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

PEDALCAB COMPANY LICENSE APPLICATION

Date _____

Fee: $100.00 (includes first cab)

$ 25.00 (each additional cab) Receipt #_____

Licensing period: _____ to June 30, 20 ____.

Type of ownership: ☐ Sole Owner (Natural Person) ☐ Corporation ☐ Unincorporated Association ☐ Partnership

Name_____ Date of Birth_____
First Middle Last

Driver's License # _____ (attach a copy)

Cell phone number_____ E-mail address:_____

Legal/Corporate Name_____ Wisconsin Seller's Permit #_____
(attach a copy)

Trade Name (DBA)_____

Address_____

_____ Business Telephone_____
City State

Mailing Address (if different than Business Address)

_____
Address City State

Date of Incorporation:_____ State of Incorporation_____

If partnership or corporation, please provide the following for all the partners or officers:

Full Name_____ Date of Birth_____

_____ Driver License #_____
(Home Address plus City, State, Zip Code)

Full Name_____ Date of Birth_____

_____Driver License #_____
(Home Address plus City, State, Zip Code)

Full Name_____ Date of Birth_____

_____Driver License #_____
(Home Address plus City, State, Zip Code)

Full Name_____ Date of Birth_____

_____ Driver License #_____
(Home Address plus City, State, Zip Code)

Have any of the individuals been convicted of a crime? ☐ Yes ☐ No
If yes, provide (or attach) dates and conviction specifics.

_____

If applicant is an out-of-state corporation, please provide proof of a certificate of authority to do business in Wisconsin under Wis. Stats. Ch. 180, (attach proof) and provide the name, address and telephone number of the corporation's appointed local agent for service of process.

_____
Name of Agent Address Telephone

Experience in transportation of passengers: _____

_____

Number of pecalcabs to be operated:_____

Manufacturer	Model	Year	Serial or VIN #	Pecalcab Color	Trailer Y / N	Trailer Max Seats	Trailer Color

Location of proposed depots or terminals:_____

_____

_____

Written permission from property owner where depots or terminals will be located:
(attach a copy)

Certificate for $1 million coverage of general liability insurance (attach a copy)

I have read Ordinance No. 4-13 and agree to follow all operating restrictions and conditions as outlined in §221-10, sections (a) through (q).

____
Signature of Applicant

(Applications will be returned if requirements are not complete and fee is not paid.)

Any outstanding debt owed to the City must be paid before license may be issued.

* *

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 Company License; that all the statements made by the applicant are true.

Signature of Applicant or Partner or Officer:____

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

____ Date_________________________
Chief of Police