CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR: <u>PEDICAB DRIVER</u> Fee: \$30 New □Renewal							
Date Submitted:			Am	Amount Paid: \$		Receipt No	
Name of Applicant (Last, First, MI):							
Address of Applicant:							
Date of Birth: Daytime Telephone Number:							
Applicant's Drivers License Number:State:							
Attach a current 1 <sup>3</sup> / <sub>4</sub> " x 1 <sup>3</sup> / <sub>4</sub> " headshot photograph of yourself. License will not be issued without it.							
r r r r r r r r r r r r r r r r r r r							
information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Pedicab Ordinance 16.40 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.							
		orginature of reppin				Date	
	ense subject to co (1) P ta (2) P in fo	ompliance with Wisco remises. No license o rivilege, for which a li ixes or assessments or ersons. No person w acluding a forfeiture r	onsin Dells Code S or permit shall be cense or permit is r other financial cla ho is delinquent i resulting from a vice	ection 4.15 and 16 granted or renew equired by any pro- ims of the City, or n the payment of plation of any Ord	5.40. ed for the operat ovision of this Coc any City utility a any taxes, assess inance of the Cit	ounds for denial of permit or license. ion of any trade, profession, business or de, for operation upon any premises which re delinquent and unpaid. ments or other claims owed to the City, y, shall be granted or renewed any license e or permit is required by any provision of	
Office Use Only							
	Background check completed						
	License Appro	License Approved: License Valid from, 20 through March 31, 20					
Conditions (if any):							
	Date Denied: Reason(s):						
Rev.	Utilities _	<b>D</b> T	axes	Court	<b>D</b> P	Parking	