



City of Hudson

505 Third Street
Hudson, Wisconsin 54016-1694
PHONE: (715) 386-4765
FAX: (715) 386-0804

PEDALCAB DRIVER'S LICENSE APPLICATION

Date _____

Fee: \$ 10.00

Receipt # _____

Licensing period: _____ to June 30, 20 ____.

Each applicant for Pedalcab Driver's License shall be at least 18 years old and possess a valid driver's license from the state where he/she resides.

Name _____ Date of Birth _____
First Middle Last

Driver's License # _____ (attach a copy)

Address _____
City State Telephone _____

Experience in transportation of passengers: _____

Educational background: _____

History of prior employment: _____

State of Wisconsin
St. Croix County

_____, being first duly sworn on oath, says that he/she is the person who made and signed the foregoing application for a Pedalcab Driver's License; that all the statements made by the applicant are true.

Signature of applicant: _____

Notary Seal

Subscribed and sworn to before me on
this _____ day of _____, 20____

Notary signature _____ Date expires : _____

I have reviewed this application and hereby: _____ recommend approval _____ recommend denial

Chief of Police Date _____