

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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, state the details of the conviction(s):				
Check what you are applying for, then complete the below accordingly: <input type="checkbox"/> Owner and/or <input type="checkbox"/> Operator				
OWNER'S INFORMATION (IF YOU OWN THE PEDICAB)				
Trade Name:			Your Pedicab is: <input type="checkbox"/> Owned <input type="checkbox"/> 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 previously been licensed an owner's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had any previous owner's license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OPERATOR'S INFORMATION (IF YOU OPERATE THE PEDICAB)				
Have you previously held an operator's permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had any previous operator permit revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, describe the condition:				
Do you give permission to have your photograph taken at the City Clerk's office? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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 NoWas a digital photo of the pedicab submitted? Yes NoIf the applicant filed for an Owner's License, has proof of insurance been submitted (6-1602C)? Yes NoWas a copy of government issued photo ID submitted? Yes NoThe oversized pedicab route as described by applicant is approved? Yes No OR the oversized pedicab route as described below is approved YesIf the applicant filed for an Owner's License, was a copy of the fare schedule submitted? Yes NoI hereby Approve Disapprove this Application._____
City Clerk_____
Date**PEDICAB OPERATOR'S PERMIT APPROVAL****(For Office Use Only)**Were appropriate fees paid? Yes NoWas a copy of the operator's current driver's license submitted? Yes NoWas a written statement of intent to employ the applicant submitted? Yes NoHas the applicant had an operator's permit revoked within the last three years? Yes No N/AI hereby Approve Disapprove this Application._____
City Clerk_____
Date

Operator's
PHOTO