

**Pedicab Owner’s License & Operator’s Permit Application**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | |
| Last Name: | | | First Name: | | | Middle Name: | | | | |
| Home  Address | Street: | | | City: | | | | State: | | Zip: |
| Business  Address | Street: | | | City: | | | | State: | | Zip: |
| Home Phone: | | E-Mail Address: | | Date of Birth: | | | | Place of Birth: | | | |
| Have you ever been convicted of a felony or misdemeanor?  Yes  No | | | | | | | | | | | |
| If yes, state the details of the conviction(s): | | | | | | | | | | | |
| **Check what you are applying for, then complete the below accordingly:**  **Owner and/or**  **Operator** | | | | | | | | | | | |
| **Owner’s Information (if You own the Pedicab)** | | | | | | | | | | |
| Trade Name: | | | | | Your Pedicab is:  Owned  Leased | | | | | |
| Describe your Pedicab’s Design, including dimensions: | | | | | | | Model: | | Make: | |
| Manufacturer’s serial or I.D. number: | | | | | | | | | Seating  Capacity: | |
| Describe the routes over which you intend to use the pedicab. Routes for oversized pedicabs (pedicabs larger than 55 inches in width or 10 feet in length but not exceeding nine feet in width or 18 feet in length) must be approved by the City Clerk or designee. Oversized pedicab routes on Massachusetts Street will not be approved. No pedicabs may operate on streets with posted speed limits greater than 30 mph. | | | | | | | | | | | |
| Have you had any previous owner’s license revoked?  Yes  No | | | | | | | | | | | |
| **Operator’s Information (IF You operate the Pedicab)** | | | | | | | | | | | |
| Have you had any previous operator permit revoked?  Yes  No | | | | | | | | | | | |
| Has your driver’s license ever been suspended or revoked?  Yes  No | | | | | | | | | | | |
| If yes, state the reason for the such suspension or revocation: | | | | | | | | | | | |
| Do you have any condition that would impair your ability to safely operate a Pedicab?  Yes  No | | | | | | | | | | | |
| If yes, describe the condition: | | | | | | | | | | | |

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning the Pedicab Owner’s License & Operator’s Permit. I have read the contents of this application and all information and answers herein contained are complete and true. I understand the fee paid for processing this application, license and/or permit is not refundable in the event the license and/or permit is/are not granted for any reason.

**PLEASE INCLUDE**: $75.00 fee for a pedicab Owner’s License, OR $150.00 fee if for an oversized

pedicab Owner’s License

$50.00 fee if applying for an Operator’s Permit

If owner, proof that the pedicab meets insurance requirements set forth in

Section 6-1602(C) of the City Code

If owner, a digital photo of the pedicab

If owner, a copy of a government issued photo identification

If owner, a copy of the fare schedule

If operator, a written statement of intent to employ you from the owner of a

pedicab if the pedicab is not owned by you

If operator, a copy of your currently valid driver’s license

If operator, a photo of you taken by the City Clerk’s office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S NAME (Printed) APPLICANT’S SIGNATURE TODAY’S DATE



**Pedicab Owner’s License & Operator’s Permit Application**

|  |
| --- |
| **PEDICAB OWNER’S LICENSE APPROVAL**  **(For Office Use Only)** |
| Were appropriate fees paid?  Yes  No |
| Was a digital photo of the pedicab submitted?  Yes  No |
| If the applicant filed for an Owner’s License, has proof of insurance been submitted (6-1602C)?  Yes  No |
| Was a copy of government issued photo ID submitted?  Yes  No |
| The oversized pedicab route as described by applicant is approved?  Yes  No OR the oversized pedicab route as described below is approved  Yes |
|  |
| If the applicant filed for an Owner’s License, was a copy of the fare schedule submitted?  Yes  No |
| I hereby  Approve  Disapprove this Application.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City Clerk  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **PEDICAB OPERATOR’S PERMIT APPROVAL**  **(For Office Use Only)** |
| Were appropriate fees paid?  Yes  No |
| Was a copy of the operator’s current driver’s license submitted?  Yes  No |
| Was a written statement of intent to employ the applicant submitted?  Yes  No |
| Has the applicant had an operator’s permit revoked within the last three years?  Yes  No  N/A |
| I hereby  Approve  Disapprove this Application.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City Clerk  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

Operator’sPHOTO