

PEDICAB LICENSE APPLICATION

FIRM NAME: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

TELEPHONE NUMBERS: (Business) _____ (Residence) _____

PEDICAB

YEAR, MODEL, MAKE: _____ COLOR: _____

SERIAL NUMBERS: _____

INSURANCE

(Attach a certificate of insurance. Minimum coverage shall be \$20,000 property damage, \$100,000 personal liability)

COMPANY: _____

POLICY NUMBER: _____

LOCAL AGENT: _____ TELEPHONE: _____

TERM OF INSURANCE: _____

MECHANICAL INSPECTION CERTIFICATION

POLICE CHIEF SIGNATURE _____ DATE: _____

COMMENTS: _____

This application is made pursuant to City of Sandpoint Code Title 6 Chapter 4 and all provisions contained therein. The annual fee of \$80.00 per vehicle is submitted herewith.

DATED THIS: _____ DAY OF _____, 20 _____.

Applicant's Signature

DATE FEE PAID _____

CASH _____ CHECK # _____

RECEIPT # _____