

**PEDICAB OPERATOR LICENSE APPLICATION**

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

**APPLICANT INFORMATION**

Status (circle one): INITIAL / RENEWAL

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: \_\_\_\_\_

**PEDICAB BUSINESS INFORMATION**

Name of Pedicab Company: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Pedicab Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**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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**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:

- \$50.00 Pedicab Operator License Application Fee (Non-refundable)
- Applicant's Criminal Record – Original Record (Criminal Record Form is obtained from the State Police of the applicants' state of residence.)
- Applicant's Motor Vehicle Driver Record – Original Record (Motor Vehicle Driver Record Form is obtained from the State Department of Motor Vehicles of the applicants' state of residence.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 operator 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 ACCEPTANCE OF A COMPLETED APPLICATION.**

**ALL LICENSES WILL IMMEDIATELY TERMINATE UPON THE EXPIRATION OF THE PEDICAB 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:

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Licensing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pedicab Operators License granted this day. \_\_\_\_\_

Board of Selectmen:

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