

Ald. Perez

REDACTED RECORD

Sent from my iPad

On May 22, 2021, at 6:48 PM,

Jose,

I am wondering what can be done to stop pedal taverns.

Today I was near a serious car accident as a plethora of drunk women screaming on one of these pedal taverns ran a red light at the intersection of 2nd and national.

I am not sure what purpose these "bikes" have aside from being a nuisance and causing obstruction of traffic.

What is also concerning to me, in the midst of a pandemic, there is no social distancing or other precautions on these rides. Which I question considering places like McDonald's haven't even re-opened their dining rooms.

If a van had intoxicated passengers drinking alcohol and screaming out windows and disobeyed traffic laws, this would not be legal.

If a person on a motorcycle had an intoxicated passenger screaming and violating traffic laws, or even a double bike this would not be legal either.

I'm not sure how are why these bikes are able to be.

Bars are fine for recreation, becoming intoxicated, and becoming out of control, but even bars have limitations as to conduct, and so too this type of behavior is contained to the establishment. I do not see how pedal taverns are at all necessary, and only create chaos on our streets. Thanks,

Sent from my iPhone

Richardson, Tonja

From:

Derek Collins <derekdcollins@gmail.com>

Sent:

Tuesday, April 4, 2023 12:50 PM

To:

Richardson, Tonja

Subject:

Fwd: Order Confirmation

Hi Tonja,

I just paid this in full. Should be good to go now.

Derek

Derek D Collins

derekDcollins@gmail.com

414-793-5733

www.ThingsToDoInMKE.com

www.CooperageMKE.com

----- Forwarded message ------

From: MILWAUKEE MUNICIPAL COURT <noreply@elavon.com>

Date: Tue, Apr 4, 2023 at 12:48 PM

Subject: Order Confirmation
To: derekDcollins@gmail.com>

\$124.00 USD

04/04/2023 12:48:36 PM

MILWAUKEE MUNICIPAL COURT

Payment	VISA 46********8525
Transaction ID	040423C1A-FED37560-F3E6-4956-BAFB- 35C57CF32DAD
Approval Code	004438
ECI	

This is your receipt. Keep this email as proof of your payment.

Transactions posted before 7:00 am Monday - Friday will be processed the same business day.

Those posted after 7:00 am will be processed the next business day.

Please allow 1-2 business days for your payment to be reflected online.

If you are making a partial payment please check the due date(s) on the case(s) you are paying. They will not change as a result of your payment.

Total

\$124.00 USD

MILWAUKEE MUNICIPAL COURT 951 N JAMES LOVELL ST MILWAUKEE WI 53233 | 414-286-2878

The information contained in this e-mail and in any attachments is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. This message has been scanned for known computer viruses.

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 03/31 LICENSE TYPE NEW: X RENEWAL: X	: PEDICAB OWNERS		No. 349545 Application Date:
	ation: 820 S Water ame: Milwaukee Pedal Tavern		
Licensee/Ap	(Last Name, First Name, MI)		
Home Addre City: Wauwa Home Phone		State: WI	Zip Code: 53213
This report is Days.	written by Police Officer Penny	Monreal, assi	gned to the License Investigation Unit,
The Milwauk	ee Police Department's investiga	ation regarding	this application revealed the following
1. On 06/11/	/21, the applicant was cited at N.	Commerce S	t., for a Boating Violation.
•	Boating Violation *** warrant status ***		
	21040602		







Notice of Public Hearing

Blank Notice

COLLINS, Derek D, Agent Milwaukee Pedal Tavern at 820 S Water St Pedicab Owner's License Applications

Wednesday, May 17, 2023 at 9:30 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Public Works and the Common Council of the City of Milwaukee. The hearing before the Public Works will take place on 5/17/2023 at 9:30 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Public Works makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Public Works to consider when making its recommendation:

- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- 2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
- 3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
- 4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
- 5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)

- 6. You may then provide testimony.
- a. Include only information relating to the above license application.
- b, Include only information you have personally witnessed or seen.
- c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
- d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
- 7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
- 8. Business Competition is not a valid basis for denial or non-renewal of a license.

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing. WIFMYOKEE' MI 23504-1896 MIFMAUKEE, WI 53204-1896 MICMAUKEE, WI 53204-1896 MIFMYONKEE' MI 23704-1880 **WIFMAUKEE, WI 53204-1896** MIFMYOKEE' MI 23704-1889 **WIFMAUKEE, WI 53204-1896** MIFMAUKEE, WI 53204-1896 MIFMAUKEE, WI 53204-1896 **WIFMYOKEE** MI 23504-1899 **WIFMAUKEE, WI 53204-1896** MIFMAUKEE, WI 53204-1896 MIFMYOKEE' MI 23704-7896 MIFMAUKEE, WI 53204-1896 MIFMYONKEE' MI 23504-1889 MIFMAUKEE, WI 53204-1896 MIFMAUKEE, WI 53204-1896 **WIFMYOKEE' MI 23704-7880 MIFMAUKEE**, WI 53204-1894 MIFMAUKEE, WI 53204-1894 **WIFMYOKEE' MI 23504-1833** MIFMAUKEE, WI 53204-1893 **WIFMAUKEE, WI 53204-1893 WIFMAUKEE, WI 53204-1893 WIFMAUKEE, WI 53204-1893** MIFMAUKEE, WI 53204-1893 **WIFMAUKEE, WI 53204-1881** MIFMYOKEE' MI 23704-1893 MIFMAUKEE, WI 53204-1881 WIFMYOKEE' MI 23504-1881 MIFMAUKEE, WI 53204-1881 **WIFMYOKEE' MI 23204-1881** MIFMAUKEE, WI 53204-1879 MIFMAUKEE, WI 53204-1879 WIFMYOKEE' MI 23704-1816 **MIFMYOKEE' MI 23204-1819 WIFMYNKEE' MI 23704-7813** MIFMAUKEE, WI 53204-1879 MIFMYOKEE' MI 23504-7819 WIFMAUKEE, WI 53204-1879 MIFMYOREE' MI 23504-7819 **WIFMAUKEE** MI 53204-1879 MIFMAUKEE, WI 53204-1879 MIFMAUKEE, WI 53204-1879 MIFMYNKEE' MI 23704-7819 MIFMAUKEE, WI 53204-1879 CITY STATE ZIP **150 E NATIONAL AVE# 303** 120 E NATIONAL AVE# 302 **150 E NATIONAL AVE# 301** 150 E NATIONAL AVE# 241 120 E NATIONAL AVE# 239 120 E NATIONAL AVE# 238 120 E NATIONAL AVE# 237 120 E NATIONAL AVE# 236 120 E NATIONAL AVE# 233 120 E NATIONAL AVE# 231 120 E NATIONAL AVE# 229 120 E NATIONAL AVE# 227 **150 E NATIONAL AVE# 225** 120 E NATIONAL AVE# 219 120 E NATIONAL AVE# 217 **150 E NATIONAL AVE# 215 150 E NATIONAL AVE# 213** 120 E NATIONAL AVE# 211 **150 E NATIONAL AVE# 208** 120 E NATIONAL AVE# 206 120 E NATIONAL AVE# 204 **120 E NATIONAL AVE# 202** 120 E NATIONAL AVE# 141 120 E NATIONAL AVE# 139 120 E NATIONAL AVE# 138 120 E NATIONAL AVE# 137 120 E NATIONAL AVE# 136 120 E NATIONAL AVE# 135 120 E NATIONAL AVE# 133 120 E NATIONAL AVE# 130 120 E NATIONAL AVE# 128 **150 E NATIONAL AVE# 126** 120 E NATIONAL AVE# 124 **150 E NATIONAL AVE# 118** 120 E NATIONAL AVE# 116 120 E NATIONAL AVE# 114 **150 E NATIONAL AVE# 112** 120 E NATIONAL AVE# 109 **150 E NATIONAL AVE# 108** 120 E NATIONAL AVE# 107 **150 E NATIONAL AVE# 106 120 E NATIONAL AVE# 105** 120 E NATIONAL AVE# 104 120 E NATIONAL AVE# 103 **120 E NATIONAL AVE# 102 120 E NATIONAL AVE# 101 WAIL ADDRESS**

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CURRENT OCCUPANT	120 E NATIONAL AVE# 304
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CURRENT OCCUPANT	120 E NATIONAL AVE# 341
CURRENT OCCUPANT	200 E WASHINGTON ST
CURRENT OCCUPANT	224A E WASHINGTON ST
CURRENT OCCUPANT	354 E NATIONAL AVE
CURRENT OCCUPANT	805 S BARCLAY ST
CURRENT OCCUPANT	822 S WATER ST
Blank Notice	

MILWAUKEE, WI 53204-1896 MILWAUKEE, WI 53204-1897 MILWAUKEE, WI 53204-1897 MILWAUKEE, WI 53204-1896 MILWAUKEE, WI 53204-2435 MILWAUKEE, WI 53204-2435 MILWAUKEE, WI 53204-1852 MILWAUKEE, WI 53204-1835

MILWAUKEE, WI 53204-1652

Total Records: 78

Radius 1,000 feet and Center of the Circle: 820 S Water St



PUBLIC PASSENGER VEHICLE (OWNER) PERMIT SUPPLEMENTAL APPLICATION

ccl-ppvapp 12/12/17 ·

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WL 53202
(414) 286-2238 E-MAIL: license@milwaukee.gov www.milwaukee.gov/license
Submit with Business License Application

	a de mil	a unifore; pequipate from:	esta yan galayara
TYPE OF VEHICLE (CHECK O	the state of the s	From the Contract of the Contr	Secure 100 100 100 1
Limousine (Pre-Reserved or Contra		Motorcycle (Used for	
Taxicab Metered Fare Vehicle: Na	me of Dispatch Service:	Shuttle-Group Trave	/Pre-reserved Basis
(Service Upon Demand)	The state of the s	4.743	
Horse & Surrey Livery	Pedicab	the fixed route schedule	
Pedicab, Commercial Quadricycle No Yes If yes, a Ped	- Will you be allowing the po dicab Plan of Operation (ccl-	ossession and consumptio opvpedi) must also be sub	n of fermented malt beverages? mitted:
VEHICLE INFORMATION	\$ 1.00 (map) 1	entre la proposición de la constante de la con	
Year: 2011 Make:	afe Model:	· metric committee	
Serial or Vehicle Identification # (VIN)	: License Plate #:	Passe (exclu	nger-Carrying Capacity: ding driver)
Body style (Check one):	4-door Sedan Stretc	h Limousine Sports Other:	Utility Joint Control of the Control
Will vehicle be stored at the premise	address?	Yes No Market	when the second of the second
If No, provide storage address (include	le City, State, Zip code):	the admission of the	
412 S. Water ST.	(Mussessian)	er de Northe	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Are you leasing the vehicle? No	Lease must meet	all requirements in MCO	100-50-12b.
APPLICANT INFORMATION	N		
Do you have experience operating a if yes, when and in which municipality	public passenger vehicle?	2010-2023	WHEN THE TOTAL STREET
If yes, when and in which municipality	Hest Vittlege Care Control		The state of the s
Do you currently hold any public pas	senger vehicle permits?	No X Yes If yes, how n	nanyr O
What type(s) of vehicles?	ial Guadripyoles in	which municipalities?/	M. Marie
PLAN OF OPERATION			
HOURS OF OPERATION	eol de name Earliest Star (include AN		Latest Ending Time (include AM or PM)
Monday	8:00A	M	0:30PM
Tuesday		9	
Wednesday	30	A CONTRACTOR	
Thursday			entition of R
Friday			
Saturday	221	**	<u> </u>
Sunday	V V		V
Proposed Area(s) of Operation: Downtown South Side	North Side East Side	West Side Air	port

What routine maintepance will be done? Inspect: Atires Abattery Lengine A headlights, tail lights, turn signals horn Lwipers Conduct routine oil changes A Check all fluid levels.
Where? At Business Address At Garage How often? Daily Weekly Monthly Yearly
Who will be operating the vehicle? Nowner Nemployee Lessee Other:
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements: Uniform required Wearing the following clothing is prohibited: shorts jeans flip flops Other: Clothing must be neat and clean without holes or tears Driver must be well groomed at all times while on duty Hair shall be neatly trimmed and combed Statement of written policies is attached
What are your plans to promote and ensure driver and passenger security? Confirm that all drivers hold valid Public Passenger Vehicle Licenses Require all drivers to undergo the following training: Vehicle is equipped with airbags Regularly inspect seat belts for unusual wear or malfunctioning parts Vehicle is equipped with a spare tire, jack and emergency equipment Follow suggested vehicle maintenance schedule Written safe driving policy given to all drivers Regularly inspect brake lights and emergency flashers
What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk? Gather all complaint information Ask customer how they would like issue to be addressed Provide resolution to the customer's satisfaction Keep written records of complaints and resolutions: For how long?
In what manner will all accident reports or citations be retained and made available to the City Clerk? X Keep written records of all accident reports and citations: For how long? 3 12 15 X Keep computer records of all accident reports and citations: For how long? 3 12 15 X X X X X X X X X
Describe all vehicle markings, body color(s), signs or stickers: 51915 On Front, Back, and Side
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:
Signatures
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign
Office Use Only: Permit # Insurance Registration

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION			
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time			
By initialing each line I/we confirm each of the following statements are true:			
//we understand the \$15 provisional license fee is nonrefundable.			
A true and correct copy of the current vehicle registration has been submitted.			
A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.			
i, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.			
I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).			
No one listed on this application has any open warrants or unpaid fines.			
No one listed on this application is on probation or parole.			
Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.			
Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.			
Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.			
l/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).			
I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.			
Devela Collins Print Name Signature			
Office Use Only: \$15 provisional fee paid Regular license fee paid Veh Reg Ins Cert PPPV# WDL exp date:			



OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

IOURS OF OPERATION		The state of the s	
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)	
Monday	6.00AM	10:30PM	
Tuesday			
Wednesday		A STATE OF THE STA	
Thursday			
Friday		`	
Saturday			
Sunday	V	V	
* The "Lat	est End Time" can be no later tha	n 10:30 PM	
OUTES			
ALCOHOL BEVERAGE REGUL	ears of operation, we only he act of violence against us. for a possible ATIONS (COMMERICAL QUAD ory of the types and amounts of fermen	RICYCLES ONLY) ted malt beverages will be taken?	
All guests open their coe	der and we exerc there is	no glass/hard alcohol	
What are your plans to ensure no other hands wells he pedicab? Wells he, he per site of the pedicable with t	er alcohol beverage including intoxicating emoils, and signs all say of	No hard alcohol allowed	
What are your plans to ensure amoun on the pedicab? We count all	ts in excess of that allowed by law (36 o	unces per person) will not be brough	
What are your plans to ensure amoun consumed by any one individual on the The 3602 per person a		unces person person) will not be	
	everage containers will not be carried u	pon the pedicab?	
What are your plans to ensure no und Every Rider gets a they are 21+	lerage persons are on the pedicab when which after he cha	fermented malt beverages are presented their ID to ehsure	

How will disorderly and/or intoxicated patrons being addressed?
If anyone gets out of hand, they will be asked to leave the Pedal Tavern and another person will stay with them.
now will patrons be notined of the restrictions on alcohol beverages:
Conspicuous posting of a notice of restrictions \ Other: Email, texts, Signs
What types of beverage carrying containers will be allowed on the pedicab? 💢 Cans 🗌 Plastic Bottles
Where will the patrons store their fermented malt beverages?
In a cooler in middle of ledd tavern.
LITTER & NOISE
How will excess noise be prevented? INR only play music while moving 2) We take routes to avoid quiet areas. How will excess noise be addressed?
If someone complains, we will address it as needed
Will there be an amplified sound system? No Xiyes If yes, describe:
What are your plans to prevent litter?
What are your plans to prevent litter? We have garbage on board and it something does fall, he will stop and you it.
What are your plans to address littering by patrons? See above
LICENSED PEDICAB DRIVERS
What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating?
We scan I censes and make sure everyone is Valid
Names of all currently employed drivers (attach additional sheets as needed): Ethan Hefflefinger, Corey Barman, Derek Collins, Joey Shotz, Port
NOTARIZED SIGNATURE
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.
SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 day of Warch ,20 23 Print Name of Inchridual/Partner/Officer/Member HAGHES
Mitthe Ohl
Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Member 1980
My commission expires $1/13/2021$ Notary seal must be affixed



PUBLIC PASSENGER VEHICLE (OWNER) PERMIT SUPPLEMENTAL APPLICATION

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL: license@milwaukee.gov www.milwaukee.gov/license Submit with Business License Application

	ONE)		เมื่อสมอัติสาราชาวิธีสาราชาวิธีสาราชาวิธีสาราชาวิธีสาราชาวิธีสาราชาวิธีสาราชาวิธีสาราชาวิธีสาราชาวิธีส เมื่อสาราชาวิธีสาราชา สาราชาวิธีสาร 2012-2012-2012-2012-2012-2012-2012-2012
Limousine (Pre-Reserved or Conti	act Service Basis)	Motorcycle (Used I	or Tours)
Taxicab Metered Fare Vehicle: N	ame of Dispatch Service:	¥ <u></u>	a the course them of the comments.
(Service Upon Demand)	<u></u>	1	el/Rre-reserved Basis
		l	e/Fixed Route - Submit a copy of
Horse & Surrey Livery	Pedicab		le with this application.
Pedicab, Commercial Quadricycle No Yes If yes, a Po	- Will you be allowing the po edicab Plan of Operation (ccl-		
VEHICLE INFORMATION			and and a commentary of the second
Year: 2010 Make: F1	et Cafe Model:	FOR THE STATE OF STAT	Color of Vehicle Body:
Serial or Vehicle Identification # (VIN): License Plate #:		enger-Carrying Capacity: uding driver)
Body style (Check one); (1917-04) - 1		n Limousine Sport Sther:	SUIIIIV
Will vehicle be stored at the premise		Yes 🖔 No 🕦 🔑	Allegaria Combination of the Conf.
If No, provide storage address (inclu	(1995a		notes social and see
Are you leasing the vehicle?			.स्री १८६६ के <mark>श्रीराध्यक्षक का कार्यन । १८५४).</mark> १. १ वर्षक केरवाल अस्तर १८ ० ६ ।
And you leading the ventore.		all requirements in MCO	
APPLICANT INFORMATI	ON Mildliche Goden was beid	syn soleskings with	In the park hall have a second
Do you have experience operating a			Chile 19 80 - 1 19 19 19 19 19 19 19
If yes, when and in which municipal	ties? Milwachee 20	10-2023	The same
Do you currently hold any public par	ssenger vehicle permits?		nany?
What type(s) of vehicles?	1 6 1 .1	**	4 . 1
	177		
PLAN OF OPERATION			
PLAN OF OPERATION HOURS OF OPERATION	rainest stairt		Latest Ending Time (include AM or PM)
punting of the state of the sta	Earliest Starti (include AM	or PM)	(include AM or PM)
HOURS OF OPERATION	rainest stairt	or PM)·	(include AM or PM)
HOURS OF OPERATION Monday	(include AM	or PM)·	(include AM or PM)
HOURS OF OPERATION Monday Tuesday	(include AM	or PM): Months to the control of th	(include AM or PM)
HOURS OF OPERATION Monday Tuesday Wednesday	(include AM	or PM): Months to the control of th	(include AM or PM)
HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday	(include AM	or PM): Months to the control of th	(include AM or PM)
HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday	(include AM	or PM): (A section of the section o	(include AM or PM)

What routine maintenance will be done? Inspect: Stires Spattery Sengine K headlights, tail lights, turn signals Shorn Swipers Sonduct
routine oil changes MCheck all fluid levels
Where? LAt Business Address LAt Garage
How often? Daily Weekly Monthly Yearly
Who will be operating the vehicle? Owner Employee Lessee Other:
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly
appearance, including any dress or uniform requirements:
Land Office Country Country
Wearing the following clothing is prohibited: Shorts Jeans Iflip flops Other: Clothing must be neat and clean without holes or tears
Driver must be well groomed at all times while on duty
Hair shall be neatly trimmed and combed
Statement of written policies is attached
Other:
What are your plans to promote and ensure driver and passenger security?
Confirm that all drivers hold valid Public Passenger Vehicle Licenses
Require all drivers to undergo the following training:
Vehicle is equipped with airbags
Regularly inspect seat belts for unusual wear or malfunctioning parts
Vehicle is equipped with a spare tire, jack and emergency equipment
Follow suggested vehicle maintenance schedule Written safe driving policy given to all drivers
Regularly inspect brake lights and emergency flashers
Other:
What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?
A Gather all complaint information
Ask customer how they would like issue to be addressed
Provide resolution to the customer's satisfaction
Keep written records of complaints and resolutions: For how long?
Keep computer records of complaints and resolutions: For how long?
Other:
In what manner will all accident reports or citations be retained and made available to the City Clerk? Keep written records of all accident reports and citations: For how long?
AKeep written records of all accident reports and citations: For how long? For how long?
Other:
Describe all vehicle markings, body color(s), signs or stickers:
Signs on Frank Back Sides
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)
OMA
The state of the s
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward.
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:
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Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding: Signatures Signature of Sole Proprietor, Partner, or 20% or more Shareholder Signature of Additional partner or 20% or more shareholder
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding: Signatures Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders,

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time
By initialing each line I/we confirm each of the following statements are true:
I/we understand the \$15 provisional license fee is nonrefundable. A true and correct copy of the current vehicle registration has been submitted. A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted. I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin. I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s). No one listed on this application has any open warrants or unpaid fines. No one listed on this application is on probation or parole. Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense. Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences. Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated. I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13). I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.
Office Use Only: \$15 provisional fee paid Regular license fee paid Veh Reg Ins Cert PPPV# WDL exp date:



OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> <u>WWW.MILWAUKEE.GOV/LICENSE</u>

HOURS OF OPERATION			
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)	
Monday	6.00AM	10:30PM	
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday	The state of the s		
Sunday	V		
* The "Late	st End Time" can be no later tha	n 10:30 PM	
ROUTES			
customary routes: In our 13 ye hime When we had a random a We will confect District ALCOHOL BEVERAGE REGULA Before operating, what type of invento All guests open their cool	ACT of violence against us. for a las soon as possible ATIONS (COMMERICAL QUAD ry of the types and amounts of ferment or and we ensure there is	red malt beverages will be taken?	
What are your plans to ensure no other the pedicab? Walsite, texts, e	r alcohol beverage including intoxicating moils, and signs all say of sin excess of that allowed by law (36 or	g liquor is carried upon or consumed of Vohard alcohol allowed"	
on the pedicab? We could of be what are your plans to ensure amount.	s in excess of that allowed by law (36 o	unces person person) will not be	
the 360z per person re	pedicab?	,	
What are your plans to ensure glass be We inspect all cook	verage containers will not be carried up	pon the pedicab?	
	erage persons are on the pedicab when wishburd after we char		

How will disorderly and/or intoxicated patrons being addressed?					
If anyone gets out of hard, they will be asked to leave the fedal Tavern and another person will stay with them.					
and mother person will slay with them,					
How will patrons be notified of the restrictions on alcohol beverages? Conspicuous posting of a notice of restrictions \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
E sanstigue de la lista de la carrella de la carrel					
What types of beverage carrying containers will be allowed on the pedicab? XCans Plastic Bottles					
Where will the patrons store their fermented malt beverages?					
In a cooler in middle of ledal Tavern.					
LITTER & NOISE					
How will excess noise be prevented?					
2) We take routes to avoid quest areas.					
If someone complains, we will address it as needed					
Will there be an amplified sound system? □No \X\Yes If yes, describe:					
What are your plans to prevent litter?					
What are your plans to prevent litter? We have garbage on board and it something does fall, he will stop and					
What are your plans to address littering, by patrons?					
See above					
LICENSED PEDICAB DRIVERS					
What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating?					
We scan I conses and make sure everyone is valid					
Names of all currently employed drivers (attach additional sheets as needed):					
Ethan Hefflefinger, Corey Barman, Derch Collins, Joey Shotz, Port					
NOTARIZED SIGNATURE					
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.					
SUBSCRIBED AND SWORN TO BEFORE ME THIS					
24 day of Warch ,20 23 Print Name of Incividual/Partner/Officer/Member HIGHES					
Mittle Oble 18					
Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Member Agentuse					
My commission expires $1/3/2021$ Notary seal must be affixed					



PUBLIC PASSENGER VEHICLE (OWNER) PERMIT SUPPLEMENTAL APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL: license@milwaukee.gov.www.milwaukee.gov/license Submit with Business License Application

TYPE OF VEHICLE (CHECK C	NE)		भाग के सम्बंध प्रसंस पुरस्क पुरस्का कर सम्बंध कर साथ है। पुरस्कार के सम्बंध कर सम्बंध क			
Limousine (Pre-Reserved or Contra	ct Service Basis)	Motorcycle (Use	ed for Tours)			
☐ Taxicab Metered Fare Vehicle: Na		Shuttle-Group T	rayel/Pre-reserved Basis			
(Service Upon Demand)		· · · · · · · · · · · · · · · · · · ·	The street of th			
Horse & Surrey Livery Pedicab Shuttle-Shared Ride/Fixed Route - Submit a copy of 1 the fixed route schedule with this application						
Pedicab, Commercial Quadricycle No Nos If yes, a Per	- Will you be allowing the po dicab Plan of Operation (ccl-	ossession and consum ppvpedi) must also be	notion of fermented malt beverages?			
VEHICLE INFORMATION						
Year: 2012 Make: Fie	to lafe Model:	(ALE 984) 300	Color of Vehicle Body:			
Serial or Vehicle Identification # (VIN)	: License Plate #:	a special and the second of	assenger-Carrying Capacity: excluding driver)			
Body style (Check one):	4-door Sedan Stretc	h Limousine Sr Other:	oorts Utility			
Will vehicle be stored at the premise			and the december and service a supplied			
If No provide storage address (includ	le City, State, Zip code):	MART COLUMN	Propagation of the asset of the second of the			
4() S. Water.	. Same of the second of the se	ha lango kiringan kada	the state of the complete of analytical transfer and the complete of the compl			
Are you leasing the vehicle? No						
APPLICANT INFORMATION	Nigerines de	nativation of data of the factorists and a series	distribution in the second second			
Do you have experience operating a	public passenger vehicle? 🚽	_INO IXI Yes	班越海上的 与他的 医人口的 建磷铁矿			
If yes, when and in which municipality	ties? Milwake - d	010-2023				
Do you currently hold any public pas		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Mhat tunals) of vahiclass / 6M/14	rcial a Quadric telesin	which municipalities	Milwartee more			
PLAN OF OPERATION			as a grant of a second of a ways			
HOURS OF OPERATION	Earliest Star (include AN		(include AM or PM)			
Monday	R=00.	Au.	10:30 pm			
Tuesday	the displacement is the first	energy of the second	e dimensional			
Wednesday		Harry Control of the	A			
Thursday			6.5 \$2 \$2.31%			
Friday						
Saturday : Saturday	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (Description of the second			
Sunday	<u> </u>		The state of the s			
Proposed Area(s) of Operation:	☐ North Side ☐ East Side	e West Side	Airport			

What routine maintenance will be done? Inspect: Tires Dattery Pengine headlights, tail lights, turn signals horn wipers Conduroutine oil changes Check all fluid levels Where? At Business Address At Garage How often? Daily Weekly Monthly Yearly	ıct
Who will be operating the vehicle? Owner Employee Lessee Other:	
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and order appearance, including any dress or uniform requirements: Uniform required Wearing the following clothing is prohibited: shorts jeans flip flops Other: Clothing must be neat and clean without holes or tears Driver must be well groomed at all times while on duty Hair shall be neatly trimmed and combed Statement of written policies is attached Other:	- cly
What are your plans to promote and ensure driver and passenger security? Confirm that all drivers hold valid Public Passenger Vehicle Licenses Require all drivers to undergo the following training: Vehicle is equipped with airbags Regularly inspect seat belts for unusual wear or malfunctioning parts Vehicle is equipped with a spare tire, jack and emergency equipment Follow suggested vehicle maintenance schedule Written safe driving policy given to all drivers Regularly inspect brake lights and emergency flashers Other:	And an analysis and the enterty of the second of the secon
What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk? Gather all complaint information Ask customer how they would like issue to be addressed Provide resolution to the customer's satisfaction Keep written records of complaints and resolutions: For how long? Other:	- 12
In what manner will all accident reports or citations be retained and made available to the City Clerk? Keep written records of all accident reports and citations: For how long?	
Describe all vehicle markings, body color(s), signs or stickers: Signs on West Back Side Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)	
DNA	
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:	The section of the se
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:	
Signatures	
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign	
Office Use Only: Permit # Insurance Registration	

Complete this section only if applying for a Provisional Public Passenger Vehicle Perhit at this time						
By initialing each line i/we confirm each of the follow	wing statements are true:					
I/we understand the \$15 provisional license	fee is nonrefundable.					
A true and correct copy of the current vehic						
A certificate of insurance in compliance wit	h the Milwaukee Code of Ordinances has been submitted.					
I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC current valid motor vehicle driver's license(s) with the State of Wisconsin.						
1/we understand the driver(s) of the vehicle	e must be licensed as a Public Passenger Vehicle Driver(s).					
No one listed on this application has any open warrants or unpaid fines.						
No one listed on this application is on prob						
Within 2 years of the date of this application of the felony or misdemeanor offense related to	on, no one listed on this application has been convicted of any					
(Within 2 years of the date of this application	on, no one listed on this application has been convicted of 3 or 13.01(2)(cg), Wisconsin Statutes, arising out of separate incidents					
Within 2 years of the date of application, i	no one listed on this application has been convicted of any offense intoxicated.					
I/we are not subject to disqualification due revoked, or surrendered (MCO 85-13).	e to a previous application being withdrawn, denied, non-renewed,					
I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.						
	Print Name Signature					
Office Use Only: \$15 provisional fee paid PPPV#	Regular license fee paid Veh Reg Ins Cert WDL exp date:					

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION



OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> WWW.MILWAUKEE.GOV/<u>LICENSE</u>

HOURS OF OPERATION		<u>'</u>		
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)		
Monday	6.00AM	10:30PM		
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday	V			
* The "La	test End Time" can be no later tha	n 10:30 PM		
ROUTES				
customary routes: In our 13 y time When we had a random We will compact Distric	ears of operation, we only he act of violence against us. for the last soon as possib	all fature incidents (ifany)		
ALCOHOL BEVERAGE REGUI	ATIONS (COMMERICAL QUAD	RICYCLES ONLY)		
Refore operating what type of inven-	tory of the types and amounts of ferment of the soler and we exercise there is	ted malt beverages will be taken?		
What are your plans to ensure no oth the pedicab? Website, fexts,	er alcohol beverage including intoxication emoils, and signs all say of	ng liquor is carried upon or consumed o No hard alcohol allowed'		
What are your plans to ensure amount on the pedicab? We count all	nts in excess of that allowed by law (36 o	unces per person) will not be brought .		
consumed by any one individual on t		punces person person) will not be		
the 360z per person	rue -rever tielt			
What are your plans to ensure glass We inspect all coo	beverage containers will not be carried under the glass	pon the pedicab?		
What are your plans to ensure no un Eury Rider gets a they are 21+	derage persons are on the pedicab when wristband after he che	fermented malt beverages are presenck their 15 to ensure		

How will disorderly and/or intoxicated patrons being addressed?
If anyone gets out of hand, they will be wheat to leave the fedal Tavery and another person will stay with them.
and another person will stay with them.
How will battons be notitied of the restrictions of account perchanges:
Conspicuous posting of a notice of restrictions \ \ Other: Email, +ext, Signs
What types of beverage carrying containers will be allowed on the pedicab? XCans Plastic Bottles
Where will the patrons store their fermented malt beverages?
In a cooler in middle of ledal Tavern.
LITTER & NOISE
How will excess noise be prevented?
We only play music while moving 2) We take routes to avoid govent areas How will excess noise be addressed?
How will excess noise be addressed?
If someone complains, we will addless it as needed
Will there be an amplified sound system? No XYes If yes, describe:
What are your plans to prevent litter?
What are your plans to prevent litter?
What are your plans to prevent litter? What are your plans to prevent litter? We have garbage on board and it something does fall, he will stop and we have garbage on board and it something does fall, he will stop and
What are your plans to address littering by patrons?
See above
LICENSED PEDICAB DRIVERS
What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of
Milwaukee at all times while operating? We scan I censes and wake sure everyone is Valid
Names of all currently employed drivers (attach additional sheets as needed): Ethan Hettletinger, Core/Barman, Derek Collin, Just Shotz, Port
Error (retraction) core, barrow, private Control Sociotes, 124
NOTA DIZED CICANATURE
NOTARIZED SIGNATURE Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal.
suspension or revocation.
SUBSCRIBED AND SWORN TO BEFORE ME THIS
20/ day of Warch 20 23 Velek (O/M) AMATTHEW A
24 day of Warch 20 23 Print Name of Individual/Partner/Officer/Member/NIGHES A MATTHEW A Print Name of Individual/Partner/Officer/Member/NIGHES
24 day of Warch 20 23 Print Name of Individual/Partner/Officer/Member/NGOHES AMATTHEW A Print Name of Individual/Partner/Officer/Member/NGOHES
20 day of Warch
24 day of Warch 20 23 Print Name of Individual/Partner/Officer/Member/NGOHES AMATTHEW A Print Name of Individual/Partner/Officer/Member/NGOHES



PUBLIC PASSENGER VEHICLE (OWNER) ccl-ppvapp 12/12/17 PERMIT SUPPLEMENTAL APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL: license@milwaukee.gov www.milwaukee.gov/license Submit with Business License Application

TYPE OF VEHICLE (CHECK C	ONE)	Consideration of the constant	Harrier of Service of Services			
Limousine (Pre-Reserved or Contra	ict Service Basis)	Motorcycle (Used	for Tours)			
Taxicab Metered Fare Vehicle: Na	me of Dispatch Service:	Shuttle-Group Tr	avel/Pre-reserved Basis			
(Service Upon Demand)	ervice Upon Demand)		A control of the second			
Horse & Surrey Livery	Pedicab	the fixed route sche	ide/Fixed Route - Submit a copy of			
Pedicab, Commercial Quadricycle No XYes If yes, a Per	- Will you be allowing the p dicab Plan of Operation (ccl	possession and consum ppypedi) must also be	otion of fermented malt beverages?: submitted:			
VEHICLE INFORMATION	in the princip		All the			
Year Make: Vanta	r Fabicatibas Mode	S. Carlotte S. C.	Color of Vehicle Body:			
Serial or Vehicle Identification # (VIN)	: License Plate #:	(e)	ssenger-Carrying Capacity: ccluding driver)			
Body style (Check one):	4-door Sedan Stret Van Wagon	ch Limousine Spo \(\sum{\sqrt{\sqrt{0}}\text{ther:}}	orts Utility			
If No, provide storage address (included)	Will vehicle be stored at the premise address? If No, provide storage address (include City, State, Zip code): State Sta					
APPLICANT INFORMATION	N Statement chain the his	t all requirements in Mo	10Ge7 \$ 100 100 100 100 100 100 100 100 100 1			
Do you have experience operating a lf yes, when and in which municipalit	public passenger vehicle? ties? <u>Mil (www.e.</u>)	010-2023	different to be a state of the second of the			
Do you currently hold any public pas What type(s) of vehicles?	w many? _ &					
PLAN OF OPERATION						
HOURS OF OPERATION	Earliest Sta (include A		Latest Ending Time (include AM or PM)			
Monday	8:00 A	M	10:30pm			
Tuesday 1879 /	510 BR	na vijiš mili ar ja	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Wednesday		945 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5			
Thursday			E.M. Carry C.			
Friday						
Saturday 3 10 10 10 10 10 10 10 10 10 10 10 10 10			0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Sunday	V		To care			
Proposed Area(s) of Operation: Downtown South Side	North Side ☐ East Sid	e 🔲 West Side 🔲	Airport			

What routine maintenance will be done? Inspect: Itires	s, turn signals horn wipers Conduct
Who will be operating the vehicle? Owner Employee Les	see Other:
Provide a statement (or attach a copy) of written policies for appearance, including any dress or uniform requirements: Uniform required Wearing the following clothing is prohibited: shorts jeans Clothing must be neat and clean without holes or tears Driver must be well groomed at all times while on duty Hair shall be neatly trimmed and combed Statement of written policies is attached Other:	drivers to maintain a clean, professional and orderly
What are your plans to promote and ensure driver and passenger s Confirm that all drivers hold valid Public Passenger Vehicle Licer Require all drivers to undergo the following training: Vehicle is equipped with airbags	nses
Regularly inspect seat belts for unusual wear or malfunctioning Vehicle is equipped with a spare tire, jack and emergency equip Follow suggested vehicle maintenance schedule Written safe driving policy given to all drivers Regularly inspect brake lights and emergency flashers Other:	
What is your process for resolving complaints, including retention of Gather all complaint information Ask customer how they would like issue to be addressed Provide resolution to the customer's satisfaction Keep written records of complaints and resolutions: For h	ow long?
In what manner will all accident reports or citations be retained and Keep written records of all accident reports and citations: Keep computer records of all accident reports and citations: Other:	made available to the City Clerk? For how long? 3 x ax For how long? 3 x ax
Describe all vehicle markings, body color(s), signs or stickers: Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does the color of the color	es not apply to Metered Fare Taxicabs)
Horse & Surrey Livery Services Only: Provide Name, Address, and P	hone Number of Licensed Veterinarian:
Taxicab Applicants Only: I understand the vehicle must not be mo leg room of not less than 32 inches meas Initial to confirm your understanding:	re than 10 model years old and must provide passenger ured from the back of the seated passenger forward.
Signatures	
Signature of Sole Proprietor, Partner, or 20% or more Shareholder S (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign	gnature of additional partner or 20% or more shareholder
Office Use Only: Permit # Insurance I	Registration

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION					
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time					
By initialing each line I/we confirm each of the following statements are true:					
I/we understand the \$15 provisional license fee is nonrefundable. A true and correct copy of the current vehicle registration has been submitted. A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted. I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s valid motor vehicle driver's license(s) with the State of Wisconsin. I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s). No one listed on this application has any open warrants or unpaid fines. No one listed on this application is on probation or parole. Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense. Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences. Within 2 years of the date of application, no one listed on this application has been convicted of any offens related to operating a motor vehicle while intoxicated. I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed revoked, or surrendered (MCO 85-13). I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council of a regular license.					
Print Name Signature					
Office Use Only: \$15 provisional fee paid Regular license fee paid Veh Reg Ins Cert PPPV# WDL exp date:					



OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> WWW.MILWAUKEE.GOV/<u>LICENSE</u>

HOURS OF OPERATION				
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)		
Monday	6.00AM	10:30PM		
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday	V	V		
* The "Lat	est End Time" can be no later tha	n 10:30 PM		
ROUTES				
customary routes: In per 13 yelling when we had a random we will confect pis tree. ALCOHOL BEVERAGE REGULA Before operating, what type of inventor All guests open their coo	police or other authorities when anticipe and of operation, we only he not of violance against us. For a fact of violance against us. For a fact of violance against us. For a fact of the fact of the condition of the types and amounts of ferment for and we ensure there is the er alcohol beverage including intoxication	In the natify police one all fature incidents (if any) RICYCLES ONLY) The malt beverages will be taken? The glass/hard calcohol The glass/hard calcohol The glass/hard calcohol		
	emoils, and signs all say ", ts in excess of that allowed by law (36 or everyone in a cooler			
consumed by any one individual on the The 360z per person n	cle explain itself	.)		
What are your plans to ensure glass be We inspect all cool	everage containers will not be carried up les for glass	oon the pedicab?		
	erage persons are on the pedicab when wristband after he chec			

	If anyone gets out of hand, they will be asked to leave the Pedal Tavern
_	How will natrons be notified of the restrictions on alcohol heverages?
	What types of beverage carrying containers will be allowed on the pedicab? 💢 Cans 🗌 Plastic Bottles
	Where will the patrons store their fermented malt beverages?
	If anyone gets out of hand they will be asked to leave the fedal Tavern and another person will stay with them. How will patrons be notified of the restrictions on alcohol beverages? Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Conspicuous posting of a notice of restrictions \(\) Other: \(\) Cans \(\) Plastic Bottles What types of beverage carrying containers will be allowed on the pedicab? \(\) Cans \(\) Plastic Bottles Where will the patrons store their fermented malt beverages? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? We have participated to a notice of restrictions on alcohol beverages? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? We have routed to a notice of restrictions on alcohol beverages? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? We have participated to a notice of restrictions on alcohol beverages? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? All excess noise be addressed? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? All excess noise be prevented? All excess noise be prevented? All excess noise be addressed? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? All excess noise be addressed? The a cooler in middle of held Tavern. LITTER & NOISE How will excess noise be prevented? All exces
	LITTER & NOISE
	How will excess noise be prevented? The only play music while moving Dhe take routes to avoid quest areas.
	If someone complains, we will address it as needed
	Rodio & Speakers
	What are your plans to prevent litter? What are your plans to prevent litter? We have garbage on board and it something does fall, he will stopped and it.
	What are your plans to address littering by patrons?
	See above
	LICENSED PEDICAB DRIVERS
	We scan licenses and make sure everyone is Valid
	Names of all currently employed drivers (attach additional sheets as needed): Ethan Hettletinger, Corey Barman, Dereh Collins, Jury Shotz, Port
	NOTARIZED SIGNATURE
	Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.
	SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 day of Warch 20 23 Defel Collas MATTHEW &
	Mitthe Oht
	Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Member MarchallSCO
	My commission expires $1/13/2021$ Notary seal must be affixed

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PUBLIC PASSENGER VEHICLE (OWNER) ccl-ppvapp 12/12/17

PERMIT SUPPLEMENTAL APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL: license@milwaukee.gov www.milwaukee.gov/license Submit with Business License Application

TYPE OF VEHICLE (CHECK		er en	المراكب المراك				
Limousine (Pre-Reserved or Contro		Motorcycle (Use	d for Tours)	12 12 1 1 1 1 1 1			
Taxicab Metered Fare Vehicle: Na	Shuttle-Group T	ravel/Pre-reserved Bas	\$ 12 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(Service Upon Demand)	1		lika a media di	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Horse & Surrey Livery	4	the fixed route scho	Ride/Fixed Route - Subredule with this application	on. 9 (31), 1695/9			
Pedicab, Commercial Quadricycle No Yes If yes, a Pe	- Will you be allowing the po dicab Plan of Operation (ccl-	ossession and consum ppvpedi) must also be	e submitted.	37			
VEHICLE INFORMATION							
Year: 2011 Make: Value	r Fibication Model:	980 C. C. C.		Special Control of the State of			
Serial or Vehicle Identification # (VIN): License Plate #:	Coupe to Arman of	assenger-Carrying Capa excluding driver)	city:			
Body style (Check one):	4-door Sedan Stretc Wagon	h Limousine Sp	orts Utility	· · · · · · · · · · · · · · · · · · ·			
Will vehicle be stored at the premise	address?	Yesza No. of the	addition of a di-				
If No, provide storage address (included)	de City, State, Zip code):	wasabdeen ber	जिल्लाको स्टब्स्ट स्टब्स्ट (ज्ञाने क्षेत्र) । अस्ति स्टब्स्ट स्टब्स्ट (ज्ञाने क्षेत्र) । स्टब्स्ट	Section 19			
Are you leasing the vehicle? No	Lease must meet	all requirements in N	ICO 100-50-12b,	HARLY TERM			
APPLICANT INFORMATION		<u> </u>					
Do you have experience operating a	$A \cup A \cup A$	No X Yes A	alikiya da kiji bija kale da L O	er more est.			
If yes, when and in which municipali	ties? / 1 Walke	d010-d0d	Joseph Maries Charles	He to an and			
Do you currently hold any public pas	senger vehicle permits?	No X Yes If yes, h	ow many?				
What type(s) of vehicles? Olune				Bern W. W. Bern			
PLAN OF OPERATION				The second secon			
HOURS OF OPERATION	Earliest Star (include AN		Latest End (include Af				
Monday	\$ 00 A	-M sisteman	10:30	gen.			
Tuesday	N. J. W. W. W. W.	Harris & Britis Freeze	ter casacters to				
Wednesday		रक्षाः । १५७१ सम्बन्धः । १८५	ar vojakinga				
Thursday				ebruturty):			
/ Friday							
Saturday	and there is, and	in the same	18 16 1 1 16 1 17				
Sunday			V	111			

What routine maintenance will be done? Inspect: Atires battery lengine Aheadlights, tail lights, turn signals horn wipers Conduct routine oil changes Acheck all fluid levels
Where? At Business Address At Garage How often? Daily Weekly Monthly Yearly
Who will be operating the vehicle? Sowner Employee Lessee Other:
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements: Uniform required Wearing the following clothing is prohibited: shorts jeans flip flops Other: Clothing must be neat and clean without holes or tears
Driver must be well groomed at all times while on duty Hair shall be neatly trimmed and combed Statement of written policies is attached Other:
What are your plans to promote and ensure driver and passenger security? Confirm that all drivers hold valid Public Passenger Vehicle Licenses Require all drivers to undergo the following training: Vehicle is equipped with airbags
Regularly inspect seat belts for unusual wear or malfunctioning parts Vehicle is equipped with a spare tire, jack and emergency equipment Follow suggested vehicle maintenance schedule Written safe driving policy given to all drivers
Regularly inspect brake lights and emergency flashers Other: What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk? Gather all complaint information
Ask customer how they would like issue to be addressed Provide resolution to the customer's satisfaction Keep written records of complaints and resolutions: For how long? Other:
In what manner will all accident reports or citations be retained and made available to the City Clerk? Name
Describe all vehicle markings, body color(s), signs or stickers: - 1905 on Front Suck Side Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)
Provide your rates of fare (ex: \$25 per flour, \$10 per trip, etc.) (boes not apply to Metered Fare Taxicabs)
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:
Signatures
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign
Office Use Only: Permit # Insurance Registration

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION					
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time					
By initialing each line I/we confirm each of the following statements are true:					
I/we understand the \$15 provisional license fee is nonrefundable. A true and correct copy of the current vehicle registration has been submitted. A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted. I, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin. I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s). No one listed on this application has any open warrants or unpaid fines. No one listed on this application is on probation or parole. Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense. Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents					
or occurrences. Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated. I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed, revoked, or surrendered (MCO 85-13).					
I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.					
Perch Colleg Print Name Signature					
Office Use Only: \$15 provisional fee paid Regular license fee paid Veh Reg Ins Cert PPPV# WDL exp date:					



OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> <u>WWW.MILWAUKEE.GOV/LICENSE</u>

A STATE OF THE STA	Earliest Start Time	latest End Time *	
Day of the week	(include AM / PM)	Latest End Time * (include AM / PM)	
Monday	6.00AM		
Tuesday			
Wednesday		The state of the s	
Thursday	·		
Friday			
Saturday			
Sunday	V	V	
* The "L	atest End Time" can be no later tha	n 10:30 PM	
ROUTES			
rescribe your procedure for notifying ustomary routes: In pir 13 Line What we had a rando We will confect. Dis his	ng police or other authorities when anticipy teaks of operation, we only him act of violence equivatus. For all 2 as soon as possib	ated operation deviates from ad to natify police one all fature incidents Cifany)	
Describe your procedure for notifying customary routes: In our 13 hime what a rando we will confed Pis to ALCOHOL BEVERAGE REGU	ng police or other authorities when anticipy teaks of operation, we only him act of violance against us. for at 2 as soon as postibulations (COMMERICAL QUAD	eated operation deviates from and to natify police one all fature incidents (ifany) e RICYCLES ONLY)	
Describe your procedure for notifying customary routes: In pur 13 hime what a rando we will confed. Pis to ALCOHOL BEVERAGE REGU	ng police or other authorities when anticip years of operation, we only h m act of violance egainst us. For ct 2 as soon as possib	eated operation deviates from and to natify police one all fature incidents (ifany) e RICYCLES ONLY)	
Describe your procedure for notifying customary routes: In our 13 hime what we had a rando we will confed pis to a ALCOHOL BEVERAGE REGULATION OF THEIR CONTRACTION OF THEIR CONT	ng police or other authorities when anticipy teaks of operation, we only him act of violance against us. for at 2 as soon as postibulations (COMMERICAL QUAD	nated operation deviates from and to natify police one all fative incidents Cifany) PRICYCLES ONLY) ted malt beverages will be taken? No glass/hard alcohological consumers	
Describe your procedure for notifying customary routes: In our 13 hime when we had a rando we will confed. Dis his ALCOHOL BEVERAGE REGULATION THEIR CONTRACT OF THEIR CONTRAC	ng police or other authorities when anticipy that's of operation, we only he maet of violance against us. For all Scales and amounts of fermen notes and we excee there is there alcohol beverage including intoxicating the excess of that allowed by law (36 outsine excess of that allowed by law (36 outside excess out	nated operation deviates from and to natify police one all fature incidents (ifany) le PRICYCLES ONLY) ted malt beverages will be taken? No glass/hard alcoholagiquor is carried upon or consume No hard alcoholagical allowed.	
Describe your procedure for notifying customary routes: In our 13 hime when we had a rando we will confed pis to a sure of inverse of their customary what are your plans to ensure no or the pedicab? Website, texts. What are your plans to ensure amo on the pedicab? Website, texts.	ng police or other authorities when anticipy that's of operation, we only he mack of violance against us. For a soon as possibility of the types and amounts of ferment of the end we ensure there is there also hold beverage including intoxicating the mails, and signs all say in the ending in a cooler of the end of the pedicab?	nated operation deviates from and to natify police one all fative in idents Cifany) RICYCLES ONLY) ted malt beverages will be taken? No glass/hard alcoholagliquor is carried upon or consume No hard alcoholagliouses, when the process of the pro	

How will disorderly and/or intoxicated patrons being addressed?
If anyone gets out of hand, they will be asked to leave the fedal Tavery and another person will stay with them.
and another person will stay with them.
How will patrons be notified of the restrictions on alcohol beverages? Conspicuous posting of a notice of restrictions \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
What types of beverage carrying containers will be allowed on the pedicab? XCans Plastic Bottles
Where will the patrons store their fermented malt beverages?
In a cooler in middle of ledal Tayern.
LITTER & NOISE
How will excess noise be prevented? DUR ONLY PLAY MUSTIC While Moving 2) We take routed to avoid gotef areas How will excess noise be addressed?
How will excess noise be addressed? If someone complains, We will address it as needed
Will there be an amplified sound system? No XYes If yes, describe:
What are your plans to prevent litter? What are your plans to prevent litter? We have garbage on board and it something does fall, he will step and What are your plans to address littering by natrons?
What are your plans to address littering by patrons?
See above
LICENSED PEDICAB DRIVERS
What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating? WE SCAN I Censes and make Sure elegance is Valid
Names of all currently employed drivers (attach additional sheets as needed): Ethan Hettletinger, Corey Barman, Derek Collin, Joet Shotz, Port
NOTARIZED SIGNATURE
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.
SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 day of Warch 20 23 Print Name of Individual/Partner/Officer/Member HIGHES
With Ohr Illians
Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Memberna Communication Signature Officer/Memberna Communication Signature S
My commission expires $1/13/2021$ Notary seal must be affixed

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PUBLIC PASSENGER VEHICLE (OWNER) PERMIT SUPPLEMENTAL APPLICATION

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI-53202

(414) 286-2238 E-MAIL: license@milwaukee.gov www.milwaukee.gov/license

Submit with Business License Application

TYPE OF VEHICLE (CHECK ON	IE)	শত পুরুষ্ট কুল প্রতিষ্ঠ ক্রিন্টার র সেপারক্রীক বিশ্বর বিশ্বরূপ	्यान प्रतिकृषि भारतिकात्त्र स्थितिकारिका होत्स्या भारतिकारी । 	
Limousine (Pre-Reserved or Contract	Service Basis)	Motorcycle (Used for Tours)		
Taxicab Metered Fare Vehicle: Name of Dispatch Service:		☐ Shuttle-Group Travel/Pre-reserved Basis		
(Service Upon Demand)			20, 30, 30, 30, 4	
Horse & Surrey Livery	ide/Fixed Route - Submit a copy of _ submit a copy			
Pedicab, Commercial Quadricycle - No Yyes If yes, a Pedic	Will you be allowing the parabel Plan of Operation (ccl-	ossession and consump ppvpedi) must also be	otion of fermented malt beverages?	
VEHICLE INFORMATION		angila karataya madigu.		
Year: 2004 Make: Fiet	S Cafe Model:	proposity of the	Color of Vehicle Body:	
Serial or Vehicle Identification # (VIN):	License Plate #:	(e)		
Body style (Check one):	4-door Sedan Stretc Van Wagon	h Limousine Spo X Other:	ris Utility Sundant to the second state of the second state of the second seco	
Will vehicle be stored at the premise ac		Yes No - 60,700	Nothing a sign of the set of	
If No, provide storage address (include	City, State, Zip code):	anot discusting	narghus of the grant allowing the subsections of the grant of the gran	
Are you leasing the vehicle? No	Lease must meet	all requirements in MO		
APPLICANT INFORMATIO	in depthished alleger the best	i a etatleka hararrakan	भारताच्या प्रस्कृतिक विक्रितिक विक्रांतिक विक्रांतिक विक्रितिक विक्रितिक विक्रितिक विक्रितिक विक्रितिक विक्रित	
Do you have experience operating a pulf yes, when and in which municipalitie	blic passenger vehicle?] No X Yes 203	3	
Do you currently hold any public passe	ξ. '	No X Ves If ves. ho	w many?	
What type(s) of vehicles?	I (Mediuchae)	Willett titusterpancies (
PLAN OF OPERATION				
HOURS OF OPERATION	Earliest Star (include AN	_	Latest Ending Time (include AM or PM)	
Monday	2.00 A	Maria de la compansión	10:30pm	
Les Les Tuesday de les de les	red Art Bisson In			
Wednesday	, ,	स्था क्षेत्र संक्रिक् र हरू		
Thursday			\$1.00 \$4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Friday				
Saturday -	1	· · · · · · · · · · · · · · · · · · ·	Service Market Commission	
Sunday	V		Water the state of	
Proposed Area(s) of Operation:	North Side East Side	West Side	Airport	

What routine maintenance will be done? Inspect: Atires Deattery engine headlights, tail lights, turn signals horn wipers Conduct routine oil changes Check all fluid levels
Where?
Who will be operating the vehicle? Downer Employee Lessee Other:
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements:
Wearing the following clothing is prohibited: Shorts Speans Iflip flops Other: Clothing must be neat and clean without holes or tears Driver must be well groomed at all times while on duty
Hair shall be neatly trimmed and combed Statement of written policies is attached Other:
What are your plans to promote and ensure driver and passenger security? Confirm that all drivers hold valid Public Passenger Vehicle Licenses Require all drivers to undergo the following training: Vehicle is equipped with airbags
Regularly inspect seat belts for unusual wear or malfunctioning parts Vehicle is equipped with a spare tire, jack and emergency equipment Follow suggested vehicle maintenance schedule
☐ Written safe driving policy given to all drivers ☐ Regularly inspect brake lights and emergency flashers ☐ Other:
What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk? Gather all complaint information Ask customer how they would like issue to be addressed Provide resolution to the customer's satisfaction Keep written records of complaints and resolutions: For how long?
Keep computer records of complaints and resolutions: Other: In what manner will all accident reports or citations be retained and made available to the City Clerk? Keep written records of all accident reports and citations: For how long?
Keep computer records of all accident reports and citations: For how long? 3 year.
Describe all vehicle markings, body color(s), signs or stickers:
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:
Signatures
Andled .
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign
Office Use Only: Permit # Insurance Registration

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION				
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time				
By initialing each line I/we confirm each of the following statements are true:				
/ I/we understand the \$15 provisional license fee is nonrefundable.				
A true and correct copy of the current vehicle registration has been submitted.				
A certificate of insurance in compliance with the Milwaukee Code of Ordinances has been submitted.				
1, as an individual applicant, all partners of a partnership, or the agent of a Corporation/LLC currently hold(s) valid motor vehicle driver's license(s) with the State of Wisconsin.				
I/we understand the driver(s) of the vehicle must be licensed as a Public Passenger Vehicle Driver(s).				
No one listed on this application has any open warrants or unpaid fines.				
No one listed on this application is on probation or parole.				
Within 2 years of the date of this application, no one listed on this application has been convicted of any felony or misdemeanor offense related to a violent offense.				
Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents or occurrences.				
Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.				
I/we are not subject to disqualification due to a previous application being withdrawn, denied, non-renewed revoked, or surrendered (MCO 85-13).				
I understand that providing false, misleading or fraudulent information shall be subject to the penalties provided in s. MCO 85-34 and that the City Clerk may revoke the provisional license without further Common Council action if it is determined that false information was provided on the application or upon denial of the Common Council of a regular license.				
Signature				
Office Use Only: S15 provisional fee paid Regular license fee paid Veh Reg Ins Cert PPPV# WDL exp date:				

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PEDICAB PLAN OF OPERATION

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> <u>WWW.MILWAUKEE.GOV/LICENSE</u>

IOURS OF OPERATION			
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)	
Monday	6.00AM	10:30PM	
Tuesday			
Wednesday			
Thursday			
Friday			
Saturďay			
Sunday	V	V	
* The "Lat	est End Time" can be no later tha	n 10:30 PM	
ROUTES			
ALCOHOL BEVERAGE REGUL	ears of operation, we only he act of violence against us. for the 2 as soon as possible ATIONS (COMMERICAL QUAD ory of the types and amounts of fermental and we ensure there is	tod malt beverages will be taken?	
the pedicab? Website, fexts,	er alcohol beverage including intoxication emoils, and signs all say of the sin excess of that allowed by law (36 of the cooler)	No hard alcohol allowed"	
What are your plans to ensure amoun consumed by any one individual on the The 360z for person 1	its in excess of that allowed by law (36 one pedicab? The explaint the f	, , , , , , , , , , , , , , , , , , , ,	
What are your plans to ensure glass beverage containers will not be carried upon the pedicab? We inspect all coolers for glass			
what are your plans to ensure no underage persons are on the pedicab when fermented malt beverages are present four Rider gets a wrist-band after he check their 10 to ensure they are 21+			

If anyone gets out of hand, they will be asked to leave the Pedal Tavery and another person will stay with them.
How will patrons be notified of the restrictions on alcohol beverages? Conspicuous posting of a notice of restrictions \ \ Other: \(\mathbb{E}_{mai} \), \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
What types of beverage carrying containers will be allowed on the pedicab? XCans Plastic Bottles
Where will the patrons store their fermented malt beverages?
In a cooler in middle of ledal Tayern.
LITTER & NOISE
How will excess noise be prevented? I We only play music while moving 2) We take routes to avoid gotet areas. How will excess noise be addressed?
If someone complains, we will address it as needed
Will there be an amplified sound system? No XYes If yes, describe: Radio d Speakers What are your plans to prevent litter?
What are your plans to prevent litter? We have garbage on board and it something does fall, he will stop and we have garbage on board and it something does fall, he will stop and
What are your plans to address littering by patrons? See above
LICENSED PEDICAB DRIVERS
What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating? We Scan I censes and wake Swe every one is Valid
Names of all currently employed drivers (attach additional sheets as needed): Ethan Hettletinger, Corey Barman, Devel Collis, July Shotz, Port
NOTARIZED SIGNATURE
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.
SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 day of Warch, 20 33 Print Name of Individual/Partner/Officer/Member/Miches Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Member/Miches
Mitthe Oht
Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Member A Pentils Communication of Individual of Indi
My commission expires $1/(3/202)$ Notary seal must be affixed



PUBLIC PASSENGER VEHICLE (OWNER) ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL: license@milwaukee.gov, www.milwaukee.gov/license

Submit with Business License Application

TYPE OF VEHICLE (CHECK O	NE)		open senera i color finis e in diring de ingone de
Limousine (Pre-Reserved or Contra	ct Service Basis)	Motorcycle (Used fo	or Tours) in the second of the
Taxicab Metered Fare Vehicle: Na	me of Dispatch Service:		al/Pre-reserved Basis
(Service Upon Demand)		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Colombia and Colombia
☐ Horse & Surrey Livery	Pedicab	the fixed route schedu	e/Fixed Route - Submit a copy of le with this application.
Pedicab, Commercial Quadricycle No Yes If yes, a Ped	 Will you be allowing the p dicab Plan of Operation (ccl- 	phybedii must also be su	on of fermented mail beverages. bmitted:
VEHICLE INFORMATION		(2013 19 Car 1 Car)	
Year: 2008 Make: Fie	ets lake Model	selfed a concer-	
Serial or Vehicle Identification # (VIN)		The second of th	enger-Carrying Capacity: uding driver)
Body style (Check one):] 4-door Sedan ☐ Streto] Van ☐ Wagon	h Limousine Sport	s Utility Land on and Louis Section The section of the section o
Will vehicle be stored at the premise		Yes a No. 31 - 42	Phone of the section of the best of the be
If No, provide storage address (includ	C ST makes or "	gotter tenta (in	CANONICA OF STREET, CONTRACTOR
Are you leasing the vehicle? No	Lease must meet	all requirements in wico	T00-30-T501
APPLICANT INFORMATION	DN	ele tres des administra do tetro	
Do you have experience operating a	public passenger vehicle?	No XI Yes	The transfer of the territory
If yes, when and in which municipalit	ties? Milliantee	2010-202	The results of the state of the
Do you currently hold any public pas	senger vehicle permits?	No X Yes If yes, how	many?
What type(s) of vehicles?	croise Gradification	which municipalities?	Millimber
PLAN OF OPERATION			
HOURS OF OPERATION	Earliest Star (include Af	ting Time (1984) (1984) Vi or PM)	Latest Ending Time (include AM or PM)
Monday	Sa HA	1.01	10:30pm
Tuesday	Star of the walk	entre la copressión en	
Wednesday		्रवाद्याच्या १५ द्वारा । ११ देख	
Thursday			semperigle
Friday			
C. L. C.			S. 1848 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sunday	V	- 1	· · · · · · · · · · · · · · · · · · ·
Proposed Area(s) of Operation:	☐ North Side ☐ East Side		irport

What routine maintenance will be done? Inspect: Kires K battery Lengine K headlights, tail lights, turn signals Thorn Twipers Conduct
Inspect: Kitires K battery Lengine K headlights, tail lights, turn signals L horn L wipers Conduct routine oil changes K Check all fluid levels
where Lift Business Address Lift Garage
How often? Daily Weekly Monthly Yearly
Who will be operating the vehicle? Swner Employee Lessee Other:
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly
appearance, including any dress or uniform requirements: Uniform required
Wearing the following clothing is prohibited: Shorts Jeans Iflip flops Other:
Clothing must be neat and clean without holes or tears
Driver must be well groomed at all times while on duty
Hair shall be neatly trimmed and combed
Statement of written policies is attached Other:
What are your plans to promote and ensure driver and passenger security?
Confirm that all drivers hold valid Public Passenger Vehicle Licenses
Require all drivers to undergo the following training:
Vehicle is equipped with airbags
Regularly inspect seat belts for unusual wear or malfunctioning parts
Vehicle is equipped with a spare tire, jack and emergency equipment Follow suggested vehicle maintenance schedule
Written safe driving policy given to all drivers
Regularly inspect brake lights and emergency flashers
Other:
What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?
Gather all complaint information Ask customer how they would like issue to be addressed
Provide resolution to the customer's satisfaction
Keep written records of complaints and resolutions: For how long?
Akeep computer records of complaints and resolutions: For how long?
Other:
In what manner will all accident reports or citations be retained and made available to the City Clerk? Keep written records of all accident reports and citations: For how long?
Meep written records of all accident reports and citations: For how long? Section
Other:
Describe all vehicle markings, body color(s), signs or stickers:
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does not apply to Metered Fare Taxicabs)
Provide your rates of fare (ex: \$25 per hour, \$10 per trip, etc.) (Does hot apply to Metered Fare Taxicabs)
DNA.
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger
leg room of not less than 32 inches measured from the back of the seated passenger forward.
Initial to confirm your understanding:
Signatures
Dana Iband
Signature of Sole Proprietor, Partner, or 20% or more Shareholder Signature of additional partner or 20% or more shareholder
(If there are no 20% or more shareholders, Corporate Officer-print name/title and sign
Office Use Only: Permit # Insurance Registration
L'Institute L'inglistiation

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION				
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time			_	
By initialing each line I/we confi	rm each of the follow	ving statements are true:		A SHARE THE SHARE STATE OF
\(\forall \) I/we understand the \$1	5 provisional license	fee is nonrefundable.		Part Company
A true and correct copy	of the current vehic	le registration has been submi	tted.	Successions
A certificate of insuran	ce in compliance with	the Milwaukee Code of Ordin	ances has been submitted.	
I, as an individual appli valid motor vehicle dri	cant, all partners of a	a partnership, or the agent of a	Corporation/LLC currently hold(5)
		must be licensed as a Public P	assenger Vehicle Driver(s).	4
		en warrants or unpaid fines.		{
No one listed on this a	pplication is on proba	ation or parole.		6.5 TG4
felony or misdemeano	r offense related to a	violent offense.	ation has been convicted of any	- Carly Company and Albitories
Within 2 years of the of more moving violation or occurrences.	Within 2 years of the date of this application, no one listed on this application has been convicted of 3 or more moving violations, as defined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents			5
Within 2 years of the date of application, no one listed on this application has been convicted of any offense related to operating a motor vehicle while intoxicated.				
l/we are not subject to revoked, or surrender	disqualification due ed (MCO 85-13).	to a previous application bein	g withdrawn, denied, non-renewe	:d,
s MCO 85-34 and that the City	Clerk may revoke the	e provisional license without f	ibject to the penalties provided in urther Common Council action if it is a fill of the Common Council of a	And the second s
		Derch Co print Name	lins	e negative de la company de la
		Signature	and the second of the second o	
				:
Office Use Only:		Regular license fee paid WDL exp date:	□Veh Reg □ Ins Cert	
# - \$				



PEDICAB PLAN OF OPERATION

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> <u>WWW.MILWAUKEE.GOV/LICENSE</u>

HOURS OF OPERATION		T
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)
Monday	6.00AM	10:30PM
Tuesday		
Wednesday	A STATE AND A STATE OF THE STAT	THE RESIDENCE OF THE PROPERTY
Thursday		
Friday		
Saturday		
Sunday	V	, V
* The "Lat	est End Time" can be no later tha	n 10:30 PM
ROUTES		
ALCOHOL BEVERAGE REGUL Before operating, what type of invent His guests open their coo What are your plans to ensure no other	ears of operation, we only he act of violance against us. For a soon as possible ATIONS (COMMERICAL QUAD ory of the types and amounts of ferment of the ears there is er alcohol beverage including intoxicating emails, and signs all say of	ted malt beverages will be taken? No glass/hard alcohol ng liquor is carried upon or consumed
What are your plans to ensure amoun on the pedicab? We count all	ts in excess of that allowed by law (36 o	unces per person) will not be brough
What are your plans to ensure amoun consumed by any one individual on the		unces person person) will not be
	everage containers will not be carried u	non the pedicab?
We inspect all coo	, Ø	
What are your plans to ensure no und Evry Rider gels as ther are 214	lerage persons are on the pedicab when wristburk after he cha	fermented malt beverages are prese ck their 1D to ensure

	######################################
ı	How will disorderly and/or intoxicated patrons being addressed?
	If anyone gets out of hard, they will be asked to leave the feder Tavern and another person will stay with them.
	and another person will stay with them.
	How will patrons be notified of the restrictions on alcohol beverages? Conspicuous posting of a notice of restrictions \ \ Other: Email, +cct, Signs
	What types of beverage carrying containers will be allowed on the pedicab? XCans
	Where will the patrons store their fermented malt beverages?
	In a cooler in middle of ledal Tavern.
	LITTER & NOISE
	How will excess noise be prevented? I We only play music while moving D we take notes to avoid gotet areas How will excess noise be addressed?
	If someone complains, we will address it as needed
	Will there be an amplified sound system? No Yes If yes, describe: Continue Spenders What are your plans to prevent litter?
	We have garbage on board and it something does fall, he will stop and
	What are your plans to address littering by patrons? See above
	LICENSED PEDICAB DRIVERS
,	What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating? WE SCAL IT CENSES and wake Sive everyone is Valid
	Names of all currently employed drivers (attach additional sheets as needed): Ethan Heffletinger, Corey Bacman, Devel Collins, Joef Shetz, Port
ļ	NOTARIZED SIGNATURE
	Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewal suspension or revocation.
	SUBSCRIBED AND SWORN TO BEFORE ME THIS 20 day of Warch 20 23 Print Name of Individual/Partner/Officer/Member HIGHES
e.	Mitthe My
/	Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Members (1980)
	My commission expires $1/13/2021$ Notary seal must be affixed

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PUBLIC PASSENGER VEHICLE (OWNER) PERMIT SUPPLEMENTAL APPLICATION

ccl-ppvapp 12/12/17

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI \$3202
(414) 286-2238 E-MAIL: license@milwaukee.gov_www.milwaukee.gov/license
Submit with Business License Application

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TYPE OF VEHICLE (CHECK	ONE)	· · · · · · · · · · · · · · · · · · ·	the contraction of the contracti
Limousine (Pre-Reserved or Cont	ráct Service Basis) 👑 🕠	Motorcycle (Used	
Taxicab Metered Fare Vehicle: N	lame of Dispatch Service:		vel/Pre-reserved Basis
(Service Upon Demand)		22574	That I want to the same of the
Horse & Surrey Livery	Pedicab	the fixed route sched	de/Fixed Route - Submit a copy of
Pedicab, Commercial Quadricycle No XYes If yes, a P	e - Will you be allowing the bo edicab Plan of Operation (ccl-	ossession and consump ppvpedi) must also be s	tion of fermented malt beverages?
VEHICLE INFORMATION	A Secretary of the second secretary of the	The Art	
Year: 2008 Make:	iets Cafe Model:	प्रमाण संभागतात्वरीत् (१८४०) मुक्षेद्धद्वसम्बद्धाः	Color of Vehicle Body:
Serial or Vehicle Identification # (VII	N): License Plate #:		senger-Carrying Capacity: cluding driver)
Body style (Check one):	4-door Sedan Stretc Wan Wagon	h Limousine	rts Utility
Will vehicle be stored at the premise If No, provide storage address (included a storage).	ude City, State, Zip code):		The second of th
Are you leasing the vehicle? X N		he lease is required. all requirements in MC	(i) 100-50-12b.
APPLICANT INFORMATI			and the Harry Commission of the American
Do you have experience operating a lf yes, when and in which municipal	/ / / / / / / / / / / / / / / / / / / /	10 10 - 2023	or the around the first
Do you currently hold any public pa	ussenger vehicle permits?	No X Yes If yes, how	v many?
What type(s) of vehicles?	0 A 1 .	, ,	AAN II la I da
PLAN OF OPERATION			No. of the control of
HOURS OF OPERATION	Earliest Start (include AN	ting Time	Latest Ending Time (include AM or PM)
			1 - 1 7 A
Monday	2:0)AM	l.,	10:30 pm
Monday Tuesday			10-30 pm
	and the state of the state of		
/ Programme Tuesday - 19 (1997)	and the state of the state of		
Tuesday Wednesday	and the state of the state of		
Tuesday Wednesday Thursday Friday	A Secretary Secretary		
Tuesday Wednesday Thursday Friday	A Secretary Secretary		

What routine maintenance will be done? Inspect: Itires Abattery engine A headlights, tail lights, turn signals horn wipers Conduct routine oil changes Check all fluid levels Where? At Business Address At Garage			
How often? Daily Neekly Monthly Yearly			
Who will be operating the vehicle? Owner Employee Lessee Other:			
Provide a statement (or attach a copy) of written policies for drivers to maintain a clean, professional and orderly appearance, including any dress or uniform requirements: Uniform required Wearing the following clothing is prohibited: shorts jeans flip flops Other: Clothing must be neat and clean without holes or tears			
Driver must be well groomed at all times while on duty Hair shall be neatly trimmed and combed Statement of written policies is attached Other:			
What are your plans to promote and ensure driver and passenger security? Confirm that all drivers hold valid Public Passenger Vehicle Licenses Require all drivers to undergo the following training: Vehicle is equipped with airbags			
Regularly inspect seat belts for unusual wear or malfunctioning parts Vehicle is equipped with a spare tire, jack and emergency equipment Follow suggested vehicle maintenance schedule Written safe driving policy given to all drivers			
Regularly inspect brake lights and emergency flashers Other: What is your process for resolving complaints, including retention of complaint records and reporting to the City Clerk?			
Gather all complaint information Ask customer how they would like issue to be addressed Provide resolution to the customer's satisfaction Keep written records of complaints and resolutions: For how long? Year Other:			
In what manner will all accident reports or citations be retained and made available to the City Clerk? Keep written records of all accident reports and citations: For how long?			
Describe all vehicle markings, body color(s), signs or stickers: Social			
DNA			
Horse & Surrey Livery Services Only: Provide Name, Address, and Phone Number of Licensed Veterinarian:			
Taxicab Applicants Only: I understand the vehicle must not be more than 10 model years old and must provide passenger leg room of not less than 32 inches measured from the back of the seated passenger forward. Initial to confirm your understanding:			
Signatures			
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign			
Office Use Only: Permit # Insurance Registration			

PROVISIONAL PUBLIC PASSENGER VEHICLE PERMIT APPLICATION				
Complete this section only if applying for a Provisional Public Passenger Vehicle Permit at this time				
By initialing each line I/we confirm each	h of the following statements are true:			
A true and correct copy of the A certificate of insurance in co I, as an individual applicant, a valid motor vehicle driver's li I/we understand the driver(s) No one listed on this applicat Within 2 years of the date of felony or misdemeanor offen Within 2 years of the date of	isional license fee is nonrefundable. current vehicle registration has been submitted. compliance with the Milwaukee Code of Ordinances has been submitted. li partners of a partnership, or the agent of a Corporation/LLC currently hold(s) cense(s) with the State of Wisconsin. of the vehicle must be licensed as a Public Passenger Vehicle Driver(s). Ion has any open warrants or unpaid fines. Ion is on probation or parole. this application, no one listed on this application has been convicted of any se related to a violent offense. this application, no one listed on this application has been convicted of 3 or efined in s. 343.01(2)(cg), Wisconsin Statutes, arising out of separate incidents			
or occurrences. Within 2 years of the date of related to operating a motor I/we are not subject to disquence revoked, or surrendered (MC) I understand that providing false, miss. MCO 85-34 and that the City Clerk	application, no one listed on this application has been convicted of any offense vehicle while intoxicated. alification due to a previous application being withdrawn, denied, non-renewed,			
	Print Name Signature			
Office Use Only: \$15 provisional PPPV#				



PEDICAB PLAN OF OPERATION

OFFICE OF THE CITY CLERK LICENSE DIVISION 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202 (414) 286-2238 E-MAIL ADDRESS: <u>LICENSE@MILWAUKEE.GOV</u> <u>WWW.MILWAUKEE.GOV/LICENSE</u>

HOURS OF OPERATION		epikkiska aka amina daka 111 sepertur sengen sengen sangan kangan dama da sebesah sengen kangan kangan kangan sengen seng
Day of the week	Earliest Start Time (include AM / PM)	Latest End Time * (include AM / PM)
Monday	6.00AM	10:30PM
Tuesday		
Wednesday		
Thursday	·	
Friday		
Saturday		
Sunday	V	
* The "Lat	est End Time" can be no later tha	n 10:30 PM
ROUTES		
ALCOHOL BEVERAGE REGUL Before operating, what type of invent Hill guests open their coe What are your plans to ensure no oth	eaks of operation, we only he act of violence against us. For a possible as soon as possible at the possible and we excee there is er alcohol beverage including intoxicating emails, and signs all say "	ricycles only) ted malt beverages will be taken? No glass/hard alcohol g liquor is carried upon or consumed
	nts in excess of that allowed by law (36 o	ggernagay, yayayay ya dahii dahiim booqiy oo bo oo bo oo bo oo boo oo boo oo boo oo
consumed by any one individual on the		unces person person) will not be
the 360z per person 1	role explains itself	,
1	peverage containers will not be carried u	pon the pedicab?
We inspect all coo	les for glass	
	derage persons are on the pedicab when wistburd after we cho	,

How will disorderly and/or intoxicated patrons being addressed?					
If anyone gets out of hard, they will be asked to leave the Pedal Tavery					
If anyone gets out of hand, they will be asked to leave the Pedal Tavern and another person will stay with them.					
How will patrons be notified of the restrictions on alcohol beverages? Conspicuous posting of a notice of restrictions Other: Email, Hests, Signs					
What types of beverage carrying containers will be allowed on the pedicab? 💢 Cans 🗌 Plastic Bottles					
Where will the patrons store their fermented malt beverages?					
In a cooler in middle of Pedal Taylern.					
LITTER & NOISE					
How will excess noise be prevented? I've only play music while moving 1) We fake routes to avoid quret areas How will excess noise be addressed?					
If someone complains, we will address it as needed					
Will there be an amplified sound system? No XYes If yes, describe: Control of Speaker					
What are your plans to prevent litter? We have garbage on board and it something does fall, he will stop and					
What are your plans to address littering by patrons?					
See above					
LICENSED PEDICAB DRIVERS					
What are your plans to ensure all drivers hold a valid Public Passenger Vehicle Driver license with the City of Milwaukee at all times while operating? WE SCAN IT CENSES and wake Sive everyone is Valid					
Names of all currently employed drivers (attach additional sheets as needed): Ethan Heffletinger, Corey Bacmen, Devel Collins, Joey Shetz, Port					
NOTARIZED SIGNATURE					
Failure of a licensee to comply with the approved plan of operation shall constitute grounds for non-renewed suspension or revocation.					
SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 day of Warch, 20 3 Print Name of Individual/Partner/Officer/Member MICHES					
Notary Public, State of Wisconsin Signature of Individual/Partner/Officer/Members & Communication of Signature of Individual/Partner/Officer/Members & Communication of Individual/Partner/Officer/Members & Comm					
My commission expires $1/13/2021$ Notary seal must be affixed					

l



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/2023

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(ies) 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).

FORT MYE	ELS PKWY STE 29-303 RS, FL 33912-7513	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	8007452409		FAX (A/C, No);				
8007452409)	INSURER(S) AFFORDING COVERAGE							
			INSURER A:	37540					
INSURED	SPORTS AND RECREATION PROVIES PARTICIPATING MEMBERS:		ATION (PURCHASI	INSURER B: Great American Insurance Company					
	110 PARTION ACTION	INSURER C:							
1071120	aukee Pedal Tavern I		INSURER D:						
6650 W State St Unit 288					INSURERE:				
i iviliwa	aukee, WI 53213		INSURER F:						
COVERAGE	S CE	RTIFICATE	NUMBER:	ZISMB2261		f	REVISION N	IUMBER:	
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.									
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY	NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
GENERAL	LIABILITY						GENERAL AG	GREGATE	\$2,000,000.00
Х сомме	RCIAL GENERAL LIABILITY				1		PRODUCTS -	COMP/OP AGG	\$2,000,000.00
X CL	AIMS-MADE OCCUR						PERSONAL &	ADV INJURY	\$1,000,000.00

	GENERAL LIABILITY		<u> </u>				GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY	MMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/OP AGG	\$2,000,000.00
	X CLAIMS-MADE OCCUR					20/00/004	PERSONAL & ADV INJURY	\$1,000,000.00
Α		х		ZISMB2261	03/06/2023 12:01 AM	03/06/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			12,517,111		DAMAGE TO RENTED PREMESIS	\$300,000.00	
							MED EXP (Any one person)	EXCLUDED
	X POLICY PRO-	}						
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED NON-OWNED AUTOS		MICHAEL MICHAEL				COMBINED SINGLE LIMIT (Ea accident)	\$
ŀ							BODILY INJURY (Per person)	\$
				·	İ		BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
						<u> </u>		
-	UMBRELLA LIAB OCCUR		a agaireally				EACH OCCURRENCE	\$
•	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$	1						
5			BOD F000407 00 :	03/06/2023	03/06/2024	EACH OCCURRENCE	\$25,000.00	
B	ACCIDENT MEDICAL COVERAGE		BSR-E886137-00	12:01 AM	12:01 AM	DEDUCTIBLE	\$100.00	
1								
-								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Vehicles: 2004 Fiets Cafe, 2008 Fiets Cafe (2), 2010 Fiets Cafe, 2011 Fiets Cafe, 2011 Crawler Fabrications (2), 2012 Fiets Cafe

CERTIFICATE HOLDER	CANCELLATION
City Of Milwaukee 200 E Wells St # 105, Milwaukee, WI 53202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
·	AUTHORIZED REPRESENTATIVE
	Francis L. Dean

2. Milwaukee Art Museum 7. Pabst Mansion 3nno mnoman nio mi **МОПТИ ВОЖИЕЯ ЛУЕИИЕ** NORTH MARYLAND AVENUE SUNSUL TOSOSONA WIRON . NORTH ONLLAND AVENUE HTAON TERRET IST HTUOS WEST SANT PAUL AVENUE MILWAUKEE TAJAT2 HTO HTRON YAWSSSS HTUDS HTRON TSSENTY HTROW S NORTH TEUTONIA AVENUE ... - нтох итлои ----WEST VLIET STREET West town out he areas WEST CLYBOURN STREET WEST WELLS STREET Tashte MTAS MTAON EAST-WEST FREEFUAV NOWIN SELM STREET SOUTH JOTH STREET ** 2127 ^РАW ЭЯДЯ ЯЗЈ <mark>***</mark> MORTH SHERMAN BOULEVAILD STADIUM FREEWAY STREET

Milwaukee Wisconsin, USA

1. Harley-Davidson Museum

3. The Shops of Grand Avenue

4. North Point Lighthouse 5. Milwaukee City Hall

6. Hoan Bridge

8. Miller Park

9. Lakefront Brewery

10. Historic Third Ward.