

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)

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 (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
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Experience in transportation of passengers: _____

Number of pedal tour quadricycles to be operated: _____

Manufacturer	Model	Year	Serial or VIN #	Quadricycle Color	Number of Seats

Location of proposed depots or terminals: _____

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

Certificate for \$2 million coverage of general liability insurance (attach a copy)

I have read Ordinance No. 6-13 and agree to follow all operating restrictions and conditions as outlined in §222-12, sections (a) through (v).

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.

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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

Chief of Police Date _____