

CITY OF ROCK ISLAND

LICENSE APPLICATION



PEDICAB/DRIVER

License Year: May 1 through April 30

New Application _____

Renewal _____

QTY	FEE	TOTAL FEE
Pedicab Vehicle _____	\$50.00/vehicle	_____
Pedicab Driver _____	\$10.00/driver	_____

APPLICANT INFORMATION

BUSINESS NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

OWNER'S NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.	OWNER'S DATE OF BIRTH	OWNER'S SOCIAL SECURITY NO.		

Work or corporate history for past five (5) years (give information for owner/corporate manager in charge of Rock Island operations)

Insurance Requirements: \$100,000 for injury/death of one person
 \$300,000 for injury/death of multiple persons per accident
 \$50,000 for property damage per accident
 The City of Rock Island named as additional insured.

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I, the undersigned, have read the ordinances of the City of Rock Island as they apply to the operation of Pedicabs in Rock Island. I agree to observe all rules and regulations of the Ordinance as well as the general traffic regulations for the health and safety of my customers and other persons who may be in the area. I have submitted a certificate of insurance in the amounts required and paid the fees as required by City Ordinance.

Signature of Applicant

Date of Application

DRIVER'S NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.	DRIVER'S DATE OF BIRTH	DRIVER'S SOCIAL SECURITY NO.		

DRIVER'S NAME	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.	DRIVER'S DATE OF BIRTH	DRIVER'S SOCIAL SECURITY NO.		

I, the undersigned, have read the ordinances of the City of Rock Island as they apply to the operation of Pedicabs in Rock Island. I agree to observe all rules and regulations of the Ordinance as well as the general traffic regulations for the health and safety of my customers and other persons who may be in the area.

Signature of Applicant

Date of Application

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DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Certificate of Insurance Included
YES _____
NO _____

Police Department Approval Date

City Council Approval Date

City Clerk Approval Date

License Fee

License Fee Receipt Number

License Number

License Printed Date

License Delivery Date

Return completed application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010