



New Renewal

License Fee: \$0.00

PEDAL CAB OPERATOR LICENSE

Application

Applicant Name _____

Applicant Contact _____
Street Address _____, *City* _____, *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Date of Birth _____

Business Name _____

Business Contact _____
Street Address _____, *City* _____, *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Do you read and write English?

Yes No

Are you addicted to any narcotics or intoxicating liquors?

Yes No

Have you been trained to operate a pedal cab?

Yes No

Are you free of defective vision, defective hearing, and any other infirmities that would render you unable to operate a pedal cab in a safe manner?

Yes No

Have you ever been arrested or convicted of a felony or misdemeanor? If yes, list type of conviction and the jurisdiction.

Yes No

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.

Yes No

2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.

Yes No

3. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.

Yes No

4. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.

Yes No

5. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.

Yes No

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date