

**CITY OF WISCONSIN DELLS - LICENSE APPLICATION FOR:
COMMERCIAL QUADRICYCLE LICENSE**

Annual Fee: \$100

New Renewal

Date Submitted: _____ 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: _____

Business Name: _____ Telephone No. _____

Business Address: _____

Proposed hours of Operation and Business Plan:

Attach the following:

- Detailed Route Map
- Proof of Insurance
- Inspection Report

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Commercial Quadricycle Ordinance 16.37 and am familiar with all appropriate laws and ordinances. 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.

Signature of Applicant

Date

License subject to compliance with Wisconsin Dells Code Section 16.37

Background check completed. _____ Cycle Inspection(s) done: _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____