

CITY OF NEWPORT, RHODE ISLAND
APPLICATION FOR A PEDICAB LICENSE (DECAL)

DATE: _____

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

Application is hereby made for a **PEDICAB LICENSE**.

No. of Pedicabs: _____

*Applicant: _____

d/b/a: _____

Signature of Applicant: _____

Printed Name: _____

Address: _____

Business Tel. No. _____ Home Tel. No. _____

*On a separate sheet, list names and addresses of principal officers if a corporation; if not, the names and addresses of partners, trustees, or other owners.

THE FOLLOWING INFORMATION MUST BE ATTACHED TO APPLICATION:

- 1) Description of pedicab(s), including trade name, serial no., body style.
- 2) A map of Newport showing locations of proposed routes or methods of operation.
- 3) Location of proposed stations, stands or pick-up points.

CONDITIONS: Must comply with all State and Local Motor Vehicle Code regulations pertaining to bicycles. No loading or discharging of passengers on roadways so as to interfere with traffic. Pedicabs may not operate between 2:00 a.m. and 6:00 a.m., and are prohibited on Franklin St. and Memorial Blvd. at all times, and on Memorial Blvd. West, between 6:00 a.m. and 6:00 p.m. except to cross over at Spring St. and Bellevue Ave.

***** For Office Use Only *****

\$15.00 Filing Fee paid: _____

License Fee (\$50 per pedicab) \$ _____ Date paid: _____

Council Action: _____ Date: _____

Proof of Liability Insurance (not less than \$1 million per occurrence) attached that meets the requirements of Section 5.97.250 _____

Date License Issued: _____ Decal Nos. _____