



CITY OF NEWPORT, RHODE ISLAND
APPLICATION FOR A PEDICAB OPERATOR LICENSE

DATE: _____

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

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

Applicant (Please print): _____

Address: _____

Signature of Applicant: _____

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

Date of Birth: _____ Driver's License State/No. _____

EMPLOYED BY _____ PEDICAB COMPANY

THE FOLLOWING INFORMATION MUST BE ATTACHED TO APPLICATION:

1. Copy of Valid Driver's License (Applicant must be at least 18 years of age)
2. Two Passport-sized photographs

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

\$15.00 Filing Fee paid: _____ \$50.00 License Fee paid: _____
(Date) (Date)

Council Action: _____ Date: _____

Police Dept. BCI and Motor Vehicle Operator Check Results Rec'd _____

City Manager's Approval: _____

Date License Issued: _____