



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