

AGENDA ITEM

June 16, 2020

Subject: Classic Cab LLC application for taxicab license

Department: Finance

Classic Cab LLC has applied for an occupation license to operate a taxicab business within the city. Classic Cab LLC is located at 20832 South 1300 Road, Moundville, MO and is owned by Doug and Danielle Salkil.

The applicant has met the requirements set forth in Municipal Code Chapter 33 Taxicabs and Other Vehicles for Hire.

RESOLUTION NO. 1563

A RESOLUTION OF THE CITY OF NEVADA, MISSOURI APPROVING AN APPLICATION SUBMITTED BY CLASSIC CAB LLC FOR AN OCCUPATION LICENSE TO OPERATE A TAXICAB BUSINESS IN THE CITY OF NEVADA, MISSOURI.

WHEREAS, Classic Cab LLC, located at 20832 South 1300 Road, Moundville, Missouri is owned by Doug and Danielle Salkil and;

WHEREAS, Classic Cab LLC submitted a renewal application for an occupation license to continue to operate a taxicab business in the City of Nevada, Missouri and;

WHEREAS, the applicant has met the requirements set forth in Municipal Code Chapter 33 Taxicabs and Other Vehicles for Hire and;

WHEREAS, the applicant has submitted the insurance certificate naming the city as an additional insured and vehicle inspections;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Nevada, Missouri that the application for a taxicab occupation license is hereby approved.

PASSED, APPROVED AND ADOPTED, by the City Council of the City of Nevada, Missouri, this 16th day of June, 2020.

George Knox, Mayor

(Seal)
ATTEST:

Johnna Williams, Deputy City Clerk

**City of Nevada
Occupation and Merchant License Renewal**

110 South Ash St. Nevada, MO 64772
Phone: 417-448-5115 Fax: 417-381-1938 www.nevadamo.gov

Please complete the below information and include the applicable items from the checklist on *reverse*.
Any application missing required items or incomplete will not be processed and WILL BE returned.

Business Name: CLASSIC CAB LLC DBA: CLASSIC CAB
Business Location Address: 20832 S. 1300 Rd, Moundville, Mo. 64771
Business Mailing Address: 20832 S. 1300 Rd, Moundville, Mo. 64771
Business Local Phone Number: (417) 448-9220 Fax Number: () -
Emergency Contact Person: Doug Salkic Emergency Phone Number: [REDACTED]
Owners Name: Doug and Danielle Salkic Owners Phone Number: [REDACTED]
DOB [REDACTED] SSN# [REDACTED] Driver's License # & State [REDACTED]

(If owner is different than previous year, new license will be required and renewal will not be accepted.)

Managers Name: Doug Salkic Managers Phone Number: [REDACTED]

Business Description: Give a concise description of the business to be conducted including products and/or services provided.
Provide Transportation to Patrons

Number of Taxes: 2

Retail Sales Only: Do you sell any taxable products/goods? Yes No
Do you charge Sales Tax? Yes No

The at cost amount of all merchandise/inventory currently on hand, held by the above named business, for sale is declared to be \$ N/A. I understand that my City of Nevada Merchant's license for next year will be based on this true and accurate figure.

Door to Door sales are not allowed with this license. If you would like to apply for a Door to Door License please contact City Hall at 417-448-5115

I hereby certify that the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Nevada. I also acknowledge that this is only an application and is not approval for me to conduct business within the City of Nevada, Missouri.

[Signature]
Applicant Signature

5-29-20
Date

Doug Salkic
Printed Name

City of Nevada Licensing Officer

Date

Missouri Motor Vehicle Inspection
APPROVAL NOTICE

...SEE INFORMATION ON REVERSE SIDE...

VEHICLE OWNER'S NAME <i>Classic Cab</i>		TIME INSPECTION STARTED <i>2:30</i>
STREET <i>NL 2</i>		TIME INSPECTION ENDED <i>3:00</i>
CITY <i>Newada</i>	COUNTY <i>Vernon</i>	
VEH YR <i>95</i>	MAKE <i>Buick</i>	MODEL <i>LeSabre</i>
ODOMETER READING (REQUIRED) <i>237130</i>		LICENSE NUMBER <i>Newe</i>
VEH ID NO <i>1G4CU5215SH648893</i>		

BODY STYLE <input checked="" type="checkbox"/> Car <input type="checkbox"/> School Bus <input type="checkbox"/> Truck (GVW < 8500 lbs.) <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck/Bus (GVW = 8500+)		FUEL TYPE <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Gas/LPG <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/> Other (Explain)
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DEFECTS

CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL

<input type="checkbox"/> ID / OD VERIFICATION	<input type="checkbox"/> TRAILER VERIFICATION (Less than 16 ft. ONLY)	BRAKE INSPECTED <input checked="" type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR	TOTAL COST \$
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INSPECTION STATION <i>Edwards Auto</i>	STATION NUMBER <i>108009</i>
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CITY WHERE INSPECTED <i>Newada</i>	DATE INSPECTED <i>11/25/19</i>
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INSPECTOR'S PERMIT NUMBER <i>990029178</i>	INSPECTOR'S SIGNATURE <i>[Signature]</i>
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REPAIR AUTHORIZATION

I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.

OWNER'S SIGNATURE	DATE REINSPECTED
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REINSPECTOR'S PERMIT NUMBER	STICKER / DECAL NUMBER <i>71511545</i>
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REINSPECTOR'S SIGNATURE	CONTROL NUMBER V <i>0332834</i>
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Missouri Motor Vehicle Inspection
APPROVAL NOTICE

SEE INFORMATION ON REVERSE SIDE

VEHICLE OWNER'S NAME: Classic Cab LLC TIME INSPECTION STARTED: 4:30
 STREET: 20832 S 1300 TIME INSPECTION ENDED: 5:00
 CITY: Overland Park COUNTY: Neosho
 VEH YR: 02 MAKE: Chevrolet MODEL: Medley ODOMETER READING (REQUIRED): 295336 LICENSE NUMBER: CS1N7C
 VEH ID NO.: 1G1ND52J42M586025
 BODY STYLE: Car School Bus Truck (GVW < 8500 lbs.) Autocycle
 SUV Motorcycle Truck/Bus (GVW = 8500+)
 FUEL TYPE: Gas Diesel Other
 Electric Hybrid

DEFECTS			
CODE	DEFECTIVE PART	PART COST	LABOR COST

ID / OD VERIFICATION
 INSPECTION STATION: Edwards Auto BRAKE INSPECTED: LF RF LR RR
 CITY WHERE INSPECTED: Overland Park STATION NUMBER: 108009
 INSPECTOR'S PERMIT NUMBER: 900029178 DATE INSPECTED: 12-6-10
 INSPECTOR'S SIGNATURE: [Signature]

REPAIR AUTHORIZATION
 I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.

OWNER'S SIGNATURE: _____ DATE REINSPECTED: _____
 REINSPECTOR'S PERMIT NUMBER: _____ STICKER / DECAL NUMBER: 21775421
 REINSPECTOR'S SIGNATURE: _____ CONTROL NUMBER: A 0036149

SHP-499T

MVI-2 07/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2020

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).

PRODUCER Smith Insurance 13900 E Noah Nevada, MO 64772	CONTACT NAME: M.J. Kelly Company, Inc.	
	PHONE (A/C. No. Ext): 4178832688	FAX (A/C. No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED DOUG SAKIL DBA: CLASSIC CAB 16032 S 1300 RD MOUNDEVILLE, MO 64771	INSURER A: NATIONAL INDEMNITY COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: **454.779** REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		70APS092623	03/03/2020 10:50 AM	03/03/2021 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$ N/A
							BODILY INJURY (Per Person)	\$ 50,000
							BODILY INJURY (Per accident)	\$ 100,000
							PROPERTY DAMAGE (Per accident)	\$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE	OTH-ER
							E. L. EACH ACCIDENT	\$
							E. L. DISEASE - EA EMPLOYEE	\$
							E. L. DISEASE - POLICY LIMIT	\$
								\$
								\$

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

Certificate Holder is named an Additional Insured on this policy.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
1995 BUICK PARK AVENUE 1G4CU5215SH648843	N/A		N/A	N/A	N/A	N/A
2002 CHEVROLET MALIBU 1G1ND52J42M586025	N/A		N/A	N/A	N/A	N/A

CERTIFICATE HOLDER City of Nevada 110 S Ash St Nevada, MO 64772	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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