## CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR: PEDICAB SERVICE LICENSE

Fee: \$150 (Plus \$50 for first vehicle, \$25 each additional vehicle)

	□New □Renew	val
Date Submitted:	Amount Paid: \$	Receipt No.
Name of Applicant (Last, First, MI):		
Address of Applicant:		
		Number:
Applicant's Drivers License Number:		State:
		Telephone No
		<b>.</b>
Proposed hours of Operation:		
Troposed flours of Operation.		
Name of Insurance Carrier: (Attach Proof of	of Coverage):	
Proposed Rate Schedule:		
information or falsification of any information	shall be grounds for deni	ect. I understand that failure to provide all required fal or revocation of my license. I acknowledge that I with all appropriate laws and ordinances pertaining
	olice Department will con	nduct a criminal history and driving record check
Signature of Applicant		 Date
Note: Incomplete, false, or misleading information on the appli	cation form can delay the review pro	ocess and/or be grounds for denial of permit or license.
which a license or permit is required by any prother financial claims of the City, or any City  (2) Persons. No person who is delinquent in the	ted or renewed for the oper- rovision of this Code, for op- utility are delinquent and un e payment of any taxes, asso dinance of the City, shall be	ation of any trade, profession, business or privilege, for eration upon any premises which taxes or assessments or apaid.  essments or other claims owed to the City, including a granted or renewed any license for any trade, profession,
Office Use Only		
□ Background check completed		
□ License Approved:Lice	ense Valid from	, 20 through March 31, 20
Conditions (if any):		
□ Date Denied: Reas	on(s):	
□Utilities □Taxes	Court	Parking
Rev. 03/21		