CITY OF MILWAUKEE HEALTH DEPARTMENT APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application.
The license period is from January 1 to December 31.

2004 AUG 12 PM 4: 29

City of Milwaukee Health Department

	0.00 - New Applicants and Renewals check payable to the City of Milwaukee Health Department		RUKEE HEALTH EPARTMENT
Check	(✓) one: () Individual () Partnership () Corporation		
1.	NAME OF APPLICANT (If Individual)		NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,
	BUSINESS NAME MEDA- CARE AMBULANCE	E Phone Number <u>4/4</u>	-344-4444
	Business Address <u>2515</u> W. VLIET STREET,	MILWAUFEE 53	20 <u>5</u>
	Have any people on this application been convicted of vio	plating any federal or state law	ws, or local ordinances?
	Yes No X If 'yes', name of person(s), date, char	ge and penalty:	
2	PARTNERSHIP: (If Applicable)		
	Name	Home Address	
	(City, State, Zip)	Phone No.	Date of Birth
	Name	Home Address	
	(City, State, Zip)	Phone No.	Date of Birth
3.	NAME OF CORPORATION: MEDA-CARE	AMBULANCE, IN	<u> </u>
	Address, City, State, Zip 2515 W. VLIET ST		
	Date and Place of Incorporation: MILWAUK	EE, W, 1/0	1/72
	President YVONNE LARSEN	Home Address <u>568 W</u>	18118 ISLAND DR.
	City, State, Zip MUSKEGO, WI 53150	Phone 262-679-0290	Date of Birth 9/24/37
	Vice PresidentNONE	Home Address	
	City, State, Zip		Date of Birth
	Secretary TED LARSEN		
	City, State, Zip WAUKESHA, WI 53186	Phone 262-798-0654	Date of Birth 11/12/65
	Treasurer none	Home Address	
	City, State, Zip	Phone	Date of Birth
	Agent LNDA WIEDMANN		
	City State Zin ACONOMOWOC, W. 53066	Phone 262-560-0399	Date of Birth 6/14/51

2(HEALTH DEPT. ADM.	Fax: 4142865990	37.3 Ju	21 2004	9:43	P.03	
4.	OTHER REQUIREMENTS:						
	Do you have on file with to period?	he Health Department, a	valid and curre	ent certificate	of insurance		se No
	Do you have a valid State	of Wisconsin Inspection	Certificate?			Yes	No
	Do you participate in the E	Emergency Medical Servi	ces System?			Yes	No
	If 'yes', list service are nur	mber: 2					
	Do you wish to participate	in the Emergency Medic	tal Services Sys	tem?		_ ✓ Yes	No
	Total number of vehicles i	n service:	17				
	Please attach a separat (year, make and vin nu	te page listing all vehi		ı city assigr	ned number,	and descrip	ption
5 .	The undersigned agrees information supplied in to offered under this license, because of race, color, or employment, or penalize the basis of such informat	his application. The ur , permit, or franchise, or reed, sex, national origin any employee or discrim	ndersigned sha refuse to emp n or ancestry; a	ll not willfull loy, or dischand not seek	y refuse to p arge any pers such informa	provide those on otherwise ation as a co	services qualified ndition of
6.	The undersigned undersignanting of licenses is sole	and that this application of the	on does not er e Common Cou	ntitle the ap ncil.	plicants to a	license and	that the
7 .	I have a knowledge of the sworn under oath, deposions foregoing application are	se and say that I am th	ently regulating ne person nam	the license ed above ar	applied for h	erein, and batements ma	eing duly de in the
	SUBSCRIBED AND SWORI	•	(fr	onsl (Individual/C	Jars orporate Pres	en/ ident/Partne	
		,		•	-	,	
	Notary Public, Sta	ite of Wisconsin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Additional P	non e artner/Corpor	ate Vice Pres	sident)
	,	_/_		` //	(1)		
	My commission expires _	8/05		(Corporate S	iecretary)		
					none	·	
				(Corporate T	reasurer)		
Do N	lot Write Below This Line						

City of Milwaukee Health Department

	Umit	License	Make	Type	NN	Man. Yr.
	201	315-EVU	Medtec	က	1FDKE30M4MHB04119	1991
	202	672-GBS	Taylor Made	ო	1FDKE30F1THA42940	1996
	203	545-ERC	Yankee Coach	3	1FDKE30M9KHA07429	1989
	204	888-EKN	Emer Med Veh	3	1FDKE30MARHC16879	1994
	205	887-EKN	Medtec	က	1FDKE30W0RHB15500	1994
	206	PNF-526	Wheeled Coach	က	1FDKE30M0NHA02804	1992
	207	794-EZJ	Horton	ო	1FDJE30F6SHB33437	1995
	210	256-AWM	Wheeled Coach	က	1FDKE30M8LHA92376	1993
	211	PAJ-941	McCoy Miller	2	1FDHS34M4JHA95477	1988
	212	VDW-603	McCoy Miller	2	1FDHS34M3JHB53692	1988
	213	673-GBS	Osage	2	1FDH534M9LHA41885	1990
	214	537-FGL	Wheeled Coach	2	1FDHS34M5JHC13035	1988
	217	UCJ-529	McCoy Miller	7	1FDHS34MXLHB30171	1988
	219	544 EWV	AEV	2	1FDHS34M3MHB17506	1991
	223	793-EZJ	Osage	2	1FDJS34F0SHA56177	1995
	224	WECNHLP	National	2	1FDJE30M1PHA23644	1993
ي ر	227	VCG-925	McCoy Miller	2	1FDHS34M8KHA38443	1989
390	₹.	KIDS ONE	Wheeled Coach	က	1FDXE40FXWHC12633	1998
(X) 50 X		KIDS TWO	Wheeled Coach	3	1FDKE30M4NHB24582	1992
20		KIDS	Wheeled Coach	က	1FDXE45F63HB49017	2003
	/ Kids	KIDS	Wheeled Coach	က	1FDXE45F83HB49018	2003

1	JC.	QĮ	RD CERTIFIC	ATE OF LIABIL	ITY INS	URANCE	Ξ (/28/2004
ROD	UCER R	(8 Ins		AX (262)574-7080	THIS CERT ONLY AND HOLDER, T	IFICATE IS ISSU CONFERS NO R HIS CERTIFICAT	ED AS A MATTER OF II RIGHTS UPON THE CER TE DOES NOT AMEND, FORDED BY THE POLI	EXT	CATE END OR
	Box		510 , WI 53187-1610		INSURERS A	FFORDING COV	ERAGE	N	AIC#
NSUF	ED N	ed	a-Care Ambulance Serv	vice Inc	INSURER A: Em	pire Fire &	Marine /	1	
			S W Vliet St		INSURER B: Un	ited Wiscons	in Ins Co/		
	ħ	۱i۱	waukee, WI 53205		INSURER C:			_	
					INSURER D:			4	
			_		INSURER E:				
TH	YRE	LICII	ES OF INSURANCE LISTED BEL REMENT, TERM OR CONDITION IN THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE II I OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED H AY HAVE BEEN REDUCED BY PAID	OCUMENT WITH R EREIN IS SUBJECT CLAIMS.	RESPECT TO WHICH	H THIS CERTIFICATE MAY	BE IS	SUED OR 1
JSR JR	ADD'L NSRD		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
			ERAL LIABILITY	CL310454	02/01/2004	02/01/2005	DAMAGE TO RENTED	\$	1,000,000
	ı	<u> </u>	COMMERCIAL GENERAL LIABILITY				PREMISES (Fa occurence) MED EXP (Any one person)	\$ \$	100,000 5,000
		V	CLAIMS MADE X OCCUR Professional Liab				PERSONAL & ADV INJURY	\$	1,000,000
A		X	Professional Liab				GENERAL AGGREGATE	\$	3,000,000
		GEN	I'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	3,000,000
			POLICY PRO- LOC			Andrews and the second			
		AUT	OMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		X X	HIRED AUTOS NON-OWNED AUTOS	CL310454	02/01/2004	02/01/2005	80DILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE. (Per accident)	\$	
		GAI	RAGE LIABILITY	APPROVED	as to fori	M	AUTO ONLY - EA ACCIDENT	\$	
		<u> </u>	ANY AUTO	AND EXECUTION TH	is /		OTHER THAN AUTO ONLY: AGG	\$	
			CESS/UMBRELLA LIABILITY	DAY OF STOM	2004	4	EACH OCCURRENCE	\$	
		E.X.	OCCUR CLAIMS MADE		11-20-11	†	AGGREGATE	\$	
					amill	<u></u>		s	
			DEDUCTIBLE	Asnie	ant Chil Attorney	,		\$	
			RETENTION \$				LOTO DIATE	\$	
			S COMPENSATION AND ERS' LIABILITY	0400043629	02/01/2004	02/01/2005	X WC STATU- OTH-	<u> </u>	
В	ANY	PRO	PRIETOR/PARTNER/EXECUTIVE	Land and the second a		MATTER PARTY AND ADDRESS OF THE PARTY AND ADDR	E.L. EACH ACCIDENT	\$	100,000
	If ye:	, des	MEMBER EXCLUDED? cribe under				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	500,000
	SPE- OTH	·	PROVISIONS below				E.L. DISEASE - POLICY LIMIT	1 3	300,000
DES The	CRIPT	ON C	of OPERATIONS/LOCATIONS/VEHIC Of Milwaukee is addi	LES/EXCLUSIONS ADDED BY ENDORSE tional insured concern	MENT/SPECIAL PROV Ing work per	nsions "formed by Me	eda-Care Ambulance	<u>.</u>	
		-	Inc.						İ
		•							
									:
CF	RTIF	ICA	TE HOLDER		CANCELLA	TION			
			3 Sac 9 3 Sac 40		SHOULD AN	Y OF THE ABOVE DES	SCRIBED POLICIES BE CANCELL	ED BE	FORE THE
					EXPIRATION	DATE THEREOF, THE	EISSUING INSURER WILL KNOO	(XXXX	DO MAIL
		Ci	ty of Milwaukee				TO THE CERTIFICATE HOLDER N		
		He	alth Department				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
			I N Broadway lwaukee, WI 53202			EPRESENTATIVE	XHXXXHXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNAS	.XXXXXXXX
	(Athr	. ~-	/2004/08) FAY: (414)?	86-5990		ane /	OACODO (າສຸດວ	PORATION 1988
AC	UKL	25	(2001/08) FAX: (414)2		//		SACORD (

AFFIDAVIT

STATE OF WISCONSIN}	
MILWAUKEE COUNTY}	
Julie Liebelt	_, BEING FIRST DULY SWORN,
on oath deposes and says that she is the Insurance Company, insurer on the att Ambulance Service Inc.	•
Affiant further deposes and says the City of Milwaukee has any interes any premium, commission, fee or othe or furnishing of said insurance certific	er thing of value on account of the sale
-	Julii Lilit SIGNATURE
Subscribed and sworn to before me th	is
13th day of February, 2004.	
Christine k. Howard	
Notary Public, Waukesha County, WI My commission expires:	· · · · · · · · · · · · · · · · · · ·

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RECEIVED

MILWAUKEE HEALTH DEPARTMENT

21993

MEDA-CARE AMBULANCE SERVICE, INC. 2515 W, VLIET ST. MILWAUKEE, WI 53205

M&I Marshall & IIsley Bank wisconsin

FOR

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Deposit Detail										
Сигтепсу	5		*			•				
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Checks	9		,	0	0	.0	0			
Credit Card			7			•				
Cash Shortage	•		9			•				
Total	,],	0	0	.0	0			
FMIS A/R Entry Made by:	aith S	liter	Ext. 2	34,	/ Date	8/1	3/04			
Deposit Slip Prepared by:	Ulm Son	Luch	Ext. \hat{X}	52°	Date	:8//3	los			
Complete deposit stip using a black in PMIS A/R cash receipt transaction at to	k pen after FMIS A/op of form and delik	R cash receipt en rer deposit to City	ery has bee Treasurer	n made. at Room	Enter des 103, City	osit ID fro Hall. If Fi	en Els a/R			

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Keep Area Clear for Teller Validation

Meda-Care Ambulance Certification (2005)

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D-Health Department	3:19PM \$1:100.00
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2515 W, MILWAUKEE	ANCE SERVICE, INC. VLIET ST. E, WI 53205	1 M	DATE 8/9/04	12-5 ₁₅₇ 750
PAY TO THE ORDER OF ATY	Jelwankee Iled	H Departs	st \$	1100.00
Che thrists	me hunder!	7/100		DOLLARS A Security Features (September 1997)
M&I Marshall & I wiscons		Gen	Miles	
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