Pedal Cab Operator License Application
Pursuant to Madison General Ordinance 11.06

Fee: $200/two years ($125/initial year) + $30/vehicle/year
Renewal Fee: $100/two years + $30/vehicle/year

1. Applicant Name _____________  E-Mail Address _____________  Home Phone # _____________
   Home Address ____________________________________________

2. Company Name ___________________________________________
   Business Address __________________________________________
   Business Telephone Number __________________________________

3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):
   Gratuity/Tip
   Gratuity with Minimal Charge
   Per hour charge
   Per mile charge
   Per Block
   Other- explain

4. Describe the pedal cab vehicle (Make, model, type, age).
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Name of Insurance Company ________________________________
   Name of Insurance Agent _________________________________
   Business Address _________________________________________
   Business Telephone Number ______________________________
   E-Mail Address ________________
8. Is applicant a corporation?  ______ Yes  ______ No

   If yes, give names and addresses of board of directors, and address of corporation:

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<tr>
<th>Name</th>
<th>Address</th>
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9. Is applicant a partnership?  ______ Yes  ______ No

   If yes, give names and address of all partners:

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   Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

   ______ Yes  ______ No

   Subscribed and sworn before me

   this ______ day of ________________, 20____.

   _________________________________

   Applicant’s Signature

   Notary Public

   My Commission Expires ________________.
Pedal Cab Filing Affidavit

State of Wisconsin )

) County of Dane )

________________________________________, being first duly sworn on oath, deposes and says:

1. That the affiant owns _____, operates _____, or manages _____ a pedal cab business in the City of Madison, doing business as ________________________________.

2. That as of the date of this Affidavit, (Company Name) ________________________________, (Address) ________________________________, Madison, Wisconsin, doing business as ________________________________, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

3. That the schedule of fares to be charged in the operation of each of the vehicles as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)

   ______ Gratuity only
   ______ Gratuity with minimal charge (list amount)
   ______ Per hour charge
   ______ Per Mile charge
   ______ Per trip charge

4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and

   b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage in the State of Wisconsin; and

   c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days’ written notice to the City of Madison.

5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me

this _____ day of ______________, 20____.                                   Signature of person signing Affidavit under oath

Notary Public

My Commission Expires __________________________.
**Pedal Cab Vehicle List**  
**Schedule A**

<table>
<thead>
<tr>
<th>Model Year</th>
<th>Class &amp; Make</th>
<th>Owner/Title Holder</th>
<th>Serial #</th>
<th>Permit #</th>
<th>Type of Service</th>
<th>Office Use Only</th>
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Company Name ________________________________
Office Use Only:

Rate allowed by operating license: Meter  Zone  Flat  Limousine
Submission Date: _______________  Last Rate Change Submitted: _______________

Distribution:
* City Division of Traffic Engineering
* City Police Department

License # ________________
403 Para-Transit Operating
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service