

PEDICAB BUSINESS LICENSE APPLICATION

INSTRUCTIONS: Use this form for a **PEDICAB BUSINESS LICENSE ONLY**. Please print or type all required information clearly. Along with this application, you must submit the fees, and all documentation that is listed as required. All documentation must be attached or this application will not be accepted.

PEDICAB BUSINESS INFORMATION

Status (circle one): INITIAL / RENEWAL

Name of Pedicab Company: _____

Owners Name: _____

Pedicab Company Address: _____

City/State/Zip: _____ FIN: _____ - _____

of Employees/Drivers: _____ Telephone: _____

APPLICANT INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Length of Residence: _____ If less than 6 months provide your previous address:

Address: _____ City/State/Zip: _____

Social Security Number: _____ - _____ - _____ Driver License Number: _____

State: _____ Expiration Date: _____ DOB: _____ Sex (circle one): M / F

Height: _____ Weight: _____ Hair Color _____ Eye Color: _____

REFERENCE INFORMATION (Please list three references not related to you)

1. _____

Name of Reference	Telephone Number	Relationship to Reference
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2. _____

Name of Reference	Telephone Number	Relationship to Reference
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3. _____

Name of Reference	Telephone Number	Relationship to Reference
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PEDICAB VEHICLE(S) INFORMATION

Vehicle # 1
MAKE & MODEL: _____ COLOR: _____

Vehicle # 2
MAKE & MODEL: _____ COLOR: _____

Vehicle # 3
MAKE & MODEL: _____ COLOR: _____

Vehicle # 4
MAKE & MODEL: _____ COLOR: _____

THE FOLLOWING MUST BE SUBMITTED ALONG WITH THE APPLICATION

CERTIFICATION

Have you ever been convicted of a felony? YES / NO If yes, please attach a separate sheet and explain.

Have you ever been convicted of a motor vehicle violation? YES / NO If yes, please attach a separate sheet and explain.

Have you ever loss the privilege to operate a motor vehicle? YES / NO If yes, please attach a separate sheet and explain.

Have you ever been licensed to drive in any other State? YES / NO If yes, and have been licensed to drive in New Hampshire less than 7 Years, you are required to submit the following:

- Applicant's Criminal Record (Issued from the additional "State" of license) – Original Record
- Motor Vehicle Driver Record (Issued from the additional "State" of license) – Original Record

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and that I have submitted the required information with this application:

- \$100.00 Pedicab Business License Application Fee (Non-refundable)
- \$50.00 Pedicab Fee – Single Pedicab (Non-refundable)
- \$25.00 Pedicab Fee – Each additional Pedicab (Non-refundable) # of Pedicabs: _____
- Copy of the applicant's valid (State of residency) issued motor vehicle operator's license
- Applicant's Criminal Record – Completed Original Record (Criminal Record Form obtained from the State Police of the applicants' state of residence.)
- Applicant's Motor Vehicle Driver Record – Completed Original Record (Motor Vehicle Driver Record Form is obtained from the State Department of Motor Vehicles of the applicants' state of residence.)
- Certificate of Insurance for the Pedicab Business
- Pedicab Fare Rates with date of effective.
- Proposed Normal and Special Route(s)

Applicant Signature: _____ Date: _____

INSURANCE INFORMATION

- A. The license application will not be processed without the certification of liability insurance.
- B. It is the responsibility of the applicant to obtain the necessary insurance required for submittal. Submittal of Certificate of Liability Insurance Coverage for the pedicab business shall be for the full period of the license April 1, to March 31.
- C. If the insurance terminates, expires, or is suspended, the license shall immediately terminate and expire and must immediately be returned to the Board of Selectmen.
- D. Insurance Coverages

General Liability

Licensee shall submit a valid policy of general liability coverage with a Pedicabs endorsement from a company licensed to issue such insurance in the State of New Hampshire in the following amounts which shall be maintained during the life of the license (excess or umbrella coverage may satisfy requirements).

The terms of the policy shall provide that the insurance company assumes financial responsibility in an amount not less than three hundred thousand dollars (\$300,000.00) per occurrence for bodily injuries and personal injuries, or property damage caused by the operation of the Pedicabs, including, but not limited to, Pedicabs operated by the owner, officers, employees, agents, licensee or lessees of the Pedicab business.

Workers' Compensation

Submit a current certification of Workers' Compensation Insurance in accordance with the provisions of New Hampshire Law from a company licensed to issue such insurance in the State of New Hampshire in the following amounts which shall be maintained during the life of the contract (excess or umbrella coverage may satisfy requirements).

Coverage A	Statutory
Coverage B	\$1,000,000.00

- E. The policy shall name the Town of Hampton as an additional certificate holder and insured.
- F. If required insurance terminates, expires, or is suspended, the permit shall immediately terminate and expire and must immediately be returned to the Board. All required insurance policies shall contain a provision, which will provide for the automatic notification by the insurer to the Town of the cancellation or expiration of the policy. Said notice shall be mailed 30-days in advance to the Board.
- G. The policy shall designate by manufacturer's serial or identification number all Pedicabs for which coverage is granted.
- H. The policy shall insure a) the person named in the policy and b) any other person using or propelling the Pedicab with the express or implied permission of the named insured against any liability arising out of the ownership, maintenance or use of the Pedicab.

Please refer to the Chapter 4, Article 14 "Ordinance for the Regulations of Pedicab Businesses" for information and complete details of all requirements and documentation for a pedicab business license.

ALL APPLICATIONS ARE VERIFIED BY A RECORDS CHECK. FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION AND IMMEDIATE DENIAL OF A LICENSE.

ALLOW 60 DAYS FOR THE PROCESSING OF THE LICENSE FROM THE DATE OF ACCETPTANCE OF A COMPETED APPLICATION.

ALL LICENSES WILL IMMEDIATELY TERMINATE UPON THE EXPIRATION OF THE TAXI BUSINESS INSURANCE POLICY.

THE LICENSES WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF THE STATE ISSUED DRIVERS LICENSE

LICENSE EXPIRES ON THE 31ST OF MARCH OF EACH YEAR.

PLEASE DO NOT WRITE BELOW THIS LINE – TOWN DEPARTMENTAL USE ONLY

POLICE DEPARTMENT REVIEW

THIS APPLICATION IS (circle one): APPROVED / DENIED

APPROVAL

STIPULATIONS:

Licensing Officer Signature: _____ Date: _____

Pedicab Business License granted this day. _____

Board of Selectmen:
