



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1391
 Phone: 612-673-2050
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

Expiration: May 1
License Code: 319
Rev Code: 311011
<u>MCO</u> : 305
Adm Issuance: YES
License ID #
CSR:

License Application Guidelines and Checklist

License Type: Pedicab Driver

DEFINITIONS:

Pedicab Driver: Any person who operates, drives, or propels a pedicab. A Minneapolis Pedicab Driver License is required and must be at least 18 years old.

Pedicab Company: The business of operating one or more pedicabs for the recreational or physical transportation of the general population for profit, not-for-profit, or as a free service. Every Pedicab Driver and every Pedicab Vehicle operating in Minneapolis requires a license with the Pedicab Company.

Pedicab Trailer: A two-wheeled vehicle no wider than 55 inches and capable of carrying a maximum of three passengers and securely attached and locked to the pedicab.

Pedicab Vehicle: A non-motorized bicycle that transports or is capable of transporting passengers on attached seats. Pedicabs are not power assisted nor can they exceed 120 inches in length or 66 inches in width. An annual inspection is required for license eligibility.

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Minnesota Driver's License – Attach a copy. Or <input type="checkbox"/> Driver's License from another state – Attach a copy, and <input type="checkbox"/> Certified Criminal History Report. Use the Criminal Record Contact List by State on our website. <i>This report must be dated within 30 days of receipt of this application.</i>
	<input type="checkbox"/> 3. Driving Record - If you were licensed in another state within the last three years, use the Driving Record Contact List on our website and submit a certified report. <input type="checkbox"/> N/A
	<input type="checkbox"/> 4. Data Privacy Form (Form #2)
	<input type="checkbox"/> 5. Fee: _____

Additional Information

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by the driver.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.

Information in Other Languages: Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

Report on Application by License Representative

This is to certify that this application has been reviewed and is recommended for Approval Denial

License Representative	Date
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FOR OFFICE USE ONLY:
LICENSE ID #:
LICENSE CLERK:
FEE: \$
DATE:

Pedicab Driver License Application

1. BACKGROUND INFORMATION

Applicant (Last, First, Middle) E-mail Address (if available)
Telephone Number Cell Phone Number Social Security Number
Five (5) Years of Residential History
Home Street Address City State Zip Code How Long? Years Months

2. DRIVER'S LICENSE

Have you had a driver's license in any other states within the past three (3) years? Yes No
State Driver's License Number Dates
Have you had any driving citations in any other state within the past three (3) years? Yes No
If yes, State Year State Year

3. PEDICAB COMPANY

I verify that the statements made in this application are true and that the provisions of Section 305.110 of the Minneapolis Code of Ordinances have been completely complied with to the best of my knowledge and belief.

PRINTED NAME PEDICAB COMPANY
SIGNATURE DATE

4. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name), certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT DATE

