

Pedal Cab Vehicle 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).

6. Name of Insurance Company _____
Name of Insurance Agent _____
Business Address _____
Business Telephone Number _____
E-Mail Address _____

8. Is applicant a corporation, partnership or limited liability corporation (LLC)? _____ Yes _____ No
 If yes, give names and addresses of board of directors, and address of corporation:

Name	Address

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 _____.

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