



New _____ Renewal _____

License Fee: \$70.00

PEDAL CAB BUSINESS LICENSE

Application

Applicant Name _____

Applicant Contact _____

Street Address _____ City _____ State _____ ZIP Code _____

Email Address _____ Phone Number _____

Business Name _____

Business Contact _____

Street Address _____ City _____ State _____ ZIP Code _____

Email Address _____ Phone Number _____

Applicant Age _____ **Length of time this business has been in Indianapolis** _____

Legal Status of Business (check box that applies)

Individual Proprietor _____ Partnership _____ Corporation _____ LLC _____

List the state where incorporated or authorized (if corporation). _____

Registered Agent Name _____

Registered Agent Address _____

Street Address _____ City _____ State _____ ZIP Code _____

If a Corporation, list the Principal Office of Corporation. _____

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

Name _____ Street Address _____ City _____ State _____ ZIP Code _____

Name _____ Street Address _____ City _____ State _____ ZIP Code _____

Name _____ Street Address _____ City _____ State _____ ZIP Code _____

Name _____ Street Address _____ City _____ State _____ ZIP Code _____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?

Yes _____ No _____

Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge? If yes, type of conviction and jurisdiction.

Yes _____ No _____

Number of Pedal Cabs being registered with our office

Must register at least 3 pedal cabs and include a color photograph of each pedal cab, per section 903-103 of the Revised Code.

Pedal Cab Information

Vehicle Type	Seating Capacity	Manufacturer	Serial Number
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Number of Pedal Cab Operators being registered with our office

Each will need to submit a separate application.

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.
Yes ____ No ____
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.
Yes ____ No ____
3. The person signing this application has the authority to sign for the business being licensed.
Yes ____ No ____
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law.
Yes ____ No ____
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public.
Yes ____ No ____
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material.
Yes ____ No ____
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose.
Yes ____ No ____
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.
Yes ____ No ____
9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.
Yes ____ No ____
10. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance).
Yes ____ No ____

11. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.
Yes ____ No ____
12. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs.
Yes ____ No ____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date